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District #5

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District #6

April 29, 2014

Mr. Pat Fleming, Co-Director  
Mr. Tim Whalen, Co-Director  
Behavioral Health Services Division  
Rm. S2300, Government Center  
Salt Lake City, Utah

Dear Mr. Fleming and Mr. Whalen:

The Salt Lake County Council, at its meeting held this day, approved the Salt Lake County Local Authority Area Plan for Behavioral Health Services for State Fiscal Year 2015.

Pursuant to the above action, you are hereby authorized to effect the same.

Respectfully yours,

SALT LAKE COUNTY COUNCIL

SHERRIE SWENSEN, COUNTY CLERK

By Nichole Watt  
Deputy Clerk

ks



**Salt Lake County  
Local Authority**

**SFY 2015 Area Plan  
for  
Behavioral Health Services**

**April 29, 2014**

# Plan Organization

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# Part I

## FORM D – Local Authority Signature Page

### SALT LAKE COUNTY LOCAL AUTHORITY APPROVAL OF AREA PLAN

#### IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 130043 (SUD) and 130044 (MH), the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

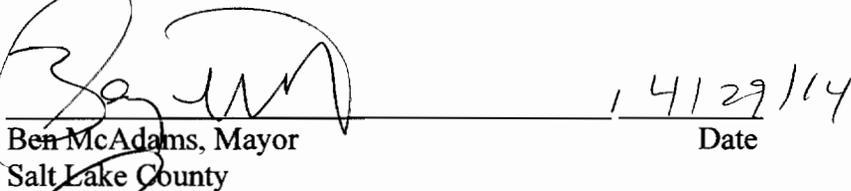
#### LOCAL AUTHORITY

##### COUNCIL APPROVAL:

  
\_\_\_\_\_  
Michael Jensen, Chair  
Salt Lake County Council

14/29/14  
Date

##### COUNTY MAYOR:

  
\_\_\_\_\_  
Ben McAdams, Mayor  
Salt Lake County

14/29/14  
Date

  
\_\_\_\_\_  
Lori Bays, Director  
Department of Human Services

4/30/14  
Date

  
\_\_\_\_\_  
Patrick J. Fleming, Co-Director  
Division of Behavioral Health Services

14/30/14  
Date

  
\_\_\_\_\_  
Timothy M. Whalen, Co-Director  
Division of Behavioral Health Services

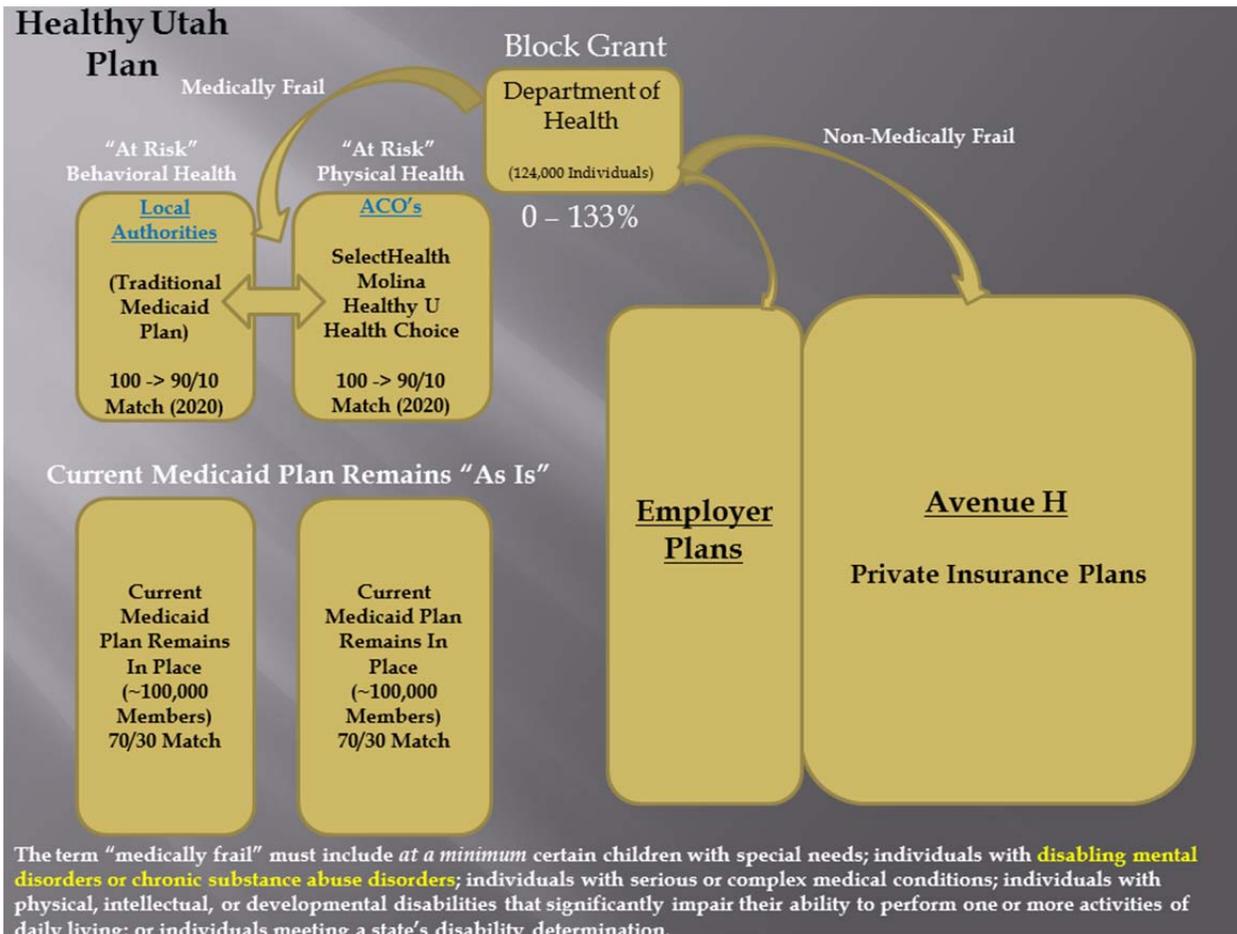
14/30/14  
Date

# Part II

## Extension of Behavioral Health Services Contracts One Additional Year

With uncertainty of the Optional Medicaid Expansion in Utah, the County Council and County Mayor decided to extend, by an ordinance modification, most of the contracts for behavioral health services for one additional 12 month period (to June 30, 2015). This extension allows the county to keep its current contracted behavioral health network in place while positioning itself to respond to a plan by the governor to use a block grant approach to the Optional Expansion of Medicaid, the adoption of the full Optional Medicaid Expansion as envisioned in ACA, or any other plan which closes the coverage gap.

We think the governor will have the details of the Optional Medicaid Expansion Block Grant plan approved by the Secretary of the U.S. Department of Health and Human Services during May or June of 2014 and will have called a Special Session of the Legislature for its approval as a result probably sometime this summer. The overall goal would be to have a plan which would close the coverage gap for uninsured Utahns, conservatively estimated at 124,000 adults (with SLCo residents making up about 50,000 of the 124,000 coverage gap). The schematic below is our best attempt to describe how the block grant plan might work:



## Part III

### New and Notable for SFY2015

#### The Future We Choose:

Mayor McAdams' vision for Salt Lake County is summarized in his initiative called the Future We Choose. The Mayor's strategy for implementing this vision is to:

- Goal #1 Enhance Salt Lake County's Quality of Life
- Goal #2 Facilitate collaborative partnerships to realize regional opportunities
- Goal #3 Deliver excellent customer satisfaction through personalized service

Further the Salt Lake County Human Service Department has established a vision consistent with the Future We Choose.

**Vision:** A Salt Lake County community that is a healthy, vibrant, and safe place to live, work and thrive.

**Mission:** Enhancing quality of life for the individuals, families and communities of Salt Lake County.

In order to achieve the vision, 2014 Quality of Life Outcome Objectives were identified as follows:

#### **Job Growth**

- Residents are prepared to enter and advance within the workforce

#### **Educational Opportunities**

- Children enter kindergarten ready to learn & all are supported through lifelong learning opportunities

#### **Healthy Families**

- Residents and communities engage in healthy behaviors
- Residents have access to affordable housing and feel safe in their homes
- Released inmates have opportunities for success

The SLCo Division of Behavioral Health Services 2014 Goals will focus on the Mayor's strategy Goal #1 Enhance Salt Lake County's Quality of Life through the Human Services Objective of Healthy Families by: **Having Residents and communities engage in healthy behaviors** and **Present released inmates with opportunities for success.**

The specific goals of the division which support the overall vision are:

1. Reduce length of stay for SUD clients in residential programs
2. Reduce the use of inpatient services for the mentally ill
3. Prepare BH system-of-care for the adoption or denial of Medicaid expansion
4. Reduce recidivism of the most frequently booked SPMI in the County Jail
5. Increase integration and availability of prevention and early intervention programs
6. Increase community awareness of crisis intervention resources

#### **New initiatives for 2015:**

- ✓ Highland Ridge Hospital no longer participates as part of the Salt Lake County/Optum inpatient service network. We do not foresee any additional changes to the inpatient network.

- ✓ We have increased coordination of care by daily reporting measures of inpatient admissions to the outpatient programs.
- ✓ In FY2015, Optum will hire a Discharge Coordinator for the Utah State Hospital to assist with the coordination of care.
- ✓ Salt Lake County/Optum will purchase from a provider, for July 1, an Assertive Community Treatment Team (ACT) service delivery model for Salt Lake County residents. The ACT Team would serve 50 consumers initially, but could potentially develop to serve 100 Salt Lake County residents. The program by Salt Lake County/Optum will be implemented to fidelity to the evidence-based model as outlined by SAMHSA. Detailed information on the model can be found in SAMHSA's document "*Assertive Community Treatment: Building Your Model.*" This model will be implemented July 1, 2014. We anticipate the ACT program will decrease inpatient admissions.
- ✓ We will be expanding the FAST program to serve more youth as well as increase services with Hopeful Beginnings for latency age children. We will coordinate Hopeful Beginnings programs with the FAST program to increase home and community-based services for children, youth and families.
- ✓ Salt Lake County/Optum will regularly convene County High Level Staffing to address the needs and better coordinate the care for children and youth and their families, with complex needs.
- ✓ In March of 2014, the State Division of Substance Abuse and Mental Health was awarded a National Association of State Mental Health Directors (NASMHPD) grant for a demonstration project called the Transformation Transfer Initiative (TTI). In a nutshell it is very similar to the Access to Recovery (ATR) program for substance abuse, but is specifically for Adults with Mental Illness. Five states are given up to \$221,000 each for this six month initiative. SLCo was chosen, based on its excellent track record of implementing ATR, as the only Local Authority to implement this new program. SLCo will receive \$221,000 for our chronically mentally ill Medicaid eligible consumers to assist them with accessing recovery focused services that Medicaid will not pay for. SLCo DBHS will partner with the University Wellness Recovery Center and Salt Lake County Division of Youth Services to anchor a TTI case manager at their facilities. This TTI case manager will meet with the treatment staff and clients to identify appropriate services that can help assist them in their recovery.

#### **Changes in SFY 2014 and SFY 2015:**

- ✓ **Wellness Recovery Center (WRC- RTC) – UNI**  
Because the VBH CTP residential facility closed in February, 2013, the Wellness Recovery Center has become a short-term residential RTC model, to fill that gap in the community. The WRC-RTC includes a 16-bed residential facility for adult clients who are in crisis, or need a step-down from the hospital to the community or a step-up from community to diversion from inpatient stay. The overall goal of WRC-RTC is to prevent or shorten hospitalization by providing alternative treatment to enhance clients' skills in community living and increase stability.
- ✓ **University of Utah Housing – UNI**  
The University of Utah will be adding supported housing units in Salt Lake County that will be available in FY2015 for clients. The number of units available is yet to be determined.
- ✓ **New Beginnings**  
New Beginnings is a 16-bed residential facility for boys. This program was opened in January 2014.
- ✓ **RTC – UNI**  
UNI will be opening a 16-bed residential facility for girls in May 2014.

- ✓ **Pioneer Valley Hospital Outpatient Clinic**  
With the opening of the outpatient clinic at Pioneer Valley Hospital, individuals in the community will have another opportunity to access available services closer to their geographic location.
- ✓ **Valley Mental Health now Valley Behavioral Health**  
Valley Behavioral Health (formerly Valley Mental Health) has changed its name and its business model, focusing its efforts on the more acute SPMI population while collaborating with the fee-for-service network for more routine outpatient services. Optum continues to evaluate the network to determine the fee-for-service expansion while working with VBH and adjustments to their business models.
- ✓ **Hopeful Beginnings**  
This community partner has rapidly developed into one of the premiere agencies within Salt Lake County when providing in-home, community based services, and respite services to youth and their families. Hopeful Beginnings has expanded rather significantly over the past year to meet the needs of the community and now has a psychiatrist on staff to provide medication management. They have maintained a close partnership with Optum and are continually attempting to identify other needs and opportunities for improved services for Salt Lake County.
- ✓ **Sundance Behavioral**  
Provides medication management services to children and youth who may be accessing other mental health services from other providers.
- ✓ **Increased service capacity**  
In the past year, Salt Lake County/Optum has added community-based organizations that provide in-home and respite care, the FAST program, a DBT program, and new IOP programs for adults and youth. For FY2015 we are planning to implement Assertive Community Treatment (ACT) and will have access to new adolescent residential programs for girls and boys. In addition, Optum changed its afterhours format, shifting from local on-call to a direct access afterhours team located in Houston.
- ✓ **Increased access**  
The coordination of care initiative has increased access to services by connecting people coming out of inpatient facilities to community-based services. The Optum Clinical Operations Team provides daily inpatient admission reports to outpatient programs to better coordinate care.
- ✓ **Efforts to respond to community input/need**  
Salt Lake County/Optum holds and has held community conversations, which are consumer meetings, to determine need. The Recovery and Resiliency team have been working to address these needs. In the next year, Salt Lake County/Optum will engage in a mapping effort to determine areas where there are gaps in services and work to fill those gaps and continue to solicit feedback from key stake holders in the community on opportunities for improvements.
- ✓ **Coalition development:**  
Salt Lake County/Optum collaborates with the Utah Family coalition, training and supporting the Family Resource Facilitation. Salt Lake County/Optum works closely with the 2 inpatient facilities in the network, community providers and the County, meeting weekly to coordinate the care for consumers. In addition, Salt Lake County/Optum led a coordinated service effort to outline processes and contacts to improve communication and services.

