UTAH 1115 PRIMARY CARE NETWORK DEMONSTRATION WAIVER

EVALUATION DESIGN
TARGETED ADULT MEDICAID / SUD DENTAL
ADULT CLINICALLY MANAGED WITHDRAWAL
ADULT EXPANSION
EMPLOYER SPONSORED INSURANCE

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INTRODUCTION

Utah’s 1115 PCN Demonstration Waiver (hereinafter referred to as “Demonstration”) is a statewide waiver that was originally approved and implemented in 2002. Since that time, the Demonstration has been extended and amended multiple times to add additional benefits and Medical programs. This proposal will evaluate the impacts and outcomes of the newly approved amendment components. The findings of the evaluation will be presented in a series reports.

A. GENERAL BACKGROUND INFORMATION

This Demonstration waiver amendment will operate through the end of the current waiver period (from April 1, 2019 - June 30, 2022). Components of the amendment (and number) include the following:

- #16 Extend dental benefits to Targeted Adult members receiving SUD services.
- #19 Provide clinically managed residential withdrawal (referred to as social detoxification throughout this design document) services to eligible adult residents of Salt Lake County with Substance Use Disorders (SUD).
- #15 Adult Expansion provides coverage to adults age 19-64 who have income up to 100% of the federal poverty limit (FPL) who have limited options for affordable health coverage, and who are not eligible for subsidies to purchase coverage in the marketplace, and
- Employer Sponsored Insurance (ESI) which provides premium reimbursement only to Adult Expansion beneficiaries who have access to employer-sponsored insurance.

Oral Health Impacts on General Health Conditions

Oral disease, such as dental caries, periodontal disease, tooth loss, oral lesions, oropharyngeal cancers, and orodental trauma, is a serious public-health problem. Its impact on individuals and communities in terms of pain and suffering, impairment of function and reduced quality of life, is considerable. Globally, the greatest burden of oral diseases lies on disadvantaged and poor populations. Oral disease is the fourth most expensive disease to treat\(^1\). There are numerous studies indicating that improved oral health is correlated with improved physical health.

Effectiveness of Oral Health Improvement on Substance Abuse Treatment

A groundbreaking study conducted by the University of Utah’s School of Dentistry indicated that providing comprehensive dental care can positively enhance SUD treatment outcomes\(^2\). In this study a control group were not given access to dental care, while a second group of patients who were in SUD treatment received comprehensive dental services. This pilot program demonstrated that comprehensive dental care can dramatically improve outcomes related to length-of-stay in treatment, higher rates of employment, higher rates of recovery, and lower rates of homelessness.
Substance Use Disorders in the United States

Substance use and mental health disorders affect millions of adults in the United States and contribute heavily to the burden of disease. Illicit drug use, including the misuse of prescription medications, affects the health and well-being of millions of Americans. Cardiovascular disease, stroke, cancer, infection with the human immunodeficiency virus (HIV), hepatitis, and lung disease can all be affected by drug use. Some of these effects occur when drugs are used at high doses or after prolonged use. However, other adverse effects can occur after only one or a few occasions of use. Addressing the impact of substance use alone is estimated to cost Americans more than $600 billion each year.

Reducing SUD and related problems is critical to Americans’ mental and physical health, safety, and quality of life. SUDs occur when the recurrent use of alcohol or other drugs (or both) causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. These disorders contribute heavily to the burden of disease in the United States. Excessive substance use and SUDs are costly to our nation due to lost productivity, health care, and crime.

Substance Use Treatment in Utah

According to the 2016 National Survey of Drug Use and Health, in Utah there were an estimated 134,764 adults in need of treatment for alcohol and/or drug dependence or abuse. Unfortunately, there were only 14,959 adults received SUD treatment services in FY 2017. Of those in treatment, 46% received outpatient, 21% received intensive outpatient, 21% participated in detox, and 12% participated in residential treatment. Seventy-one percent of those in treatment were retained for 60 or more days.