✓ **Services for Uninsured Residents of SLCo:**

The funding for the County’s uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes how these dollars will be used, the specific programs and specific populations to be served. This explanation combines the Federal Block Grant, FRF, State Non- Medicaid, State COPS, and some County funds. Crisis and inpatient services are purchased with County funding. All services are provided through a contract provider. Salt Lake County has prioritized anticipated funding as follows:

**Priority 1** **Increasing Access to Services for People Who Lack Insurance or the Ability to Pay**

Refugee Services	\$166,301
Homeless MH Outreach Program	\$109,285
Division of Youth Services	\$81,648
Senior Centers Counseling	\$212,285
Whole Health Clinic	\$57,970
Children's Center	\$81,648
Family Resource Facilitator	\$6,532
Valley Mental Health	\$449,064
<b>Total Priority 1</b>	<b>\$1,164,733</b>

**Priority 2** **Alternatives to Incarceration**

CORE 1 Men's	\$224,532
CORE 2 Women's	\$0
JDOT	\$81,648
CRT	\$97,978
Medication	\$102,060
MH-ATI Transport	\$0
<b>Total Priority 2</b>	<b>\$506,218</b>

**Priority 3** **Crisis Programs**

Mobile Crisis Outreach Adult *	\$205,140
Mobile Crisis Outreach Youth *	\$277,033
Receiving Center	\$278,156
Wellness and Recover Center	\$235,770
Acute Psychiatric	\$441,461
Warm Line	\$34,876
Peer Bridger	\$71,799
<b>Total Priority 3</b>	<b>\$1,544,235</b>

**Priority Services for the Civilly Committed**

**4**

University Civil Commitment (Not Optum)	\$100,000
Designated Examiners (Not Optum)	\$400,000
Community Treatment	\$65,318
<b>Total Priority 4</b>	<b>\$565,318</b>

**Priority State Hospital Outplacement Services**

**5**

Children's Out Placement Services (FFS)	\$65,000
Housing Support Green Gables Nephi Todd's	\$122,040
<b>Total Priority 5</b>	<b>\$187,040</b>

**Priority Prevention Program**

**6**

VMH Prevention Program	\$192,603
Family Resource Facilitators (8 fte)	\$424,828
<b>Total Priority 6</b>	<b>\$617,431</b>

**Priority Optum and Salt Lake County Admin**

**Admin**

Optum Health Admin and Clinical Redirect	\$561,947
Salt Lake County Admin	\$137,000
<b>Total Admin</b>	<b>\$698,947</b>

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<b>Reimbursement Total</b>	<b>\$5,283,922</b>
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## Part IV

### Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

#### 1) Access and Eligibility for Mental Health and/or Substance Abuse Clients

**Who is eligible to receive behavioral health (mental health and substance use disorders) services within your catchment area? What services (are there different services available depending on funding)?**

All residents of SLCo are eligible for services regardless of their ability or inability to pay for their services. We do expect residents with insurance, adequate wages, or other forms of payment to pay for as much of their care as possible but payment is based on our Local Authority approved sliding fee schedule. Public funds, by contract language, are the payer of last resort. We consider insurance and other non-public funds to be third party liability (TPL) payments and require OptumHealth/SLCo as well as other network providers to maximize TPL payments.

All ASAM levels of care, from ASAM 1.0 to ASAM 3.7, are available to any qualifying Salt Lake County resident. Other than the requirement for residency, which service is available for any given person and receives is entirely dependent on medical necessity.

**What are the criteria used to determine who is eligible for a public subsidy?**

As described above, we expect clients who either have the ability to pay or have adequate insurance to pay for as much of their treatment as possible. However, for the underinsured and uninsured client proof of income must be provided. In addition to this, providers are encouraged to take into account other responsibilities the client has, such as mortgage or rent, paying of fines, child support, and other things for which they are showing that they are a contributing member of society and working toward recovery. For those who are indigent a history is obtained which shows the need for treatment and the lack of ability to pay for treatment. All providers are educated that the lack of ability to pay for treatment cannot be a barrier to treatment. The sliding fee scale applies to anyone who enters treatment under a public subsidy.

## Governance and Oversight Narrative (continued)

### **How is this amount of public subsidy determined?**

In general, the amount of public subsidy is dependent on the appropriation amount by the legislature, the SLCo Council, and then other grant/transfer funds available through the DSAMH. Amounts are also dependent on the intent of the funding – for instance the prevention set-aside cannot be used for MH services, the early intervention funds cannot be used for SUD treatment, etc.

Specifically, there is a set amount that any given service costs specific to the program offering that service. Treatment is not just one service but a comprehensive list of services and an entire treatment episode can range from several hundred dollars to several thousand dollars, depending on the need and the length of stay in treatment. Instead of how much of a public subsidy a person will receive, it is based on how much a person can pay. For the underinsured and uninsured client proof of income must be provided. In addition to this, providers are encouraged to take into account other responsibilities the client has, such as mortgage or rent, paying of fines, child support, and other things for which they are showing that they are a contributing member of society and working toward recovery. For those who are indigent a history is obtained which shows the need for treatment and the lack of ability to pay for treatment. Based on this information all providers are required by contract to have a sliding fee agreement in every client's file. All providers are educated that the lack of ability to pay for treatment cannot be a barrier to treatment.

### **How is information about eligibility and fees communicated to prospective clients?**

All residents of SLCo who need behavioral health services are eligible to receive them based on appropriations. All network providers are required via contract (either SLCo contract language or OptumHealth/SLCo network contract language) to apply the county's approved sliding fee schedule and explain it adequately to all those SLCo residents seeking care.

When a client first call for an appointment, ideally the provider will inform the client of eligibility requirements, ask about Salt Lake County residency, and inform the client of required documents that he or she needs to bring to the intake. When a client first comes in for an intake, eligibility and fee criteria are communicated to the client in further detail. Providing the client has brought all the required documents, they can be immediately informed of eligibility and, if they qualify, what their financial responsibility is going to be.

### **Are you a National Health Service Core (NHSC) provider?**

No.

## 2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

### **Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

All contracted network providers are monitored at least once per year. SLCo staff conduct regular on-site monitoring, electronic monitoring through our EHR, and spot check monitoring as needed for all contracted vendors who are directly contracted with SLCo – mainly our SUD vendors. OptumHealth/SLCo monitors its 200+ network providers (depending on their size) at least once per year. SLCo DBHS monitors/audits OptumHealth/SLCo at least once per year but more often if needed.

Additionally, the consistent, ongoing reviews and re-authorizations required by contracts of any ASAM LOC higher than ASAM 1.0 immediately alerts us when any issues are identified.

A complete list of monitoring tools for SUD items is included as attachment 1 and for MH services as attachments 2, 3 and 4. All documentation is contained in either UWITS or OptumHealth/SLCo's EHR Netsmart. All contracted network providers are required by contract to keep documentation up to date and accurate.

In order to address the State Division Directive that Treatment Plan and ASAM assessments must be current, DBHS will revise all FY15 contracts to reflect the language change. The monitoring tool will be accordingly updated.

**Part V**  
**Program Summaries**

**Form A – Mental Health Narrative.....14**

**Form B – Substance Use Disorder Narrative .....52**

**Form C – Prevention Services Narrative.....70**

## Form A – Mental Health Budget Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

### **1a) Adult Inpatient**

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

Salt Lake County's/Optum's Network consists of contracts with the University Neuropsychiatric Institute (UNI) and Pioneer Valley Hospital in Salt Lake County for Adult Inpatient Care. Salt Lake County/Optum will contract with out-of-Network facilities on a client by client basis if a client is admitted to a hospital outside of the network.

**Include expected increases or decreases from the previous year and explain any variance.**

Comparing FY 2013 inpatient utilization to FY 2014 inpatient utilization, Salt Lake County has experienced a reduction in average daily inpatient census and a reduction in average length of stay as a result of implementing new Mobile Crisis Outreach Teams (MCOT) – two adult and one youth, the Receiving Center, the Wellness Recovery Center and increased coordination of care. We would expect this number during FY2015 to be maintained. The SFY13 actual report submitted to the SDSAMH did not reflect a late inpatient settlement that was approximately \$1.6 million in value. *Most of the settlement was for new clients that had not been seen before. There were approximately 150 new clients. We are also seeing new clients again in FY 2014. We expect to keep average inpatient days down for our current clients due to our new crisis programs, but anticipate an increase in new clients using the inpatient service. We are seeing an increase in the Medicaid eligibles since January 2014, which we believe are individuals that had been previously eligible but before ACA did not choose to enroll. Under ACA, it is now mandatory that the clients have coverage.*

**Describe any significant programmatic changes from the previous year.**

Highland Ridge Hospital no longer participates as part of the Salt Lake County/Optum inpatient service network. We do not foresee any additional changes to the inpatient network.

We have increased coordination of care by daily reporting measures of inpatient admissions to the outpatient programs.

In FY2015, Salt Lake County/Optum will hire a Discharge Coordinator for the Utah State Hospital to assist with the coordination of care.

Salt Lake County/Optum will purchase from a provider, for July 1, an Assertive Community Treatment Team (ACT) service delivery model for Salt Lake County residents. The ACT Team would serve 50 consumers initially, but could potentially develop to serve 100 Salt Lake County residents. The program by Salt Lake County/Optum will be implemented to fidelity to the evidence-based model as outlined by SAMHSA. Detailed information on the model can be found in SAMHSA's document "*Assertive Community Treatment: Building Your Model.*" This model will be implemented July 1, 2014.

**1b) Children/Youth Inpatient**

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

Salt Lake County/Optum Network consists of contracts with UNI in Salt Lake County for youth inpatient care. Initial assessment for hospitalization is done either in the primary care unit or by the crisis staff at University of Utah Medical Center (UUMC).

**Include expected increases or decreases from the previous year and explain any variance.**

Salt Lake County has experienced a reduction in inpatient cost and a reduction in average length of stay in FY2014 under Salt Lake County/Optum due to the Division of Youth Services' Family Access to Services and Teaming (FAST) program (described in Section 1f) which operates as a partnership with the MCOT and other youth providers such as Hopeful Beginnings and Valley Behavioral Health (VBH). The program provides services that assist in diverting youth from residential and inpatient stays. We do not anticipate any significant variance in SFY2015.

**Describe any significant programmatic changes from the previous year.**

Highland Ridge no longer participates as part of the Salt Lake County/Optum inpatient service network. We do not foresee any additional changes to the inpatient network.

We will be expanding the FAST program to serve more youth as well as increase services with Hopeful Beginnings for latency age children. We will coordinate Hopeful Beginnings programs with the FAST program to increase home and community-based services for children, youth and families.

Salt Lake County/Optum will regularly convene County High Level Staffing to address the needs and better coordinate the care for children and youth and their families, with complex needs.

**1c) Adult Residential Care**

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

Salt Lake County/Optom is pursuing ongoing opportunities to contract with VBH, UNI, and other community providers, as needed, to provide residential care for the adult clients.

**Co-Occurring Re-entry and Empowerment (CORE) – VBH**

CORE is a 16-bed residential facility for mentally ill adult male clients who also have substance use disorder treatment needs. This is an “Alternatives to Incarceration” residential program. The overall goal of CORE is to prevent or shorten jail incarcerations by providing alternative treatment to enhance clients’ skills in sobriety, community living and increase stability. There is a focus on community service and vocational training.

**Valley Plaza – VBH**

Valley Plaza is a 72-bed 1 & 2 bedroom apartment complex. This program is staffed 24 hours a day with mental health services provided on-site. Clients are in individualized programs with flexible support systems. Clients receive vocational skills at this site with opportunities for employment.

**Valley Woods – VBH**

Valley Woods is a 58-bed 1 & 2 bedroom apartment complex with 3 residential buildings and 1 common area. This program is staffed 24 hours a day with mental health and case management services provided on-site. Clients receive vocational skills at this site with opportunities for employment.

**Safe Haven 1 & 2 – VBH**

Safe Haven is a 48-bed homeless transitional housing apartment complex for individuals living with mental illness. This program is staffed 24 hours a day with mental health and case management services provided on-site.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

Salt Lake County/Optom anticipates the Wellness Recovery Center to be at full capacity in SFY2015 (FY 2014 the Wellness Recovery Center was at half capacity) and therefore it expects an increase in expense for adult residential care. This would add an estimated 150 new clients.

**Wellness Recovery Center (WRC- RTC) – UNI**

Because the VBH CTP residential facility closed in February, 2013, the Wellness Recovery Center has become a short-term residential RTC model to fill that gap in the community. The WRC-RTC includes a 16-bed residential facility for adult clients who are in crisis, or need a step-down from the hospital to the community or a step-up from the community to divert an inpatient stay. The overall goal of WRC-RTC is to prevent or shorten hospitalization by providing alternative treatment to enhance clients’ skills in community living and increase stability.

**University of Utah Housing – UNI**

The University of Utah will be adding supported housing units in Salt Lake County that will be available in FY2015 for clients. The number of units that will be available is yet to be determined.

**1d) Children/Youth Residential Care**

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

Salt Lake County/Optum contracts with VBH and other community providers as needed to provide residential care for adolescents and children. We anticipate increased availability of residential programming in SFY2014.

**ARTEC West Campus – VBH**

At the ARTEC West Campus, located in Kearns, there is one residential dual-diagnosis drug and alcohol specific program, a school, a gymnasium, cafeteria, and office space for counseling and therapy. Specialty programs offer services for youth with dual diagnoses, including low cognitive function and developmental delay, pregnant teens with substance use disorder problems, and medically complex youth. Residential stays are typically between four and six months for most youth. Specialized on-site education programs are a cooperative effort between Granite School District and VBH with youth typically making two years of progress for every six months in treatment.

**Single Case Agreements**

Salt Lake County/Optum contracts with providers offering residential levels of care on an individualized basis. Salt Lake County/Optum also utilizes other qualified service providers as needed through single case agreements to meet the specialized mental health needs of the youth in Salt Lake County.

**Salt Lake County DYS-Boys and Girls Group Homes**

Emergency residential care for youth ages 12 to 18 in DCFS custody or who are in need of specialized shelter placement because of abuse or neglect.

**Include expected increases or decreases from the previous year and explain any variance.**

Salt Lake County/Optum will continue to prioritize utilizing appropriate level of care guidelines congruent with medical necessity when making the decision to place kids in residential care. We project a small increase based on the population growth (including CHIP).

**Describe any significant programmatic changes from the previous year.**

**New Beginnings**

New Beginnings is a 16-bed residential facility for boys. This program was opened in January 2014.

**RTC – UNI**

UNI will be opening a 16-bed residential facility for girls in May 2014.

**1e) Adult Outpatient Care**

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

Salt Lake County/Optum has a large network of providers, including Medicaid medical ACOs, who are available to provide a vast array of outpatient services. Clients have the freedom to choose any provider from the network that provides services to meet their needs. Additionally, in some cases, clients may opt to receive services from a provider not in the network. These services can be provided as long as pre-authorization requirements are met.

Salt Lake County/Optum contracts with VBH as the largest provider of outpatient services in Salt Lake County. VBH provides outpatient services in a variety of locations and offers specialized outpatient clinics to serve adults and seniors and those dealing with substance use disorders.

VBH's outpatient clinics have created focused and culturally sensitive treatment to serve the many refugee populations located in the county. Treatment services for refugees are also provided by the Asian Association. In addition to VBH Outpatient Services, Pioneer Valley Hospital has opened an adult outpatient clinic and provides medication management. Outpatient treatment has an emphasis on short-term treatment to help individuals and families stabilize and return to functioning in the community.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect an increase in clients served with no increased expense as we better manage to medical necessity.

**Describe any significant programmatic changes from the previous year.**

With the opening of the outpatient clinic at Pioneer Valley Hospital, individuals in the community will have another opportunity to access available services closer to their geographic location.

VBH has changed its business model, focusing its efforts on the more acute Serious and Persistent Mental Illness (SPMI) population while collaborating with the fee-for-service network for more routine outpatient services. Salt Lake County/Optum continues to evaluate the network to determine the fee-for-service expansion while working with VBH and adjustments to their business models.

**ACT – Assertive Community Treatment** – The ACT program will be implemented in FY 2015.

## **1f) Children/Youth Outpatient Care**

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

Salt Lake County/Optum has a large network of providers, including Medicaid medical ACOs, who are available to provide a vast array of outpatient services. Clients will have the freedom to choose any provider from the network that provides services to meet their needs. Additionally, in some cases clients may opt to receive services from a provider not in the network. These services can be provided as long as preauthorization requirements are met.

One of the largest providers of outpatient services is VBH, which provides outpatient services in a variety of locations in Salt Lake County. VBH offers specialized outpatient clinics to serve children and youth including those dealing with substance use disorders.

Salt Lake County's/Optum's network offers a comprehensive outpatient program that serves children 0-18 with mental illness and their families in Salt Lake County. Services include individual, family and group therapy, psychiatric evaluation, medication management, inter-agency coordination and crisis intervention. Specialist providers address issues such as:

- Adoptions
- Pre-school and infant mental health
- Domestic Violence
- Trauma
- Sex Abuse
- In-home Services
- Respite Care
- Family Resource Facilitation

The Abuse and Trauma Treatment program provides treatment to children, identified as victims or perpetrators of sexual abuse, and their families. Treatment consists of individual / family counseling, group therapy, and coordination with other agencies involved with abuse victims, such as DCFS, DJJS, the court, and law enforcement. Objectives of the program include stabilizing family life, while protecting the victim and other children in the home and community.

**Salt Lake County Division of Youth Services-Short and Long-term Individual and Family Counseling**  
Counseling Services include a 60-day intervention, individual counseling and family therapy. Services also include long-term mental health therapy as a Salt Lake County/Optum provider for Medicaid qualified youth and families.

### **Salt Lake County Division of Youth Services-In-Home Services**

This program provides intensive, in-home therapy and case management to families with defiant, runaway, truant and mildly delinquent youth. The goal is to prevent youth from being removed from their home and being placed in custody of a state agency. In-home Services also provides a therapist to Kearns, Matheson and Brockbank Jr. High Schools offering therapy and case management to at-risk students.

## 1f) Children/Youth Outpatient Care (cont.)

The Family Access to Services and Teaming (FAST) program provides supportive family-based services to keep children in their homes during times of mental health and behavioral crisis. It is a partnership between the DYS, the University of Utah Neuropsychiatric Institute (UNI) MCOT and Salt Lake County/Optum. When the MCOT Youth Team is called to a crisis situation they coordinate with DYS to determine appropriate services. DYS provides crisis family interventions to stabilize situations in which a child/youth might otherwise be considered for admission to an acute inpatient psychiatric facility. The intervention services can include:

- Individual and family counseling
- Limited “time out” hours at Youth Services
- Overnight stay for age appropriate youth
- Short term residential with family therapy
- Family Resource Facilitator Services
- Family classes/groups

### **Include expected increases or decreases from the previous year and explain any variance.**

We expect an increase in clients served with no increased expense as we better manage to medical necessity.

### **Describe any significant programmatic changes from the previous year.**

#### **Hopeful Beginnings**

This community partner has rapidly developed into one of the premiere agencies within Salt Lake County when providing in-home, community based services, and respite services to youth and their families. Hopeful Beginnings has expanded rather significantly over the past year to meet the needs of the community. They have maintained a close partnership with Salt Lake County/Optum and are continually attempting to identify other needs and opportunities for improved services for Salt Lake County.

### **1g) Adult 24-Hour Crisis Care**

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

For an adult in Salt Lake County experiencing acute emotional or psychiatric distress, a comprehensive array of services and supports on a 24 hour/7 days a week basis are available. These services are structured to address acute needs and also provide for personal and public safety and support individuals in a manner that encourages their recovery and equips them with resources to manage future acute circumstances. This array of services includes telephone crisis-line services, warm-line services, MCOT, close coordination with the Salt Lake Police Department CIT program, a receiving center, a WRC-RTC for crisis residential services, case management, psychotropic medications and, when necessary, access to acute inpatient hospitalization.

#### **Mobile Crisis Outreach Teams**

The UNI MCOT is an interdisciplinary team of mental health professionals including Peer Specialists, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, and crisis follow-up for residents of the Salt Lake community 24/7, 365 days per year. The team responds to the call within 10 minutes and arrives at the scene within 30 minutes. The staff assesses the situation and make a determination regarding disposition using all the resources available to provide the best outcome possible using the least restrictive alternatives. In the past year, 80% of those receiving an outreach visit were diverted from inpatient and emergency room visits.

#### **Receiving Center**

The Receiving Center (operates 24/7 365 days a year) diverts people from inpatient services and the jail. Law enforcement is encouraged to take non-violent offenders with mental health issues to the Receiving Center instead of directly to the jail. This reduces law enforcement and jail costs while supporting those with mental illness. It is able to receive referrals from law enforcement, MCOT, stakeholders and the community. Consumer-centered crisis services are offered through this “living room” style center and can stay at the center for up to 23 hours to receive what they need to resolve the current crisis — including assessments, medications and other support. The center receives an average of 146 consumer visits per month. Of these, only 6% continue on to inpatient stays and less than 1% to the County jail. This facility also operates the crisis line (over 3,000 calls per month) and Warm Line (see below).

#### **Wellness Recovery Center (WRC - RTC)**

Because the VBH CTP residential facility closed in February, 2013, the Wellness Recovery Center has become a short-term residential RTC model, to fill that gap in the community. The WRC-RTC includes a 16-bed residential facility for adult clients who are in crisis, or need a step-down from the hospital to the community or a step-up from the community to divert an inpatient stay. The overall goal of WRC-RTC is to prevent or shorten hospitalization by providing alternative treatment to enhance clients’ skills in community living and increase stability.

#### **Warm Line**

The Warm line is a confidential anonymous phone line answered by Peer Support Specialists professionally trained to provide support to callers. Staff is trained to connect with, share, and provide support, hope, and a listening ear for peers in times of stress and uncertainty. Callers are connected with someone who can truly understand their struggle because they have “been there before,” or provide a needed local resource or referral. The warm line receives an average of 523 calls per month.

#### **Include expected increases or decreases from the previous year and explain any variance.**

A training video about the MCOT was distributed to SLC PD in February 2013. Since that time, calls to the MCOT team have increased from an average of approximately 100 calls per month to over 250 calls. As law enforcement and the community become more aware of the service, call levels may continue to increase. As such we anticipate a large increase in clients served. In addition, we anticipate an expense increase due to full year operation of the wellness recovery center.

#### **Describe any significant programmatic changes from the previous year.**

Salt Lake County has not been able to comply with the crisis data spec that the State requires for SAMHIS. Salt Lake County will be submitting their data spec from UNI that supports the clients served count to SDSAMH.

## **1h) Children/Youth 24-Hour Crisis Care**

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

For a youth in Salt Lake County experiencing an acute emotional or psychiatric distress, we offer a comprehensive array of services and supports available on a 24 hour/7 days a week basis. These services are structured to address not only their acute needs but also provide for personal and public safety and support individuals in a manner that encourages their recovery and equips them with skills, resources and tools to manage future acute circumstances. The array of services includes telephone crisis line services, MCOT, case management, psychotropic medications and, when necessary, access to acute inpatient hospitalization.

### **Mobile Crisis Outreach Teams**

The UNI MCOT is an interdisciplinary team of mental health professionals including Family Resource Facilitators, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, and crisis follow-up for residents of the Salt Lake community 24 hours a day, 7 days a week, 365 days per year. The team responds to the call within 10 minutes and arrives at the scene within 30 minutes. The staff will assess the situation and make a determination regarding disposition using all the resources available to provide the best outcome possible using the least restrictive alternatives. The Youth MCOT is flexible, multi-faceted, and immediately accessible to families, children and adolescents at risk for hospitalization or out-of-home placement. They work closely with community partners specialized in child and family issues including DYS, VBH children's outpatient unit, etc. All staff are state certified Designated Examiners who can evaluate and initiate commitment procedures for those under the age of 18.

### **Salt Lake County DYS-Christmas Box House**

This program provides 24-hours, 7 days a week emergency intake, assessment, interim residential care and licensed shelter home placement for children ages 0 to 11 who are taken into temporary protective custody by DCFS or law enforcement for alleged abuse and neglect.

### **Salt Lake County Division of Youth Services-Juvenile Receiving Center (JRC)**

This program offers screening, evaluation and referral services to youth, families and law enforcement 24/7. Services are for youth ages 8 to 18 who are runaway, homeless and ungovernable youth or youth who have committed minor offenses. Serving two locations: Salt Lake and Riverton

### **Salt Lake County Division of Youth Services-Crisis Residential**

Offers 24/7 crisis timeout service to run away and ungovernable youth ages 10 to 17.

### **Salt Lake County Division of Youth Services-Homeless Youth Walk-in Program:**

This program provides 24-hour access to food, clothing, laundry, shower facilities and overnight shelter for homeless youth under age 18. Crisis counseling and therapy are also available resources. Young mothers with children under 5 years old can apply for 90-day shelter care.

**Salt Lake County Division of Youth Services-Safe Place:** Youth Services Safe Place sites are public locations throughout Salt Lake County where youth can go for a safe place. When requested, Youth Services staff can transport youth from Safe Place sites to the 24-hour shelter. For locations visit: [www.youth.slco.org](http://www.youth.slco.org) or text SAFE and your location to 69866. Safe Place is a national program and Youth Services is the Utah headquarters.

**Family Support Center** - The Family Support Center also offers a free Crisis Nursery 24/7 for families with children ages 0-11 in three locations in the Salt Lake Valley.

### **Include expected increases or decreases from the previous year and explain any variance.**

Due to an increase in the Youth MCOT utilization we expect to see an increase in numbers served with no anticipated increase in expense.

### **Describe any significant programmatic changes from the previous year.**

Salt Lake County has not been able to comply with the crisis data spec that the State requires for SAMHIS. The County has begun providing the State with its data spec from UNI that supports the clients served count, along with detailed outcome reports that are showing great success. The County has been very appreciative of the State's willingness to be flexible with the submission. The County will continue to work with the State to come to a submission format that is both doable and meets the State's needs.

**1i) Adult Psychotropic Medication Management**

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

Salt Lake County/Optum contracts with VBH, Pioneer Valley Hospital, and other providers, to provide medication management. Those who provide this service are licensed psychiatrists, APRNs, and RNs. Where possible, LPNs may provide this intervention. Salt Lake County/Optum encourages their network of prescribers to stay abreast of the advancements in medication and other technologies. By using Optum as our Managed Care Organization (MCO), the availability of prescriber options has increased so that all clients have access to a prescriber to adjust, change, or maintain the medicine that the client needs. During FY2014, Salt Lake County/Optum worked to expand the availability of medication management providers available in the network and added 3 APRNs and 5 MDs to its network. VBH continues to provide specialized medication management services through its Clozaril Clinic.

Salt Lake County/Optum will continue to expand the availability of medication management services in FY2015.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes expected.

**Describe any significant programmatic changes from the previous year.**

**Pioneer Valley Hospital** – Opened an adult outpatient clinic in February 2013, offering medication management services.

**Sundance Behavioral** – Provides medication management services to clients who may be accessing other mental health services from other providers.

**Psychiatric Behavioral Solutions** – Offers medication management services for all individuals, with a specialty in SPMI clients.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

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

Salt Lake County/Optum contracts with VBH, as well as other providers, to provide medication management. VBH is the largest provider of medication management services. Those who provide this service are licensed psychiatrists, APRNs, and RNs. Where possible, LPNs may provide this intervention. Salt Lake County/Optum encourages their network of prescribers to stay abreast of the advancements in medication and other technologies. By using Optum as our MCO, the availability of prescriber options has increased so that all clients have access to a prescriber to adjust, change, or maintain the medication that the client needs.

**Include expected increases or decreases from the previous year and explain any variance.**

During FY2014, Salt Lake County/Optum worked to expand the availability of medication management providers available in the network and will continue this effort in FY2015. We would anticipate an increase in expense and services.

**Describe any significant programmatic changes from the previous year.**

**Hopeful Beginnings** – Now has a psychiatrist on staff to provide medication management.

**Sundance Behavioral** – Provides medication management services to children and youth who may be accessing other mental health services from other providers.

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

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

Salt Lake County/Optum contracts with VBH to provide skills development programs for adults through the Alliance House in Salt Lake City, an International Certified Clubhouse model program. The Alliance House objective is to help SPMI individuals gain or recapture the ability to function in the community through meaningful work. The clubhouse incorporates several different work units, which are important in the maintenance of the clubhouse. Participation in these units gives members an opportunity to develop skills that fosters their recovery and ultimately their reintegration into the community at large. The major focus of the program is transitional employment placements. The education unit has helped members obtain GEDs or high school diplomas, college education skills and support, and increased life skills. **With the expansion of the network we now have House of Hope, New Beginnings, and Odyssey House providing these services in the community.**

**Include expected increases or decreases from the previous year and explain any variance.**

Slight increase in number served and cost.