However, SUDs are preventable and treatable. The Utah State Division of Substance Abuse and Mental Health (DSAMH) has statutory oversight of substance abuse and mental health treatment services statewide through local county authority programs. SUD services are available to all Medicaid members statewide. A full continuum of SUD services becomes even more critical in an effort to address the needs of Medicaid members.

An important treatment component to an effective continuum of SUD care is social detoxification. This service allows those with substance use disorders who need help to safely withdraw from substances, to receive this level of care. Eligible individuals must be medically stable and this service is typically provided in a social setting where structured peer support and daily monitoring to assess and ensure the medical needs of the patient are being met. Specific services provided to the patient often include: psychoeducation groups, health education, recovery support and 12-step groups. This level of withdrawal management aligns with ASAM criteria (level 3.2-WM).
B. EVALUATION QUESTIONS & HYPOTHESES

The primary goals of the waiver amendment are to decrease the number of those without health coverage, increase access to primary health care, improve dental coverage, improve SUD treatment outcomes, and reduce emergency department and uncompensated hospital costs. This evaluation design will describe how the University of Utah’s Social Research Institute (SRI) will evaluate the implementation of these waiver amendments. The driver diagram that follows illustrates the relationship between the outcomes and activities of the waiver amendment component. Table 3 provides details of waiver hypothesis, research questions, outcome measures, populations involved, data sources, and analytic methods.

C. METHODOLOGY

1. Evaluation Design

Due to the unique target population groups included in the Demonstration evaluation, a combination of design approaches will be implemented. First, for several of the hypotheses pre / post comparisons will be conducted. Second, for other hypotheses pre / post comparisons will be based on state benchmarks. Third, a quasi-experimental design (difference-in-difference, DiD) approach will be used to estimate the effect of the demonstration by comparing Salt Lake County where social detoxification is an allowable Medicaid expense compared to all other counties where the service is not Medicaid reimbursable. The use of both quantitative and qualitative data will be important to this design. Quantitative data will come from Utah Medicaid claims. A quasi-experimental design will also be used when comparing waiver outcomes among Medicaid beneficiaries and populations groups found within Utah’s All Payer Claims Database (APCD).

2. Target and Comparison Populations

Several target populations have been identified for this design. The first includes Targeted Adults beneficiaries with a substance use disorder (SUD) diagnosis who will be eligible for comprehensive dental services. Pre-demonstration outcomes will be compared to post-demonstration (with dental benefit). The second population will include beneficiaries in Salt Lake County with a substance use disorder where social detoxification services is a Medicaid reimbursable service compared to all other counties of the state of Utah. Table 1 below summarizes those that have received SUD treatment in Salt Lake County through publicly funded treatment programs compared to the combined total receiving SUD treatment services in all other counties in the state. The source of these data is DSAMH Treatment Episode Data Set (TEDS). Salt Lake County and the state of Utah (excluding Salt Lake County) will be the comparison groups before and after the demonstration.
The third population will be those qualifying for Adult Expansion. They will be compared to those who qualified prior to the expansion and with an insured population from the APCD. The final population to be included will be those who qualify for employer sponsored insurance.

Table 1: Summary of SUD populations in Social Detox (DiD) design counties in Utah.

<table>
<thead>
<tr>
<th>Counties with Medicaid Social Detox Services</th>
<th>County Population</th>
<th>Annual number of admissions and percent admission by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Outpatient / IOP/ Residential / Detox</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Salt Lake County</td>
<td>1,152,633</td>
<td>(N=8,874)</td>
</tr>
<tr>
<td></td>
<td>36/21/10/33</td>
<td>35/19/13/33</td>
</tr>
<tr>
<td>Counties without Medicaid Social Detox Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other Utah Counties</td>
<td>2,068,977</td>
<td>(N=6,237)</td>
</tr>
</tbody>
</table>

3. Evaluation Period

Each of the waiver components have different start dates. The pre-demonstration waiver baseline periods (where baseline data are available for the waiver population identified) are included in Table 2. Data to be used for the evaluation will span the pre-demonstration period and will end 6/30/2022.