**Describe any significant programmatic changes from the previous year.**

None expected.

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

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

Salt Lake County/Optum also contracts with VBH to provide skills development programs for youth and children. They include:

**The Community Based Treatment Unit (CBTU)**, a school-based mental health intervention program, provide community-based comprehensive mental health programs in a highly structured therapeutic classroom, in partnership with local school districts for children and youth requiring highly structured therapeutic academic settings to succeed and prevent more restrictive placements. CBTU programs include on-site mental health therapists, behavioral specialists, and counselors who support children in accessing academics, succeeding in schools, and developing healthy social emotional skills to succeed across settings. The model engages case management, individual and family therapy, and psychosocial rehabilitative skills development.

**School-based Early Intervention Services**

VBH also provides early intervention school-based services. These services consist of therapy, case management, and parent/teacher consultation and training. They are currently providing services in 34 schools within 5 school districts in Salt Lake County.

**ACES, an after-school partial day treatment program**, serving 45 children (age 5-12) concurrently, who are referred for short-term stabilization of acute emotional and behavioral problems. Services include parent training in behavioral management and family therapy, as well as psychiatric evaluation. Intensive, highly structured adjunct mental health treatment often prevents out-of-home placements.

**Kids Intensive Day Services (KIDS)** is a short-term, intensive day program for youth ages 5-17, with serious behavioral and emotional challenges, with a focus on keeping children in their families and in the community. The goal is to prevent more restrictive mental health placements and/or help youth step down from more restrictive settings.

**Include expected increases or decreases from the previous year and explain any variance.**

We anticipate a slight decrease based upon the data YTD for FY 2014.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

**1m) Adult Case Management**

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

VBH continues to be Salt Lake County’s primary provider of case management services. Case Management at VBH is integrated into the treatment continuum. VBH provides differing levels of case management dependent upon clinical need. Each client is assigned a care coordinator. This coordinator provides basic case management. Targeted Case Management (TCM) is provided to clients with SPMI throughout the service continuum from outpatient services to in-home skills training programs. The goals of TCM are to:

- Help clients access appropriate services and supports
- Assure that services are relevant and meet consumer needs
- Ensure continuity and coordination of services provided for eligible clients
- Educate clients and their families in how to negotiate the mental health and social system
- Empower clients by enabling them to access new roles and responsibilities
- Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize
- Educate and support clients and their families in learning how to manage their resources

VBH also offers an Assertive Outreach Team for adult clients with SPMI. The Assertive Outreach Team subscribes to an Assertive Community Treatment Team approach with 24 hour availability, comprehensive, individualized and flexible services to meet the needs of those served. Services are designed to promote a client’s growth and recovery and to enhance the quality of their personal, family, and community life. Strong collaboration between the client, community resources, and natural support systems, behavioral and primary health care providers are established based on the client’s needs. The client is at the center of the team with the focus on person-centered care and person-centered planning.

VBH has successfully operated a similar service called JDOT (Jail Diversion Outreach Team) for criminal justice involved persons with mental illness. Services emphasize integrated mental health and substance use disorder interventions. This team has been very successful in reducing jail recidivism.

Asian Association offers case management services for the refugee populations, coordinating treatment, employment training, housing, insurance access, and other services to support refugees as they integrate into the community.

**Include expected increases or decreases from the previous year and explain any variance.**

A slight anticipated increase in clients served and a slight decrease in expense.

**Describe any significant programmatic changes from the previous year.**

In FY 2015, Salt Lake County/Optum will purchase from a provider, an Assertive Community Treatment Team (ACT) service delivery model to serve 50 consumers initially, but could potentially develop to serve 100 Salt Lake County residents.

## **1n) Children/Youth Case Management**

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

VBH is Salt Lake County's/Optum's primary provider of case management services. Case management at VBH is integrated into the treatment continuum. VBH provides differing levels of case management dependent upon clinical need. Each client is assigned a care coordinator. This coordinator provides basic case management. TCM is provided to youth identified as seriously emotionally disturbed (SED) clients throughout the service continuum from outpatient services to in-home skills training programs. The goals of TCM are to:

- Help clients access appropriate services and supports
- Assure that services are relevant and meet consumer needs
- Ensure continuity and coordination of services provided for eligible clients
- Educate clients and their families in how to negotiate the mental health and social system
- Empower clients by enabling them to access new roles and responsibilities
- Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize
- Educate and support clients and their families in learning how to manage their resources

VBH offers an Assertive Outreach Team (i-WRAP) for children. The i-WRAP Team follows the same treatment approach as used for adults (see Adult Case Management Narrative).

**Salt Lake County Division of Youth Services-Safe Place:** Youth Services Safe Place sites are public locations throughout Salt Lake County where youth can go for a safe place. When requested, Youth Services staff can transport youth from Safe Place sites to the 24-hour shelter. For locations visit: [www.youth.slco.org](http://www.youth.slco.org) or text SAFE and your location to 69866. Safe Place is a national program and Youth Services is the Utah headquarters.

**DYS Milestone Transitional Living Program:** This program provides transitional living to 18-22 year olds who are aging out of foster care. Each youth in the program works closely with a case manager to set long term and short term goals towards obtaining stable employment and educational enhancement. By connecting youth with community resources, participants will move toward self-sufficiency, shifting their lives in a positive direction to break the cycle of homelessness and dependency.

**Include expected increases or decreases from the previous year and explain any variance.**

We anticipate an increase in clients served and cost.

**Describe any significant programmatic changes from the previous year.**

**Hopeful Beginnings** – Hopeful Beginnings has expanded its services and is providing more case management services for children and youth.

**Form A – Mental Health Budget Narrative**

**1o) Adult Community Supports (housing & respite services)**

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

VBH offers community-based housing supports. Rents are primarily covered by the clients. VBH housing programs include the following:

- Valley Home Front – 8 apartments
- Valley Crossroads – 20 apartments
- Oquirrh Ridge West – 12 apartments
- Oquirrh Ridge East – 12 apartments
- Valley Horizons – 20 apartments for mentally ill 55 or older
- Lake Street – 8 transitional housing units for homeless
- Roberta Street – 10 transitional housing units for criminal justice involved

Residents of these supportive living facilities are provided case management. In addition, independent living skills and vocational training are provided to residents as applicable.

As an outplacement service, Salt Lake County/Optum contracts with Nephi Todd's and Green Gables to purchase housing for clients needing assistance as they are discharging from the State Hospital. These services are covered in the Unfunded section and in the Adult Outplacement section.

Other housing units include:

Mary Grace Manor, Gregson Apartments, Palmer Court, Kelly Benson, John Taylor House, and the Road Home.

**Include expected increases or decreases from the previous year and explain any variance.**

Salt Lake County/Optum expects no significant increase in cost and clients served.

**Describe any significant programmatic changes from the previous year.**

None expected.

**1p) Children/Youth Community Supports (housing & respite services)**

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

Salt Lake County/Optum contracts with Hopeful Beginnings to provide respite services. The Family Support Center also offers a free Crisis Nursery 24/7 for families with children ages 0-11 in three locations in the Salt Lake Valley.

Respite is available for children and youth. This program provides planned respite for the purpose of allowing a period of relief for parents. Respite is used to help alleviate stress in the family, thereby increasing a parent's overall effectiveness. Respite care may be brief (for hours) or extended for several hours, several days a week and may be provided in or out of the child's home. No overnight respite is currently provided.

**Include expected increases or decreases from the previous year and explain any variance.**

Salt Lake County/Optum expects no significant change in cost and clients served.

**Describe any significant programmatic changes from the previous year.**

**Hopeful Beginnings** now provides respite services instead of VBH.

### **1q) Adult Peer Support Services**

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

Providing and receiving peer support stands as an integral component of rehabilitation and recovery. Salt Lake County/Optum is dedicated to the Peer Support Specialist Program and would like to expand the peer workforce in Salt Lake County. Peer Support Specialists are critical to the Salt Lake County Behavioral Mental Health System. There are currently 40 Peer Support Specialists who currently work in our system today. In addition, we have several providers who have been trained on the value of Peer Support Specialists who are ready to incorporate Peer Specialists into their treatment teams.

In addition to expanding our Peer Support Services, during FY2015 the emphasis will be to fully operationalize our Peer Bridger program:

The Salt Lake County/Optum Peer Bridger Program is designed to match a client (the Peer Bridger), who is successfully managing his or her own recovery and has completed the requisite Peer Bridger training program offered by NYAPRS, with a client who has not been quite as successful. The primary function of the program is the development of a supportive and trusting relationship between the client and the Peer Bridger. Peer mentoring, support, advocacy, and skill building will be provided for these peers through regular individual contact over a period of time with the goals of easing the transition of individuals being discharged from hospital settings back into community life, to significantly decrease the need for readmission to the hospital, and to significantly decrease the need for hospitalization by engaging people prior to entry into the inpatient facilities. This service will promote the recovery model and provide tools for coping with and recovering from a mental illness and/or a substance use disorder.

The following is our understanding of what peer support services are and a definition of the Peer Bridger program that we are implementing in Salt Lake County in our WRC-RTC and inpatient facilities:

Peer Specialists are themselves consumers on their recovery journey who have dealt with major mental health and/or substance use disorder issues and have successfully managed their own recovery. Peer Bridgers (also Certified Peer Specialists) provide in-home and community support for consumers in the transition into community life to help decrease the need for re-admission and use of crisis services. They provide consumers with support and linkage to mental health, physical health and social services.

Peer Support Services are an integral part of the Salt Lake County/Optum behavioral health treatment service model. It is Salt Lake County's/Optum's intent to incorporate peer support services in every program and service that touches the life of a SPMI client and with other clients as needed. All of our new programs, the UNI MCOT; the UNI WRC; and the UNI Warm Line.

**Include expected increases or decreases from the previous year and explain any variance.**

In the SFY2013 actual report there was an error where FRF dollars were included in the adult line instead of youth.

Salt Lake County/Optum will continue to support the expansion of peer support services into its programs throughout the year. A small increase in clients served is anticipated.

**Describe any significant programmatic changes from the previous year.**

To expand our Peer Support Specialist workforce and fully operationalize our Peer Bridger program.

**1r) Children/Youth Peer Support Services**

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

Children/Youth Peer Support Services are provided primarily by Family Resource Facilitators (FRFs). Salt Lake County/Optum is providing peer support offered to the parents and/or caregivers of children and youth receiving services. Funding for FRFs increased in FY 2013, expanding the program and services to seven locations in Salt Lake County. Salt Lake County/Optum is the administrator of anchoring sites for FRFs. Training, mentoring, data collection and reporting is the responsibility of the Utah Family Coalition.

The FRF program services are designed to provide family peer support services to parents and/or caregivers of children/youth with complex needs. Generally FRFs have a family member with a mental illness giving them their lived experience necessary to have understanding and empathy for the families they work with. They also have experience and knowledge navigating various systems and agencies. They provide resource coordination, advocacy, assistance with the 504 special needs education plan and Individualized Education Plan (IEPs), and wraparound to fidelity. The main goal of the program is to keep children at home with their families and in their community. This is achieved through support, education, skill building, and use of natural supports.

There are currently 8 FRFs placed with 5 agencies throughout Salt Lake County.

Presently FRFs are anchored at the following agencies or organizations:

- 2 FTEs Salt Lake County Division of Youth Services
- 1 FTE Utah Division of Juvenile Justice Services
- 1 FTE Valley Behavioral Health
- 1 FTE The Children’s Center
- 1 FTE Utah Support Advocates for Recovery Awareness (USARA)
- 1 FTE NAMI Utah

**Include expected increases or decreases from the previous year and explain any variance.**

In the SFY2013 actual report there was an error where FRF dollars were included in the adult line instead of youth.

Salt Lake County/Optum will continue to support the expansion of peer support services into its programs throughout the year. A small increase in clients served is anticipated.

**Describe any significant programmatic changes from the previous year.**

None expected.

**1s) Adult Consultation & Education Services**

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

Optum has a Manager of Recovery and Resiliency who is in sustained recovery from serious mental illness and substance use disorder. The Recovery and Resiliency team consists of family support specialists and peer support specialists (adult services). The Recovery and Resiliency team provides education and consultation to consumers, consumer run organizations, their contracted providers, community partners and stakeholders, and centers of learning. They also file grievances and complaints from clients and submit them for resolution. They chair the Consumer Advisory Committee which has the main purpose of giving consumers a voice in advocating for a more person-centered system of care, identifying gaps in services, and identifying avenues to shift the paradigm of care and embrace the recovery model. They represent the peer voice on many community committees, workgroups and boards. They actively meet with clients where they receive services, promoting the recovery model and whole health. They work with the Optum Clinical Operations Team on all case staffings and utilization reviews. They also work with Salt Lake County's/Optum's network of providers to encourage the hiring and utilization of peer counselors to work on multi-disciplinary teams to provide treatment.

Our Recovery and Resiliency Teams conducts numerous trainings in the community. In FY 2014:

- 90 people in the community were certified in Mental Health First Aid
- Our team presented 10 Suicide Gatekeeper QPR trainings, certifying 141 community members.
- Collaborated with four community partners and held the first Salt Lake County Adult Wellness Fair. Twenty-two providers participated in showcasing community resources to support whole health for consumers.
- Presented at the Utah Peer Conference, Generations Conference and the Fall Conference.
- Provided 17 trainings on integrating Peer Support Services into the continuum of care.
- Conducted five Recovery and Resiliency trainings for the Utah NASW.
- Conducted five media interviews on Recovery and Resiliency. The media market outreach was viewed by 278,000 people.
- Provided numerous other trainings for providers and community partners.

SLCO Division of Behavioral Health Services (DBHS) is deeply rooted in the community with many allied partners. Through these partnerships, DBHS and Salt Lake County/Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff have frequent opportunities to educate the public through all forms of media, community fairs, and other venues.

**Include expected increases or decreases from the previous year and explain any variance.**

In the SFY 2013 actual report the split of cost between youth and adult expense was incorrect. The SFY 2015 plan better reflects how time is divided between youth and adults. The total cost is not anticipated to significantly change.

**Describe any significant programmatic changes from the previous year.**

None expected.

## **1t) Children/Youth Consultation & Education Services**

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

Salt Lake County/Optum has a Manager of Recovery and Resiliency who is in sustained recovery from serious and persistent mental illness and substance use disorder. This person also oversees the administration of anchoring sites for the FRFs. The Recovery and Resiliency team consists of a family support specialist and peer support specialists (adult services). The Recovery and Resiliency team provides education and consultation to consumers, consumers run organizations, their contracted providers, community partners and stakeholders, and centers of learning. The Recovery and Resiliency team staffs cases with Optum's Clinical Team on recovery related issues, advocates for person-centered treatment and discharge coordination. They also file grievances and complaints from clients and submit them for resolution. They chair the Consumer Advisory Committee which has the main purpose of giving consumers a voice in advocating for a more person-centered system of care, identifying gaps in services, and identifying avenues to shift the paradigm of care and embrace the recovery model. They actively meet with clients where they receive services, promoting recovery model and whole health. Salt Lake County/Optum is also working with their network of providers to hire and utilize peer counselors who work on multi-disciplinary teams to provide treatment. In FY2014 our Recovery and Resiliency Team:

- Conducted a "Family Community Conversation" during which time families were given the opportunity to identify strengths and areas of improvement.
- Certified 84 employees of the Salt Lake County Youth Services in Youth Mental Health First Aid.
- Supported and facilitated the linkage between Family Resource Facilitators and families who were inpatient for the first time.

Salt Lake County/Optum supports anchoring agencies FRFs that are actively involved with families who are engaged in treatment, offering input to client and clinician from a family perspective. Salt Lake County/Optum also coordinates and works closely with NAMI Utah in promoting and facilitating their services with our clients. DBHS is deeply rooted in the community with many allied partners. Through these partnerships, Salt Lake County/Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff have frequent opportunities to educate the public through all forms of media, community fairs, and other venues.

VBH is providing school-based programs in a highly structured therapeutic classroom. These programs include on-site mental health therapists, behavioral specialists, and counselors who support children in accessing academics, succeeding in schools, and developing healthy social emotional skills to succeed across settings. The model engages case management, individual and family therapy, and psychosocial rehabilitative skills development.

VBH also provides early intervention school-based services. These services consist of therapy, case management, and parent/teacher consultation and training. They are currently providing services in 34 schools within 5 school districts in Salt Lake County, increasing from 9 schools within 2 school districts in the past year.

**DYS Milestone Transitional Living Program:** This program provides transitional living to 18-22 year olds who are aging out of foster care. Each youth in the program works closely with a case manager to set long term and short term goals towards obtaining stable employment and educational enhancement. By connecting youth with community resources, participants will move toward self-sufficiency, shifting their lives in a positive direction to break the cycle of homelessness and dependency.

**Include expected increases or decreases from the previous year and explain any variance.**

In the SFY 2013 actual report the split of cost between youth and adult expense was incorrect. The SFY 2015 plan better reflects how time is divided between youth and adults. The total cost is not anticipated to significantly change.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**1u) Services to Incarcerated Persons**

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

**Community Response Team (CRT)**

Provides immediate, short-term response to the Metro Jail when an inmate is being diverted from jail, or is being discharged from the jail, and has been identified as SPMI. When an inmate is identified who has an assessed SPMI condition and is identified on the discharge plan as transitioning to VBH; VBH will provide in-reach to the inmate to establish relationships and develop the discharge plan to enhance likelihood of successful re-entry.

**Mental Health – Alternatives to Incarceration Transportation**

The CRT program has been further enhanced in coordination with VBH's CORE residential program. VBH is now notified by the Metro Jail when a SPMI inmate is to be released and transport is arranged for the inmate directly to VBH services. This new service helps ensure SPMI inmates are immediately engaged in community services and the appropriate medication therapy goes uninterrupted.

**Mental Health Services in Jail**

The Salt Lake County Council, serving as the Local Mental Health Authority, appropriates approximately \$1,800,000 annually for mental health services in the jail. This appropriation is made directly to the Salt Lake County Sheriff's Office. The Salt Lake County Sheriff's Office has decided to incorporate a mixed model of Mental Health Care. They have 8 Mental Health Professionals, 3 discharge planners, 1 unit clerk and 5 Registered Nurses to provide care for patients in the Jail. They are County employees. The Mental Health Providers are contracted by the County for their services. The healthcare services, including mental health services, have recently been awarded accreditation from the National Commission on Correctional Healthcare (NCCHC.) Additional county funds are used to fund medications, primary healthcare, and supportive services to persons in the jail who have serious mental illness. Salt Lake County continues to focus on alternatives to incarceration.

**Include expected increases or decreases from the previous year and explain any variance.**

There continues to be excellent collaboration with the jail and we will continue to collaborate with them on our Alternative to Incarceration programs, including: CRT, CORE, JDOT, ATI Transport and VBH Forensics. No significant change is anticipated.

**Describe any significant programmatic changes from the previous year.**

No expected changes.

**1v) Adult Outplacement**

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

Salt Lake County/Optum provides a discharge planner to proactively facilitate and coordinate the plans for consumers coming out of the State Hospital. Salt Lake County/Optum will continue to offer placement in the community or at VBH, such as housing support programs like Green Gables and Nephi Todd’s Boarding house diversion programs.

Salt Lake County/Optum is responsible to preauthorize and review inpatient care for adults, youth, and children. Salt Lake County/Optum will facilitate the disposition to less restrictive levels of care following inpatient hospitalization. For adult clients, Optum conducts reviews every 48-72 hours during hospitalization, consulting with inpatient, outpatient and specialty teams, along with families and appropriate agencies to design individualized service plans.

It is Salt Lake County’s hope that the UNI MCOT and the WRC will, in a preventative manner, continue to greatly reduce the need for State Hospital and inpatient care.

**Include expected increases or decreases from the previous year and explain any variance.**

In SFY2013 actual report the COPS program was included in other non-Mandated. It has been appropriately moved to Outplacement Services in the SFY 2015 plan. This correction explains the increase in cost of services and client count.

**Describe any significant programmatic changes from the previous year.**

Optum will hire a Discharge Coordinator for the Utah State Hospital to assist with the coordination of care for those clients and their community providers.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

The Children's Outplacement Program (COP) and funding are managed by Salt Lake County/Optum in a cooperative manner. Salt Lake County/Optum staff sit on the COP committee. Salt Lake County/Optum recommends children for consideration of State COPs assistance and recommends an appropriate array of services. Approved treatment services will be provided through the Salt Lake County/Optum provider network. Approved gas cards and ancillary services, such as karate classes, will be paid for and/or provided to the client directly by the County.

**Include expected increases or decreases from the previous year and explain any variance.**

In SFY2013 actual report the COPS program was included in other non-Mandated. It has been appropriately moved to Outplacement Services in the SFY 2015 plan. This correction explains the increase in cost of services and client count.

**Describe any significant programmatic changes from the previous year.**

Salt Lake County/Optum will regularly convene County High Level Staffings to address the needs and better coordinate the care for children and youth and their families, with complex needs.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

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

The funding for the County’s uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes how these dollars will be used, the specific programs and specific populations to be served. This explanation combines the Federal Block Grant, Early Intervention, State Non- Medicaid, State COPS, and some County funds. Crisis and inpatient services are purchased with County funding. Salt Lake County has prioritized anticipated funding as follows:

**Priority    Increasing Access to Services for People Who Lack**

**1    Insurance or the Ability to Pay**

Refugee Services	\$166,301
Homeless MH Outreach Program	\$109,285
Division of Youth Services	\$81,648
Senior Centers Counseling	\$212,285
Whole Health Clinic	\$57,970
Children's Center	\$81,648
Family Resource Facilitator	\$6,532
Valley Mental Health	\$449,064
<b>Total Priority 1</b>	<b>\$1,164,733</b>

**Priority**

**2    Alternatives to Incarceration**

CORE 1 Men's	\$224,532
CORE 2 Women's	\$0
JDOT	\$81,648
CRT	\$97,978
Medication	\$102,060
MH-ATI Transport	\$0
<b>Total Priority 2</b>	<b>\$506,218</b>

**Priority**

**3    Crisis Programs**

Mobile Crisis Outreach Adult *	\$205,140
Mobile Crisis Outreach Youth *	\$368,844
Receiving Center	\$187,058
Wellness and Recover Center	\$235,770
24/7 Hotline	\$0
Warm Line	\$34,876
Peer Bridger	\$71,799
<b>Total Priority 3</b>	<b>\$1,103,487</b>

**Priority**

**4 Services for the Civilly Committed**

University Civil Commitment (Not Optum)	\$100,000
Designated Examiners (Not Optum)	\$400,000
Community Treatment	\$65,318
<b>Total Priority 4</b>	<b>\$565,318</b>

**Priority State Hospital Outplacement Services**

**5**

Children's Out Placement Services (FFS)	\$65,000
Housing Support Green Gables Nephi Todd's	\$122,040
<b>Total Priority 5</b>	<b>\$187,040</b>

**Priority Prevention Program**

**6**

VMH Prevention Program	\$192,381
Family Resource Facilitators (8 fte)	\$424,337
<b>Total Priority 6</b>	<b>\$616,718</b>

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<b>Provider Reimbursement Total</b>	<b>\$4,143,514</b>
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**Include expected increases or decreases from the previous year and explain any variance.**

None expected.

**Describe any significant programmatic changes from the previous year.**

VBH closed its CTP crisis residential program. The UNI WRC-RTC is currently serving the clients who would otherwise have been served through CTP.

**1y) Unfunded Children/Youth Clients**

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

The funding for the County’s uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes how these dollars will be used, the specific programs and specific populations to be served. This explanation combines the Federal Block Grant, FRF, State Non- Medicaid, State COPs, and some County funds. Crisis and inpatient services are purchased with County funding. Salt Lake County has prioritized anticipated funding as follows (For budget see table under “Unfunded Adults.”):

**Increasing Access to Services for Persons Who Lack Insurance or the Ability to Pay**

- Division of Youth Services
- The Children’s Center
- **Crisis Services**
- Mobile Crisis Outreach Teams (MCOT) –Children/Youth
- Acute Psychiatric (adult/youth)
- **Services for the Civilly Committed**
- Designated Examiners -- (County Funded – not in budget)
- **State Hospital Out Placement Services**
- Children’s Out Placement Services
- **Prevention Program**
- VBH Prevention Program
- Family Resource Facilitators

**Include expected increases or decreases from the previous year and explain any variance.**

No significant change anticipated.

**Describe any significant programmatic changes from the previous year.**

None expected

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

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

**DYS Afterschool Programs:** In 2012 DYS was the recipient of a 21st Century Community Learning Center Grant which funded three new after school programs in Magna: Magna Elementary, Pleasant Green Elementary and Cyprus High. The programs are part of the Magna United Project, along with Brockbank and Matheson Jr. Highs. These after school programs aim to increase graduation rates, parental and community involvement and positive behavior.

On average 320 youth are served daily in our DYS afterschool programs.

These services are not reflected in our budget.

**Civil Commitments:** The County is responsible for the civil commitment court, and specifically, the Salt Lake County Division of Behavioral Health Services is responsible for the required sanity assessments by licensed professionals and various administrative costs to host the court at UNI. These services are entirely funded with County General Fund.

**Include expected increases or decreases from the previous year and explain any variance.**

No anticipated increases or decreases.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

## **2. Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

**• Competitive employment in the community:**

The Family Resource Facilitator program employs Peer Support Specialists in the community, located at anchoring agencies in the community, such as Children’s Center and NAMI. Additionally, Valley Services provides employment opportunities for consumers with mental health issues. Valley Services provides preferential hiring for VBH consumers through a competitive hiring process. Valley Services employees are trained and work in areas including: catering, lawn services, custodial, construction and a number of other fields.

**• Collaborative efforts involving other community partners:**

Salt Lake County/Optum supports and collaborates with Utah State Division of Mental Health and Substance Abuse in the Peer Support Certification area. Salt Lake County/Optum also coordinates with six different agencies to anchor a FRF within those organizations. These agencies have been selected in an effort to engage the client and his or her family where they are already receiving services. However, any agency may request the services of an FRF.

**• Employment of consumers as staff:**

Salt Lake County/Optum contracts with VBH to provide skills development programs for adults through the Alliance House, an International Certified Clubhouse model-program in Salt Lake City. The Alliance House’s objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work. The clubhouse incorporates several different work units, which are important in the maintenance of the clubhouse. Participation in these units gives members an opportunity to develop skills that foster their recovery and ultimately their reintegration into the community at large. The major focus of the program is transitional employment placements. The education unit has helped members obtain GEDs or high school diplomas, college education skills and support, and increased life skills.

**• Peer Specialists/Family Resource Facilitators:**

Salt Lake County/Optum employs three certified peer specialists who work closely with other providers to conduct trainings regarding a number of different topics, to participate in service coordination meetings, and to support consumers. Peer Specialists are also employed at the UNI crisis programs, Hopeful Beginnings, VBH, and USARA. Currently training for certified peer specialists is on hold at DSAMH. When the trainings restart, we would expect an increase in numbers and training opportunities for peer specialists across Salt Lake County. Salt Lake County/Optum worked closely with the Utah Family Coalition to develop the FRF program, providing job descriptions, support materials, etc. Currently, there are 8 FRFs in Salt Lake County providing services.

**• Supported Employment to fidelity**

See Alliance House above

### **3. Quality and Access Improvements**

Identify process improvement activities including implementation and training of:

For Salt Lake County/Optum, Quality Assessment and Performance Improvement ( QAPI) is a central tenet in the way it conducts all aspects of its operations. It continually monitors multiple areas of its performance; its impact on consumers, youth and families and on providers; and constantly looks for ways to improve. The core goals of its QAPI Plan are straightforward: greater levels of recovery and improved resiliency for consumers, youth and families. To achieve these goals, Salt Lake County/Optum has structured a comprehensive QAPI Plan that provides the framework for continuous monitoring and evaluation of all aspects of mental healthcare delivery and service.