Table 2: Summary of waiver pre-demonstration baseline start date and implementation date.

<table>
<thead>
<tr>
<th>Waiver component</th>
<th>Baseline Start Date</th>
<th>Waiver Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAM Dental</td>
<td>3/1/2016</td>
<td>3/1/2019</td>
</tr>
<tr>
<td>Social Detoxification</td>
<td>4/1/2016</td>
<td>5/1/2019</td>
</tr>
<tr>
<td>Adult Expansion</td>
<td>4/1/2016*</td>
<td>4/1/2019</td>
</tr>
<tr>
<td>ESI</td>
<td>No pre-demonstration population</td>
<td>1/1/2020</td>
</tr>
</tbody>
</table>

*Only for uninsured rates and uncompensated care in Utah hospitals

4. Evaluation Measures

The measures to be used in the TAM dental expansion include standardized data collection measures such as Treatment Episode Data Set (TEDS) that is collected uniformly across all publicly funding SUD treatment providers. The social detox component will utilize Medicaid claims data to assess emergency department utilization rates and expenditures for SUD treatment, as well as number of days in treatment. The adult expansion will focus on standard Medicaid outcome measures such as adults with controlled asthma, adults with an outpatient visit, with a documented BMI assessment, rate of individuals with a preventive care visit, and percent of average monthly ED visits without a
diagnosis classified as emergency, and costs associated with uncompensated hospital care. The employee-sponsored insurance component will measure the overall cost of care.

Process measures collected for each waiver component will include the total number of individuals served by age, gender, and geographical location as well as the total number of medical and dental procedures received per enrollee. Other measures such as number of individuals without insurance, rate of individuals with a preventive care visit, and number of days in treatment will be compared to state and national benchmarks.
Enhanced benefit plan for members that increases available health care services.

Improved oral health in patients.

Increase initiation & engagement for SUD treatment

Assist previously uninsured in purchasing ESI

Outcome Measures:
1. Decrease number of without health coverage
2. Increased access to primary care
3. Improved dental coverage and health outcomes in SUD members
4. Reduce costs of ED medical and dental health care
5. Reduce costs of uncompensated care provided by hospitals

Primary Drivers

Secondary Drivers

Aim: 1115 Demonstration waiver amendment will improve health, increase access, and reduce costs.

Driver Diagram

Utah 1115 PCN Demonstration Waiver Evaluation Design

Outcome Measures:
1. Decrease number of without health coverage
2. Increased access to primary care
3. Improved dental coverage and health outcomes in SUD members
4. Reduce costs of ED medical and dental health care
5. Reduce costs of uncompensated care provided by hospitals

Enhanced benefit plan for members that increases available health care services.

Improved oral health in patients.

Increase access to primary care.

Reduced utilization of emergency department and inpatient hospital settings for SUD treatment

Increase access to primary care.

Improve adherence to treatment for SUD treatment

Improve adherence to treatment for SUD treatment

Increase initiation & engagement for SUD treatment

Assist previously uninsured in purchasing ESI
5. Data Sources

Data sources to be used in this design will have two aspects. First, UDOH’s Medicaid (HIPPA transaction set) consisting of a cleaned set of all Utah claims data for the time period specified. Data from this source is available prior to (4/1/2019) waiver approval and throughout the demonstration. Second, the DSAMH (TEDS) Admission and Discharge record is standardized electronic client data file that includes data from all publicly funded SUD treatment service providers in Utah. This data file includes required variables that are submitted to the Substance Abuse and Mental Health Administration (SAMHSA) for its State Outcomes Measurement and Management System (SOMMS) as well as variables that are required for the National Outcome Measures (NOMS). The file includes more than 100 variables ranging from most current diagnosis (ASAM levels), Drug Court Submissions, referral sources, waiting time to enter treatment, to criminogenic risk level. TEDS data is also available prior to the waiver and annually moving forward.