The QAPI program promotes continuous quality improvement and recovery & resiliency in the following ways:

- **Communication:** With consumers, youth, families, providers and other stakeholders, regarding a current and accurate understanding of needs in the system. Salt Lake County/Optum seeks to empower individuals and families to live in their communities with health and wellness, dignity, security, and hope.
- **Performance measurement:** Focuses on indicators of recovery and resiliency in addition to monitoring clinical and administrative oversight functions. Therefore, interventions to improve quality will center on efforts to increase recovery of adults and build resiliency in youth and families. These performance measures are further demonstrated by specific metrics outlined in the QAPI Work Plan.
- **Consumer and Family Involvement in Planning and Goal Setting:** Consumers and family members (as appropriate) are involved in development of recovery and resiliency goals. Consumer and family involvement is monitored through audits of clinical records and feedback from consumers and family members through a variety of communication avenues.
- **Systems are improved through Performance Improvement Projects (PIP):** The PIP process is built upon Salt Lake County's/Optum's values of Recovery and Resiliency. The current PIP was chosen due to the noticeable rate at which clients were being re-admitted to the hospital within 30 days of discharge. Though we found a wide range of re-admissions rates across the states that indicated we were within what was regarded as "normal", the costs to the consumer of being removed from their primary supportive environment, along with the actual costs of hospitalization were deemed detrimental to the client and the system as a whole. The MCOT and Receiving Center were implemented in order to help keep the client in their supportive home environment. We are presently in the second year of data gathering and hope to demonstrate by the end of the third year that MCOT and the Receiving Center have made a substantial impact on decreasing 30-day re-hospitalization rates.
- **The Cultural Responsiveness Committee:** Reviews and recommends standards of practice and outcomes related to cultural competence, and reviews access to service data, monitoring data, and complaint and grievance data to identify trends and make recommendation for quality improvement initiatives as they relate to culturally competent services.

**Evidence Based Practices:** In addition to the processes outlined in the QAPI plan, Salt Lake County/Optum utilizes national bench marks and best practices, managing inpatient records to ensure care provided adheres to established and validated clinical guidelines, medical necessity reviews, and recovery and resiliency training to ensure a focus on evidence-based practices.

- **Assertive Community Treatment (ACT):** Will be added to our services as an evidence-based practice.

**Outcome Based Practices:** Salt Lake County/Optum will continue to promote the OQ/YOQ as a tool to enhance outcome-based practices.

### 3. Quality and Access Improvements – (cont.)

**Increased service capacity:** In the past year, Salt Lake County/Optum has added community-based organizations that provide in-home and respite care, the FAST program, a DBT program, new IOP programs for adults and youth. For FY2015 we are planning to implement Assertive Community Treatment (ACT) and will have access to new adolescent residential programs for girls and boys. In addition, Optum changed its afterhours format, shifting from local on-call to a direct access afterhours team located in Houston.

**Increased access:** The coordination of care initiative has increased access to services by connecting people coming out of inpatient facilities to community-based services. The Optum Clinical Operations Team provides daily inpatient admission reports to outpatient programs to better coordinate care.

**Efforts to respond to community input/need:** Salt Lake County/Optum holds and has held community conversations, which are consumer meetings, to determine need. The Recovery and Resiliency team have been working to address these needs. In the next year, Salt Lake County/Optum will engage in a mapping effort to determine areas where there are gaps in services and work to fill those gaps and continue to solicit feedback from key stake holders in the community on opportunities for improvements.

**Coalition development:** Salt Lake County/Optum collaborates with the Utah Family coalition, training and supporting the Family Resource Facilitators. Salt Lake County/Optum works closely with the two inpatient facilities in the network, community providers and the County, meeting weekly to coordinate the care for consumers. In addition, Salt Lake County/Optum led a coordinated service effort to outline processes and contacts to improve communication and services.

**Other:**

#### **4. Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

The Salt Lake County/Optum treatment network is committed to addressing co-occurring disorders. We acknowledge that many consumers come to treatment with a psychiatric and co-occurring substance use related disorder. We believe that in order to meet the full needs of these individuals we must simultaneously address the needs of these dual diagnosed individuals. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program). Additionally, Asian Association recently expanded their services to become a dual diagnosis enhanced program.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

The following partnerships have been developed with the following Federally Qualified Health Centers and primary care organizations:

**4th Street Clinic** – 4th Street Clinic helps homeless Utahans improve their health and quality of life by providing high quality integrated care and health support services. For many homeless Utahans, 4th Street Clinic is their first and only chance at a diagnosis and ongoing treatment. By increasing homeless Utahans access to both primary and behavioral health care 4th Street Clinic has become a major partner in ending homelessness, promoting community health, and achieving across-the-board health care savings. 4th Street Clinic provides psycho-therapy, psychological counseling, psychiatric evaluation and management, family and couples therapy, health and wellness, primary care provider collaboration and substance abuse assessment and treatment referrals.

**Midtown Community Health Center** – This integrated care center has just opened a new office in the Salt Lake County area. The DBHS has begun sharing information needed in their pursuit of a grant to fund this venture, a letter of support and look forward to this partnership in the future.

In an effort to address system capacity in 2014, and to increase access to integrated care, the DBHS has begun dialog with the four Medicaid Physical Health Plans (referred to as Medicaid ACOs) to solicit their support in a “Payment Follows the Patient” delivery model. In this model, should a patient present to his/her primary care physician with a medical problem and accompanying behavioral health condition, this person’s primary care physician may access Medicaid dollars through DBHS to treat the patient’s behavioral health need in the same setting. Efforts have also been made to request that the door swing both directions, allowing a behavioral health provider to access Medicaid funds to establish physical health care options in their programs as well, especially those serving the SPMI population. The Medicaid ACOs are: IHC’s Select Health; Molina Health Care; University of Utah’s Healthy U; and, IASIS’ Health Choice System. Since DBHS will share responsibility with these four Medicaid ACOs (ACOs for physical health and SLCo for behavioral health) a good partnership between SLCo and the four ACOs is imperative. Through DBHS’s managed care contractor, Optum, we have reached out to all four ACOs and have written agreements with two of the four. We will pursue agreements with the remaining two.

**Whole Health Clinic** - As a community, we are aware that: 1) behavioral health conditions are being under diagnosed and sub-optimally treated in primary health care settings, and 2) physical health issues are contributing to reduced lifespan for persons with behavioral health conditions. Integrating primary health and behavioral health provides opportunities to increase access to services for the physical health of persons with mental illness, and the mental health of persons with physical illness. In addition to the Whole Health Clinic program, a therapist from Salt Lake County Division of Behavioral Health is located at the County's South Main Health clinic to assess, provide counseling, and link individuals receiving care at that site to appropriate mental health services. This resource is available to other SLCO health clinics for consultation regarding mental health issues.

**Odyssey House – Martindale Clinic** - Odyssey House opened its Martindale Clinic to bring a multidisciplinary approach to addressing addiction and mental illness. The Martindale Clinic provides medical, psychiatric and behavioral health professionals within one fully-integrated setting.

**See Attachment M for a complete list of integration efforts in Salt Lake County.**

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

The Optum Clinical Operation Team coordinates with providers in our network to help clients find the best treatment programs available that are suited to their individual needs. Our Clinical Operation Team works with a variety of community partners to coordinate care. Our Clinical Operations Team works with an ACO (SelectHealth) on inpatient substance use detoxification to step down to substance use disorder behavioral health programs.

The opportunity to ensure clients have their physical, mental and substance use disorder treatment needs met is enhanced greatly through features of the Affordable Care Act. As stated above, the goal of the Affordable Care Act mirrors that of SL County Behavioral Health Services, and that is to increase access to affordable, quality health care. With this in mind, and recognizing the numerous features due to come online in 2014, the division began planning efforts years ago to support this process.

Key features due to come online in 2014 include Medicaid Expansion, Tax Credits, the prohibition of discrimination due to a preexisting condition, the inclusion of behavioral health treatment services in the 10 essential health benefit requirement and the requirements through the ACA that parity be addressed in health plans. Recognizing the immense opportunity for access to care, this organization has made approximately 130 presentations (see below) to assist county and community partners to prepare, and to advocate for Utah to accept federal dollars for the optional expansion population, bringing access to care to an additional 52,400 individuals in Salt Lake County alone. These presentations and PowerPoint slides were made available statewide to other organizations.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

Salt Lake County/Optum has made progress in implementing Recovery Plus. Salt Lake County/Optum continues to educate providers on the Recovery Plus Program and the mandate to diagnose and provide treatment for nicotine addiction as a health care issue. Recovery Plus will be addressed at our April 2014 Provider Trainings. Clinicians will be reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts.

**5a) Children/Youth Mental Health Early Intervention**

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.**

**Family Resource Facilitators (FRF):** These facilitators, who are specially trained family members, work to develop a formalized, family-driven and child-centered public mental health system in the state of Utah. At no charge to families, FRFs provide referrals to local resources; advocacy for culturally appropriate services; links to information and support groups; and family wraparound facilitation. These services encourage increased family involvement at the service delivery, administration and policy levels, which help lead to improved outcomes for families and the communities.

There are currently 8 FRFs placed with 5 agencies throughout Salt Lake County.

Presently FRFs are anchored at the following agencies or organizations:

- 2 FTEs Salt Lake County Division of Youth Services
- 1 FTE Utah Division of Juvenile Justice Services
- 1 FTE Valley Behavioral Health
- 1 FTE The Children’s Center
- 1 FTE Utah Support Advocates for Recovery Awareness (USARA)
- 1 FTE NAMI Utah

**FAST:**

In the network model Salt Lake County Division of Youth Services (DYS) is also a Medicaid provider. Salt Lake County and Optum started the Family Assessment and Stabilization Team (FAST). FAST provides intensive support services to families when their children are at risk of being hospitalized, or placed in residential services. The service provides a short-term, out of home placement and utilizes collaborative efforts with hospitals, clinicians, FRFs, and others.

Hopeful Beginnings: Hopeful Beginnings provides wraparound, intensive in-home, community based services, and respite services to youth and their families.

**Include expected increases or decreases from the previous year and explain any variance.**

No changes expected.

**Describe any significant programmatic changes from the previous year.**

No changes expected.

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

Salt Lake County is providing Wraparound to Fidelity as defined by the Utah Family Coalition (UFC). The Strengths Needs and Cultural Discovery (SNCD) is being completed and utilized in the Wraparound process.

**5b) Children/Youth Mental Health Early Intervention**

**Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.**

The UNI MCOT is an interdisciplinary team of mental health professionals including FRFs, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, and crisis follow-up for residents of the Salt Lake community 24 hours a day, 7 days a week, 365 days per year. The team responds to the call within 10 minutes and arrives at the scene within 30 minutes. The staff assesses the situation and makes a determination regarding disposition using all the resources available to provide the best outcome possible using the least restrictive alternatives.

The Youth MCOT is flexible, multi-faceted, and immediately accessible to families, children and adolescents at risk for hospitalization or out-of-home placement. They work closely with community partners specialized in child and family issues including SLCO DYS, VMH children’s outpatient unit, etc. All staff are state certified Designated Examiners who can evaluate and initiate commitment procedures for those under the age of 18.

**Include expected increases or decreases from the previous year and explain any variance.**

No changes expected.

**Describe any significant programmatic changes from the previous year.**

No changes expected.

**Describe outcomes that you will gather and report on.**

No changes expected.

**5c) Children/Youth Mental Health Early Intervention**

**Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.**

VBH Prevention Programs: These school-based early intervention programs give children, adolescents and their families access to a licensed clinical social worker, medication prescriber, case manager, and a peer worker, all of whom provide behavioral health services in familiar school and community surroundings to help eliminate the stigma associated with receiving such services. The program also offers referrals to a primary care physician to address any co-morbid physical conditions and promote a whole-health approach to care delivery.

**Include expected increases or decreases from the previous year and explain any variance.**

No changes expected.

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

No changes.

**Describe outcomes that you will gather and report on.**

DBHS will continue to use the Mental Health Early Intervention Data & Outcomes Report form which has been provided by DSAMH. Specifically for the school-based programs, data for total clients served, number of schools and school districts served, YOQ, and other indicators such as Office Disciplinary Referral, suspensions, and absenteeism will be reported. Additionally, it is anticipated that the barriers to report Grade Point Average have been cleared so that this can also be reported.

## **6. Suicide Prevention, Intervention and Postvention**

### **Describe the current services in place in suicide prevention, intervention and postvention.**

Optum's Recovery and Resiliency team have provided the following trainings in collaboration with other stakeholder's and community partners.

- **2013:** Delivered 35 trainings in the community. Trainings included Understanding Self-Harm; Motivational Interviewing; Peer Support & Whole Health; Youth Mental Health First Aid; Support Group Facilitation; and QPR. Participants included individual and group behavioral health providers; family coalitions; federal mental health court staff; peer run programs; college resident assistants; health department staff; and workers from County Youth Services.
- Certified 90 individuals in Mental Health First Aid.
- Certified 84 individuals in Youth Mental Health First Aid.
- Certified 141 individuals in QPR Suicide Prevention.
- Collaborated with the Utah State Office of Education to offer continuing education credits for Mental Health First Aid and QPR.

### **Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

All Optum clinicians, and Recovery and Resiliency staff have completed training and certification in Columbia-Suicide Severity Rating Scale (C-SSRS).

Optum is working with their Network inpatient and crisis diversion services workers to receive training and utilize the C-SSRS as the network wide tool to assess suicidality.

**(See further explanation in green below)**

### **Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.**

Our Clinical Operations Team coordinates care with our crisis programs and community providers to help our clients access the care they need.

For an adult in Salt Lake County experiencing acute emotional or psychiatric distress, a comprehensive array of services and supports on a 24 hour/7 days a week basis are available. These services are structured to address acute needs and also provide for personal and public safety and support individuals in a manner that encourages their recovery and equips them with resources to manage future acute circumstances. This array of services includes telephone crisis-line services, warm-line services, MCOT, close coordination with the Salt Lake Police Department CIT program, a receiving center, a WRC for crisis residential services, case management, psychotropic medications and, when necessary, access to acute inpatient hospitalization.

DBHS will work with Optum to begin to implement the assessment tools DSAMH provided for conducting a suicide prevention behavioral healthcare assessment. We will have Optum collect the information so that we may review it to target where the providers are in their ability to immediately implement this initiative. In our experience, with so many providers we have found that there are typically many levels of readiness to implement initiatives such as these. Kim Meyers, State Suicide Prevention Coordinator, was also recently contacted to obtain a breakdown of results for Salt Lake County. With the information from the assessments and the survey results we will have the providers either immediately begin assessing for suicidality or get the provider the needed tools and/or education to begin assessing for suicidality.

For a youth in Salt Lake County experiencing an acute emotional or psychiatric distress, we offer a comprehensive array of services and supports available on a 24 hour/7 days a week basis.

These services are structured to address not only their acute needs but also provide for personal and public safety and support individuals in a manner that encourages their recovery and equips them with skills, resources and tools to manage future acute circumstances. The array of services includes telephone crisis line services, MCOT, case management, psychotropic medications and, when necessary, access to acute inpatient hospitalization.

**Salt Lake County DYS-Christmas Box House**

This program provides 24-hours, 7 days a week emergency intake, assessment, interim residential care and licensed shelter home placement for children ages 0 to 11 who are taken into temporary protective custody by DCFS or law enforcement for alleged abuse and neglect.

**Salt Lake County Division of Youth Services-Juvenile Receiving Center (JRC)**

This program offers screening, evaluation and referral services to youth, families and law enforcement 24/7. Services are for youth ages 8 to 18 who are runaway, homeless and ungovernable youth or youth who have committed minor offenses. Serving two locations: Salt Lake and Riverton

**Salt Lake County Division of Youth Services-Crisis Residential**

Offers 24/7 crisis timeout service to run away and ungovernable youth ages 10 to 17.

**Salt Lake County Division of Youth Services-Homeless Youth Walk-in Program:**

This program provides 24-hour access to food, clothing, laundry, shower facilities and overnight shelter for homeless youth under age 18. Crisis counseling and therapy are also available resources. Young mothers with children under 5 years old can apply for 90-day shelter care.

## **Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

### **1) Screening and Assessment**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

Over the past ten years SLCo has tried several methods to increase the accuracy of its assessment process in order to: A) have consistent assessment criteria in order to meet medical necessity, and B) utilize assessment to determine levels of care (LOC) and treatment provider fit for the client. We contracted with the University of Utah's Assessment and Referral Services (ARS) to provide this centralized intake and assessment process for us for adults, therefore all adults were referred to ARS for this service – this was commonly known as the “ARS Front Door”. ARS also maintains our centralized waiting list. Youth assessments, however, were provided at any contracted SLCo network members where children and their families were referred by the courts, DCFS, DJJS or other referral sources.

ARS also operates our Interim Group Services (IGS) and has been in operation since December of 2001. The IGS is available to any Salt Lake County resident who is in need of Salt Lake County funded substance abuse treatment while awaiting a treatment slot in the SLCo SUD system. IGS meets for one hour, six days per week at no cost to the individual. The groups are held in a location close to the bus and light rail system, and transportation tokens are given to those in need. In fact, group members are given two transportation tokens during each group – one to get home and the other to assist them in returning to group for the next session. The times of the groups are staggered to allow for a variety of work schedules. Healthy snacks are also provided free of charge. The expenses for this program are provided by a contract with the Salt Lake County Division of Behavioral Health Services.

In 2012, SLCo analyzed the assessment process and determined that due to mounting waiting lists, many clients assessed by ARS did not make it to the identified network treatment provider. While ARS assessments were of the highest quality, it was determined that we would eliminate the requirement for a “Front Door” and instead allow all providers to conduct assessments of clients at their agency. This new model, beginning in SFY2013, is similar to a managed care approach for pre-authorization, continuing stay reviews, and discharge/referral to another provider/LOC. Since all of SLCo's network of treatment providers (with the exception of VBH) use the county's EHR (i.e., UWITS), once an assessment is performed at a network provider, SLCo's clinical staff reviews the assessment in UWITS and determines: 1) if they meet the criteria for medical necessity, 2) if they need the LOC recommended by the provider, and then authorize services for a prescribed LOC and length of stay (LoS). ARS, at the request of the justice/district courts, still provides a number of assessments and also conducts assessments for AP&P and other referral sources that rely on ARS for assessments for legal matters.

While SLCo does not mandate any specific screening or assessment instruments we do require that any assessments are conducted by properly trained and licensed individuals and meet the criteria of being compliant with ASAM, DSAMH and Medicaid requirements.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable change in assessments outside of adjustment which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

The new Division Directive for assessments is being incorporated into all contracts beginning July 1, 2015. Since contracts were already in place for FY14 we could not monitor for this in the current year, but will revise our monitoring tool to reflect the new Division Directives so that all providers are monitored for this.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

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

We have a contract with the University of Utah's Neuropsychiatric Institute (UNI) for \$10,000 of County General Funds to provide hospital based detoxification for pregnant women and youth see attached list of services and providers by LoC and population (attachment K).

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

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

We contract to provide social detoxification services for youth, women, mothers with dependent children, and general adult patients in three sites within the county, please see attached list of services and providers by LoC and population (attachment K).

These three sites are:

1. Volunteers of America Social Detoxification Center: A 60 - bed facility in Salt Lake for men and women.
2. Volunteers of America Center for Women and Children in Murray: A 24 - bed facility in Midvale for women and women with dependent children.
3. Salt Lake County's Division of Youth Services program located in South Salt Lake provides detoxification services on an "as needed" basis for adolescents.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

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

N/A

**Include expected increases or decreases from the previous year and explain any variance.**

N/A

**Describe any significant programmatic changes from the previous year.**

N/A

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

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

We will contract with 7 providers having eleven different residential programs with the potential to deliver short-term residential care (up to 30 days).

All services delivered in Salt Lake County Division of Behavioral Health Services (DBHS) are contracted. Two years ago (SFY2013) we began a process of pre-authorization and utilization review on a shorter cycle in order to utilize ASAM III.5 residential services appropriately. The following agencies perform this pre-authorization function: OptumHealth for Medicaid clients, UofU ARS for DORA clients and DBHS for all other adults and youth.

Please see attached list of services and providers by LoC and population (attachment K).

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3**

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

We will contract with 7 providers having eleven different residential programs with the potential to deliver long-term residential care (over 30 days).

All services delivered in DBHS are contracted. Two years ago (SFY2013) we began a process of pre-authorization and utilization review on a shorter cycle in order to utilize ASAM III.1 residential services appropriately. The following agencies perform this pre-authorization function: OptumHealth for Medicaid clients, UofU ARS for DORA clients and DBHS for all other adults and youth.

Please see attached list of services and providers by LoC and population (attachment K).

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**7) Outpatient (Methadone - ASAM I)**

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

We contract with one provider, Project Reality, to deliver this service. Project Reality delivers its services in one location but does provide daily off-site dosing at both the VOA Detox (Salt Lake) and VOA Women's Detox Center (Murray). They will also provide other off-site dosing as needed. Please see attached list of services and providers by LoC and population (attachment K).

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Outpatient (Non-methadone – ASAM I)**

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

We will contract to provide 30 separate OP programs across multiple providers, for youth, women, mothers and fathers with dependent children, and general adult patients, in multiple sites from downtown Salt Lake to Riverton. Psychiatric medication evaluation services will also be provided to all providers by VMH & VOA at all levels of care (see attached list of services and providers).

**Additional DSAMH Question: Please describe efforts to move the SLCDBHS system to Trauma Informed System of Care.**

Trauma-informed Approach is being implemented among the DBHS providers. Optum has conducted training internally and to the network of providers on trauma-informed care. Additional resources used are: <http://beta.samhsa.gov/nctic> and <http://www.nasmhpd.org/TA/nctic.aspx>. All articles and seminars/webinars that Becky King and Dave Felt of the State DSAMH have sent out have been forwarded to providers. Furthermore, the language for the new Division Directives for the assessment that specifically asks for a history of traumatic experiences will be included in all FY15 contracts and DBHS has also provided the UBHC approved 2014 Service Manual for Evaluations to all providers that discusses collecting a trauma history. As a result, this will be included as one of the monitoring criteria for FY15. DBHS has also encouraged participation in the various trainings and webinars regarding a trauma-informed approach. Additionally, DBHS recently had Becky King present at the PSCC regarding trauma-informed care.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes in clients served. The cost per client increases despite the new breakout of assessment and pretreatment services due to previously under-reported County funds spent on Adult Drug Court clients that are now included.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**9) Intensive Outpatient (ASAM II.5 or II.1)**

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

We contract to provide 19 separate IOP programs across multiple providers, for youth, women, mothers with dependent children, and general adult patients in multiple sites from downtown Salt Lake to Riverton. Psychiatric medication evaluation services will also be provided to all providers by VDH & VOA at all levels of care.

We also provide 11 separate day treatment programs across multiple providers, for youth, women, mothers with dependent children and general adult patients, in multiple sites from downtown Salt Lake to Riverton.

Psychiatric medication evaluation services will also be provided to all providers by VDH & VOA at all LoC. Please see attached list of services and providers by LoC and population (attachment K).

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

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

N/A

**Include expected increases or decreases from the previous year and explain any variance.**

N/A

**Describe any significant programmatic changes from the previous year.**

N/A

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**11) Recovery Support Services**

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non-treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

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

We support the recovery of each individual seeking treatment with a full ASAM continuum of care provided through our contracted network. We recommend fully using this continuum on behalf of the individual and encourage clients to stay connected with treatment according to their needs. We utilize lower levels of care for longer periods of time as support for clients' on-going recovery efforts.

We work closely with DSAMH's Access to Recovery to provide clients with services that support their recovery including the provision of case management services provided directly by DBHS.

Most of our contracted providers offer 'aftercare' services to clients wanting to stay connected with their treatment provider.

DBHS and our contracted providers actively support USARA's efforts to advocate for recovery awareness within both the recovering community and the community at large.

DBHS is involved with exploring and promoting the state's Recovery Oriented Systems of Care initiative.

**Include expected increases or decreases from the previous year and explain any variance.**

Only decreases would be if ATR program is not extended. Even then, we are hopeful to have recovery support services modeled on ATR included in the Medicaid Expansion continuum of services.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

We are hopeful that recovery support services can be included in the continuum of reimbursable services under Medicaid Expansion, Avenue H, and eventually through the commercial insurance market.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **12) Quality and Access Improvements**

#### **Describe your Quality and Access Improvements**

DBHS has created a system whereby all ASAM LOC greater than 1.0 must seek preauthorization and be reviewed based on the standards set forth by DSAMH. This entails the primary clinician completing a treatment plan update with a corresponding progress note. The clinician then notifies DBHS via a universal mailbox established for this purpose that a given file is ready for review. Each request is handled on a case-by-case basis. Should a client meet criteria to continue at the current level, a reauthorization is granted according to pre-established standards set by DSAMH. If DBHS disagrees with the request to continue at the current LOC then a plan is established by the agency to step-down to the LOC which the ASAM treatment review update is recommending. No client is immediately discharged. Should a client need to be stepped-up into a higher LOC a similar process is required.

Through the above the quality of care is being monitored on a very regular and consistent basis (see paragraph that follows). Additionally, the average length of stay has decreased in the residential LOC, particularly for ASAM 3.5. While this has helped decrease the amount of time that a client needs to wait for access to higher LOC, the waiting list for residential continues to be substantial due to the overwhelming number of individuals who need these services.

DBHS requires all providers to notify us when either a new authorization or an ongoing authorization is needed. At that time, a Quality Assurance Coordinator will review the most recent treatment plan/ASAM update for medical necessity. These requests are not automatically approved. They are scrutinized for medical necessity. If medical necessity is met, then the authorization is granted. If not, then a plan is developed to transition the client to the next appropriate level of care. DBHS receives multiple requests every day for authorizations and this is a significant part of the responsibility of the Quality Assurance Coordinators. In addition to this, every provider is audited each year. This involves pulling a random sample of files and thoroughly reviewing each file. A report is issued wherein clinical, administrative, and financial concerns are addressed. If necessary, a correction action plan is requested within specified time frames.

#### **Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

In addition to the regular reviews and re-authorizations described above, the quality assurance team provides oversight and on-going consultation and training to the network of providers based on the annual contract compliance/improvement audits. Trainings are focused on the use of individualized, client-centered services; development of standardized assessment and treatment planning tools; the utilization of ASAM patient placement criteria; continued stay criteria; utilization review; and more rigorous quality assurance/improvement, fiscal and administrative oversight requirements.

DBHS continues to support providers in their use of evidenced based practices as well as outcome based practices. We have seen increased use of evidenced based practices by providers including increased use of Dialectical Behavioral Therapy (DBT), Solution-focused Therapy, Trauma Awareness Focused Therapy, Strengthening Families, and gender specific treatments.

Additionally, during this next year training will be provided to help educate and inform all providers on the new ASAM criteria and manual.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**13) Services to Incarcerated People**

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

Corrections Addictions Treatment Services (CATS)

Oxbow and Adult Detention Center Jails, South Salt Lake City

CATS is an addictions treatment therapeutic community based on a low intensity residential model (5+ hours per week of treatment services with additional services included based on the therapeutic community model). The program is operated within both the ADC and Oxbow Jails - the capacity for males is 120 (Oxbow) beds and 32 beds for females (ADC) based on an average length of stay of 3 months. In 2007, DBHS expanded CATS with addition of a psycho-educational component (Prime for Life) for up to 1,500 inmates plus added a fuller continuum of treatment services with the inclusion of an outpatient and intensive outpatient model called Drug Offender Group Services (DOGS). The addition of these new components will almost triple the size of the CATS Program and allow for the county to move inmates from incarceration in the jail to a placement in the community. The overall goal of this expansion is to reduce the length of stay in the jail, reduce pressure on the capacity of the jail, move inmates into community-based treatment slots and ultimately reduce recidivism due to criminal activity or re-use of alcohol or drugs.

DBHS also operates many programs aimed at either diverting individuals from the county jail, providing services to incarcerated individuals in order to reduce their time of incarceration, and providing transition services for incarcerated individuals as they are released from jail. Attached is a full list of programs DBHS offers under its Alternatives to Incarceration (ATI) Programs.

These services are funded entirely with State and County funds.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

Services to incarcerated individuals is another area where Medicaid Expansion could have a significant impact. If we can increase our community-based treatment capacity, we can move people out of the two jails faster and into community treatment with enhanced supervision either by AP&P or county Criminal justice Services. Another area is making sure inmates have access to enrollment in Medicaid of health insurance coverage through the exchanges. Please refer to attachment L for our preliminary thinking on how we will work with our sheriff's office to facilitate enrollment for jail inmates.

**14) Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

The Optum/Salt Lake County treatment network is committed to addressing co-occurring disorders. We acknowledge that many consumers come to treatment with a psychiatric and co-occurring substance use related disorder. We believe that in order to meet the full needs of these individuals we must simultaneously address the needs of these dual diagnosed individuals. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VDH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VDH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VDH provides treatment to these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program). Additionally, Asian Association recently expanded their services to become a dual diagnosis enhanced program.

**Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.**

(see attachment M - Partnerships with Primary Care or FQHCs)

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

All contracted vendors are required to have relationships with primary care systems. Three primary care providers who are excellent partners are: the Fourth St. Clinic for our homeless population, Odyssey House's Martindale Clinic, and Midtown Community health Center located on State St. in SoSLCi. In addition, Intermountain Health Care provides quite a bit of charity care for our clients.

**Medication Assisted Treatment (MAT): Describe the activities you propose to undertake, identify where services are provided.**

All members of the contracted network are encouraged to offer MAT services or make referrals to agencies which do MAT services. Both the Martindale Clinic and Fourth St Clinic offer MAT services. We also have a dedicated contract with VBH to offer MAT services for all clients in our system.