Both the Medicaid data and the TEDS data are considered high quality data sources. Limitations to the TEDS data set include the relatively low number of individuals participating in social detoxification outside of Salt Lake County (waiver demonstration site) which may compromise data analysis.

6. Analytic Methods

A combination of quantitative statistical methods will be used for the analysis. Specific measures will be utilized for each demonstration as detailed in Table 3. While the Demonstration seeks to increase service provision and promote quality care, observed changes may be attributed to the Demonstration itself and/or external factors, including other State- or national-level policy or market changes or trends. For each Demonstration activity, a conceptual framework will be developed depicting how specific Demonstration goals, tasks, activities, and outcomes are causally connected to serve as the basis for the evaluation methodology. Methods chosen will attempt to account for any known or possible external influences and their potential interactions with the Demonstration’s goals and activities. The evaluation will seek to isolate the effects of the Demonstration on the observed outcomes in several ways:

The evaluation will incorporate baseline measures and account for trends for each of the selected variables included in the evaluation. Medicaid data for each of the targeted variables and measures will be analyzed bi-annually so that outcome measures and variables can be monitored on a regular basis. The hypotheses (see Table 2 below) involving the DiD design of comparing SUD social detox demonstration population Salt Lake County with social detox services in non-demonstration counties will use regression analysis of the data. The creation of potential comparison groups by using the All Payer Claims Database will control for and isolate effects of several of the waiver components and the difference-in-difference (DiD) will adjust for differences in comparison populations over time.
Table 3: Summary of Hypothesis, Research Questions, Outcome Measures, Populations, Data Sources, and Analytic Approaches.

**TAM Dental**

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Outcome measures used to address the research question</th>
<th>Sample or population subgroups to be compared</th>
<th>Data Sources</th>
<th>Analytic Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will individuals receiving comprehensive dental treatment have a higher rate of SUD treatment completion?</td>
<td>Number of days in treatment, percent retained in treatment &gt;90 days, and percent completing treatment successfully.</td>
<td>TAM Individuals receiving SUD treatment with comprehensive dental care compared to TAM individuals receiving SUD treatment without comprehensive dental care before waiver implementation.</td>
<td>Medicaid claims data and Treatment Episode Data Set (TEDS)</td>
<td>Quasi-experimental Pre/post waiver SUD completion rates with and without comprehensive dental treatment</td>
</tr>
</tbody>
</table>

**Social Detox**

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Outcome measures used to address the research question</th>
<th>Sample or population subgroups to be compared</th>
<th>Data Sources</th>
<th>Analytic Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the number of individuals receiving emergency department services for SUD for substance use disorder decrease in waiver</td>
<td>ED utilization rates for SUD</td>
<td>Individuals in waiver-implementing counties (Salt Lake) receiving SUD services in an ED prior to the waiver and post waiver.</td>
<td>Medicaid claims</td>
<td>DiD analysis comparing waiver implementing counties vs. those without services</td>
</tr>
<tr>
<td>Hypothesis 2. The demonstration will reduce inpatient hospitalization days for SUD.</td>
<td></td>
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<tr>
<td>------------------------------------------</td>
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</tr>
<tr>
<td>Will the number of inpatient hospitalization days for SUD services decrease in waiver implementing counties?</td>
<td>Utilization rates for inpatient hospital-based SUD services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of days in treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individuals in waiver-implementing counties (Salt Lake) receiving inpatient hospital-based SUD services prior to the waiver and post waiver.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid claims</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DiD analysis comparing waiver implementing counties vs. those non-implementing counties</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will ED expenditures decrease for substance use disorder services in implementing counties?

ED expenditures for SUD treatment

Individuals in non-waiver counties receiving SUD services in an ED prior to the waiver and post waiver.
### Adult Expansion

#### Hypothesis 1. The Demonstration will improve the health and well-being of Utahans.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Outcome measures used to address the research question</th>
<th>Sample or population subgroups to be compared</th>
<th>Data Sources</th>
<th>Analytic Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the adult expansion reduce the number of uninsured?</td>
<td>Percentage of individuals without insurance</td>
<td>Adult population with incomes between 0-100% FPL</td>
<td>Utah Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>Will the adult expansion improve the health of those enrolled?</td>
<td>Asthma medication ratio. Percent of adults with persistent asthma with a ratio of controller medications to asthma medications of .50 or greater during the measurement year.</td>
<td>Adult expansion population</td>
<td>Medicaid claims</td>
<td>Quasi-experimental</td>
</tr>
<tr>
<td>Will the adult expansion improve the health of those enrolled?</td>
<td>Percent of adults with an outpatients visit, with a documented BMI assessment.</td>
<td>Adult expansion population</td>
<td>Medicaid claims</td>
<td>Quasi-experimental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adults in Utah general population</td>
<td>Utah All Payer Claims Database</td>
<td></td>
</tr>
</tbody>
</table>

#### Hypothesis 2. The Demonstration will increase access to primary care and improve appropriate utilization of emergency department (ED) services by Adult Expansion members.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Outcome measures used to address the research question</th>
<th>Sample or population subgroups to be compared</th>
<th>Data Sources</th>
<th>Analytic Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the adult expansion increase access to primary care?</td>
<td>Annual rate of individuals with a preventive care visit per 1,000.</td>
<td>Adult expansion population</td>
<td>Medicaid claims</td>
<td>Quasi-experimental</td>
</tr>
<tr>
<td>Will the adult expansion reduce</td>
<td>Percent of average monthly ED visits</td>
<td>Adult expansion population</td>
<td>Medicaid claims</td>
<td>Quasi-experimental</td>
</tr>
<tr>
<td>non-emergent ED utilization?</td>
<td>without a qualifying diagnosis (non-emergent).</td>
<td>Adults in Utah general population</td>
<td>Utah All Payer Claims Database</td>
<td></td>
</tr>
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<td>-----------------------------</td>
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</tr>
</tbody>
</table>

**Hypothesis 3. The Demonstration will reduce uncompensated care provided by Utah hospitals.**

<table>
<thead>
<tr>
<th>Will the adult expansion reduce uncompensated care?</th>
<th>Total annual cost of uncompensated care.</th>
<th>Utah hospitals uncompensated care, pre – and post waiver demonstration</th>
<th>Hospital cost reports</th>
<th>Descriptive statistics</th>
</tr>
</thead>
</table>

**Employer Sponsored Insurance (ESI)**

**Hypothesis 1. The Demonstration will assist individuals in enrolling in employer sponsored insurance plans in a cost effective manner.**

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Outcome measures used to address the research question</th>
<th>Sample or population subgroups to be compared</th>
<th>Data Sources</th>
<th>Analytic Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the overall cost of care for ESI enrollee be lower than a non-ESI enrollee?</td>
<td>Overall cost of care for ESI-enrolled individual compared to non-ESI enrollee.</td>
<td>Adult expansion individuals receiving ESI reimbursement compared to adult expansion individuals who are non-ESI enrollees.</td>
<td>Medicaid claims</td>
<td>Quasi-experimental Subgroup analysis by race, ethnicity, age, and gender</td>
</tr>
</tbody>
</table>
D. METHODOLOGICAL LIMITATIONS

The first potential limitation is ensuring each individual analysis is based on unduplicated data. SRI staff will work closely with Utah Medicaid data personnel and DSAMH to ensure the data used for final analysis is as accurate as possible and that error in matching the TEDS Admission and Discharge data set to Medicaid claims data has been minimized to avoid duplication.

E. ATTACHMENTS

A. Independent Evaluator

The Social Research Institute (SRI) will conduct all activities related to this proposal to fulfill the evaluation requirements of Utah’s 1115 PCN Waiver with specific emphasis on conducting data analysis to ensure timely reporting. SRI was established in 1982 as the research arm of the College of Social Work. Its goal is to be responsive to the needs of community, state, national and international service systems and the people these systems serve. Through collaborative efforts, SRI facilitates innovative research, training and demonstration projects. SRI provides technical assistance and research services in the following functional areas: conducting quantitative and qualitative research; designing and administering surveys; analyzing and reporting data analysis; designing and conducting needs assessments of public health and social service problems and service systems; planning and implementing service delivery programs; evaluating program and policy impacts; training in research methods and data analysis; providing technical assistance.

SRI staff are experienced in complying with state and federal laws regarding protecting human subjects and assuring confidentiality of data. SRI will complete the required IRB applications for this project including any data sharing agreements that may be necessary. SRI staff comply with generally accepted procedures to safeguard data by ensuring all data is stored on password protected and encrypted computers. Specifically, we use two-factor authentication (2FA) verification as an extra layer of security. All data collection and analysis SRI is responsible for will be based on the agreed upon data collection plan and in accordance with HIPAA-compliant data management systems available to University of Utah researchers.

Independent Evaluator Selection Process

SRI staff have contracted with the Utah Department of Human Services, Division of Child and Family Services (DCFS) to evaluation their IV-E waiver demonstration project for the past 4 years. Simultaneously, SRI also served as the independent evaluator for the State of Idaho’s IV-E waiver demonstration for two years. Within the past year, key research staff from DCFS who were familiar with the work performed by SRI staff changed jobs and now work for UDOH Office of Health Care Statistics. As result, when UDOH was trying to locate an independent evaluator a referral was provided and several
preliminary meetings and discussions were held. This led to SRI developing a proposal for UDOH to conduct the Demonstration evaluation.

The research team will consist of Rodney W. Hopkins, M.S., Research Assistant Professor, Kristen West, MPA., Senior Research Analyst, and Jennifer Zenger, BA, Project Administrator.

Mr. Hopkins in an Assistant Research Professor and has 25 years’ experience in conducting program evaluations for local, state, and federal agencies. He has an M.S. and will be the project lead, with responsibility for evaluation design and implementation, data collection, and reporting. He will be .45 FTE.

Kristen West, MPA (.25 FTE) is a Senior Research Analyst with experience conducting multi-year program evaluations for DCFS and JJS. She has expertise with a variety of statistical software programs to analyze data including multi-level regression models, linear regression, and descriptive statistics (SPSS and R). She also has experience developing and data visualization dashboards. Jennifer Zenger (.05 FTE) is SRI’s Project Administrator and has 25 years’ experience in budgeting, accounts payable, and working with state and federal agencies. She will be responsible for contract setup, monitoring, and accounting services.

An interdepartmental consortium has been established between SRI and the University of Utah’s Department of Economics and the Department of Family and Consumer Studies. The Department of Economics, Economic Evaluation Unit led by Department Chair, Norm Waitzman, Ph.D., (.03 FTE) a Health Economist who has extensive health care utilization and cost analysis experience will lead this effort. The other principal researcher is Jaewhan Kim, Ph.D. (.21 FTE) a Health Economist and Statistician with a broad background in health care utilization and cost analysis, statistical design and data analysis including cohort studies and cross-sectional studies. He currently co-directs the Health Economics Core, Center for Clinical & Transitional Science (CCTS) at the University Of Utah School Of Medicine. He has expertise in analyzing claims databases for health care utilization and costs and has worked on multiple federal studies of health care utilization using diverse claims data such as Medicare, Medicare-SEER, Medicaid, MarketScan, PHARMetrics, University of Utah Health Plan’s claims data and Utah’s All Payers Claims Database (APCD). He was one of the original l developers of the APCD, published the first paper with Utah’s APCD data, and has worked collaboratively with other researchers to successfully conduct more than 20 studies using the APCD. They will also be supported by a to-be-named Graduate Research Assistant (1.0 FTE).
D. References


11. FY2017 Utah Substance Abuse Treatment Outcome Measures Scorecard for all clients. (2017). Utah Department of Human Services, Division of Substance Abuse and Mental Health.