Additionally, during annual contract compliance/improvement audits we will monitor for any barriers providers may impose with MAT. If any barriers are found it will become a finding for which they must develop a plan to remedy. While we are pleased that more providers are more open to MAT than just a few years ago, we realize this will be an ongoing training process.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

Previously, during annual contract compliance/improvement audits we monitored for the identification of nicotine and appropriate diagnosis on Axis I. However, with SFY2015 we will begin to closely monitor for what the provider is offering to the client identified with a nicotine diagnosis. We will more closely scrutinize that providers are making nicotine cessation programming available to clients, while ensuring that no clients are penalized if they choose to continue their use of nicotine. However, our intent is to expand this beyond the use of nicotine and look at wellness as a whole. Providers will be encouraged to look at the many environmental and physical factors which can play into a person's whole health and to either provide the necessary programming to the client and/or make appropriate referrals.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**15) Drug Court Describe - Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

Adult Felony Drug Court (FDC) - The Division of Criminal Justice Services (Salt Lake County) will enhance its current drug court treatment, case management, and drug testing services by doing the following:

- Treatment: Expand Felony Drug Court residential services
- Drug Testing: Expand Drug Testing options
- Treatment and Case Management: Augment the County training budget by allowing more staff and stakeholders to attend: 1) NADCP Conference in Washington, D.C.; and 2) other pertinent conferences or training opportunities.

Family Dependency (FDDC) and Juvenile Drug Court (JDC) - DBHS partners closely with the Third District Juvenile Court in the delivery of both the Family Dependency Drug Court and Juvenile Drug Court programs DBHS will, through its clinical staff, conduct substance abuse assessments, make appropriate referrals to contracted substance abuse treatment providers, attend drug court hearings, act as a liaison between the court and the contracted treatment providers, and act to resolve problems as they may occur. All services will occur within Salt Lake County.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

Drug Courts are another area where Medicaid Expansion would have a dramatic impact. We are working with both our sister Divisions of Criminal Justice Services and Youth Services to prepare to shift payment source from the state (DSAMH/DCFS/DJJS) to Medicaid or Avenue H should the Governor's Health Utah Plan be implemented.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**16) Drug Offender Reform Act**

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

We contract to provide DORA services with six providers located between Salt Lake and West Jordan. Providers include Clinical Consultants, House of Hope, Odyssey House, Valley Dg Health, VOA, and First Step House. Services include 6 outpatient sites, 6 intensive-outpatient sites, 5 day treatment sites, 3 residential sites and 2 sites for social detox.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah's BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert's Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

DORA is another area where Medicaid Expansion would have a dramatic impact. We are working with our DORA providers to prepare for a transition of funding from state DORA to Medicaid for the majority of DORA clients. AP&P will also assist us. If DORA SGF could be replaced with Medicaid funds, DORA could easily increase in SLCo or be developed as a statewide program again.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**17) Women’s Treatment**

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

We will contract to provide women’s treatment with seven providers located between Salt Lake and Midvale. Providers include Catholic Community Services, House of Hope, Odyssey House, Valley Dg Health, VOA, Project Reality and South Main Clinic (SMC). Services include 7 outpatient sites, 5 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 2 sites for social detox, and one location for Medication Assisted Treatment (MAT) services.

We will contract to provide gender specific treatment for parenting and/or pregnant women and accompanying children with six providers located between Salt Lake and Midvale. Providers include House of Hope, Odyssey House, Valley Dg Health, VOA, Project Reality and SMC. Services include 6 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, 1 medical detox for pregnant women, and one location for MAT services.

**Some of the specific specialized services provided to women include:**

- An integrated approach to care that includes prenatal services for women who struggle with Substance Abuse and/or mental health. Provided at SMC in collaboration with Salt Lake County Behavioral Health, University of Utah, Salt Lake Health Department and Project Reality. Prenatal groups and individual appointments are available.
- Women on Methadone can receive treatment at House of Hope, VDH and Odyssey House while pregnant. VDH and House of Hope will work with women after the birth to taper to an appropriate dose and then continue treatment. Odyssey House asks that the women taper off methadone after the birth of the baby.
- BIONIC (Believe It Or Not I Can) is a women’s recovery group.
- Project Reality has a pregnancy group that addresses MAT and pregnancy as well as the withdrawal when the baby is born.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah’s BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert’s Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form B – Substance Abuse Treatment Budget Narrative (continued)**

**18) Adolescent (Youth) Treatment**

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

We will contract to provide treatment for adolescents through five providers located between Salt Lake and Riverton. Providers include VDH, Odyssey House, Youth Services, VOA/Cornerstone, and Asian Association. Services include 7 outpatient sites, 5 intensive-outpatient sites, 3 day treatment sites, 2 residential sites, 1 site for social detox, and medical detox is available to youth needing this service.

Some of the specific specialized services provided to adolescents include:

- An “enhanced day treatment” that allows short-term stays at the Juvenile Receiving Center in conjunction with day treatment services to stabilize the youth and family while preventing out of home care or the need for residential care.
- A “Young Adult” program with Volunteers of America to deliver services to individuals age 17 to 23 to further support their transition into adulthood.
- Gender specific treatment.

**Include expected increases or decreases from the previous year and explain any variance.**

We expect no appreciable changes outside of adjustments which will be made due to overall funding formula-based reductions.

**Describe any significant programmatic changes from the previous year.**

During SFY2015 a very large policy decision will be made which will influence the quantity of services SLCo (and Utah’s BH system in general) will provide and how they will be provided. This issue is the overall decision on Governor Herbert’s Healthy Utah Plan to close the coverage gap for un/under-insured Utahns which will be announced during the summer of 2014 and implemented on January 1, 2015 – half way through SFY2015. This decision will impact programmatic changes. We think it wise to recognize this fact and realize that the assumptions for the SFY2015 Area Plan – all sections – are based on SFY2014 and may have to be adjusted during SFY2015.

**Form C – Substance Abuse Prevention Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

SLCo assess needs and service-gaps on a continual basis, but follows a formal process every three or four years in conjunction with contract cycles. The last formal assessment was done in 2010-2011

This year (FY2015) has begun the new assessment process for SLCo.

This process includes:

- Surveys and focus groups with community stake holders, where we re-visit the Risk and Protective Factor Model and prevention planning
- Review available reports which include (but are not limited to) the SHARP survey, SLCo Healthy Counties Assessment, SLCo Community Resource and Development Needs Assessment, SLCo Public Health Action Plan, Archival Data provided by Bach Harrison, Monitoring the Future and other collaborating national data.
- Identify community priorities, needs and gaps
- Write Prevention and Wellness Service Plan (Assessment Report)

## Form C – Substance Abuse Prevention Narrative

### 2) Risk/Protective Factors

**Identify the prioritized risk/protective factors for each community identified in box #1.**

From the last Assessment:

#### **Risk Factors:**

1. Parental Attitudes Favorable to Anti-Social Behavior
2. Individual Attitudes Favorable to Anti-Social Behavior
3. Early Initiative of Use
4. Perceived Risk of Use

#### **Protective factors:**

1. Rewards for Pro-Social Involvement in the Family
2. Opportunities for Pro-Social Involvement
3. Family Attachment
4. Rewards for Pro-Social Involvement in the Community

**Other General Priorities:** Geographically diverse services extending south and west of County. Targeted services for older adults (65-80). Reduce 30-day use in adolescence. Culturally appropriate/sensitive services. Increase support for community based coalitions and Prevention Ready communities. Prevention services targeting younger ages (9-14). Collaborative after school programming

Geographic priorities means providing services to the communities in which have been identified as having a higher need. Geographically diverse priorities mean that we provide services to the identified communities, and not make them travel far to receive them.

Salt Lake County is an urban sprawl county/community, which is becoming less identified by town name and street address, as by high school and planned communities. Murray is the only city in SLCo that is served by one high school and one school district. Our most reliable data come from reports that are aggregated by schools, either high schools or school districts. The Division is looking for additional data that is reliable and can be more focused than that. The SHARP survey can draw-down data into smaller sections, but its reliability is strictly correlated with the number of successful surveys administered, which limits our data. Salt Lake County is collaborating with its 8 active Healthy Communities coalitions (Draper, Herriman, Magna, Riverton, Sandy, South Jordan, Taylorsville, and West Jordan) to get more information about geographic needs and priorities. We also look to the State Division for support and access to resources like Bach Harrison for additional data that could help identify high-risk communities.

## Form C – Substance Abuse Prevention Narrative

### 3) Prevention Capacity and Capacity Planning

**Describe prevention capacity and capacity planning within your area.**

Building capacity comprises of seven fundamentals:

1. Outreach to build understanding and effective prevention processes:
2. Maintain skills to conduct and sustain community planning
3. Foster relationships to sustain planning processes
4. Support community-based coalitions
5. Advocate for, and implement effective prevention programs
6. Match priorities to efficacious prevention interventions
7. Provide for the complete continuum of care for prevention

Capacity building involves human and organization resources. Some of the ways SLCo has invested in capacity planning and building includes funding one full-time employee to provide outreach to other county and community entities that share similar goals or interests. This outreach worker participates in community coalitions, community town halls and events to promote effective planning and foster relationships within our county. SLCo also prioritizes the implementation of evidence-based programs, and requires contracted service providers to be SAPST trained, which promotes healthy prevention planning, and advocates for standard expectations in prevention service delivery. SLCo provides for a complete continuum of care ranging from universal services to early intervention services, making sure that resources are spread across the continuum.

SLCo's coalition of providers meets monthly and discusses community needs, recent developments and utilization of services. Topics range from evidence-based programming, and being community ambassadors, to legislative initiatives. Service providers do presentations to the provider network which fosters discussions about access to services, and linking resources. Several of our service providers have developed MOU and contractual relationships to work together in meeting identified needs of the county, as identified in these meetings.

FY2015- The Future We Choose Strategy: <http://www.slco.org/mayor/pdf/2014-State-of-the-County-Address.pdf>

"The Future We Choose" is the Salt Lake County Mayor's vision for improving the quality of life throughout SLCo. This strategy includes a Department of Human Services specific matrix aligning human service's goals to the Mayor's vision/strategy. Within these goals, is an expectation that we design an integrated model for substance use disorder (SUD) prevention services. This will include working with the SLCo Health Department and county public health professionals in identifying prevention activities that can be integrated and sustained. Examples may include expanding healthy community coalitions to include SUD prevention planning, and integrating smoking and tobacco prevention into more SUD intervention services, and introducing SUD prevention into primary health assessments and referrals. The Future We Choose Strategy, is an example of capacity building and can address all 7 points in planning and building capacity

## Form C – Substance Abuse Prevention Narrative

### 4) Planning Process

#### **Explain the planning process you followed.**

The services planning process follows up after the assessment and community profile has been established. Once the priorities and gaps are identified, the Division enters into a private-public partnership with local and established service providers. The SLCo behavioral health system is one of the largest in the Intermountain West. SLCo, like many large urban counties and governmental agencies across the country, deliver services in the private sector through a system of providers contracted on the basis of a public-private partnership model. While SLCo could choose to deliver services directly, the public-private partnership model works well for us where there is an abundance of diverse and qualified private and public service/providers. Historically, this partnership has lead to greater growth of the public dollar.

This process includes a Request For Proposals (RFP) where the community providers compete to provide programming for applicable service priorities and factors identified in the community assessment.

The criteria for awards written in the RFP include:

Target Population

Program Design (Selecting only evidence-based programs that match the risk and protective factors we want to address)

Performance & Outcomes (program outcomes individually, and community outcomes collectively)

Goals & Objectives

Community Support and Collaboration

And Competitively priced

The result of the chosen RFPs (and their scopes of work) become our action plan, and is implemented as such.

In 2011 when the last assessment and planning process was followed, we used Bach Harrision to help articulate the SHARP and Archival Data, then that and the other data mention in the assessment and other sections above were organized by Division staff and presented to the County's Behavioral Health Advisory Committee, including representation from the Council and the Mayor's office. The result of that data and process resulted in a Salt Lake County profile or Service Plan. Planning for services includes the prioritization and selection of service types and programs. The Division had stakeholders from around the County help plan for the delivery of services. Our committees that selected the programs included community stakeholders including DSAMH, Dept of Health, Dept of Education, law enforcement, faith-based / clergy, consumers, parents, prevention specialists, coalition members, the county council, and ethnic minorities.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

The Division participates in ongoing evaluation through program review, as well as year-end outcome evaluation and data analysis. The ongoing Quality Improvement process includes program site visits and reports that evaluate what is working, and what the programs are improving on to increase fidelity and progress. This is done by reviewing the program logic model(s) and analyzing the process data and the applicable short term goals.

The Year-end report is done at the end of the State Fiscal contract year and is due in August. Each program turns in an evaluation of the program's goal and objectives. These reports analyze pre and posttests for program effectiveness, the reports also articulate the outcomes for the goals identified in their logic models. Programs use multiple tools for evaluating outcomes including pre and posttests, surveys, questionnaires, school reports, SHARP trends, facilitator journals, focus groups, court reports, self-reports and observations. Some programs have the ability to track longer term outcomes/behavior via additional utilization or longer relationships with participants (e.g. Big Brothers Big Sisters). The Yearend reports collect outcome data, and match the process data collected monthly with the evaluation components of what changed and why. Some of the process data that is collected includes recidivism rates, completions rates, dosage and saturation. These outcome reports are available to the State Division upon request.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Will Attach Logic Models for each program or strategy when provided to the State. Will provide to Mayor and/or Council, if requested.**

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2013 and describe why they were discontinued.**

No programs have been discontinued during the FY2014.

## Form C – Substance Abuse Prevention Narrative

### 8) Prevention Activity

**Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.**

#### Mentors Program, Big Brothers Big Sisters of Utah

By matching children facing adversity with caring volunteer mentors and engaging parents as partners to direct goals for positive outcomes in their child, Big Brothers Big Sisters of Utah is able to have a positive impact on long-term outcomes in youth that are important to families and our community. Mentoring relationships focus on developing increased educational success and strong socio-emotional competency in the youth we serve, as well as work to reduce youth risk behaviors and attitudes. After being matched with a mentor for 1 year, youth self-report reduced violence and increased avoidance of risk behaviors like alcohol and substance use. They also express increased school engagement and a more positive outlook about their educational success, including greater confidence that they will finish high school and attend college.

In 2013, BBBSU administered the Youth Outcome Survey (YOS) as a baseline and follow-up measure to all youth ages 9 and older in our programs. 87% of youth reported improved or maintained socio-emotional competence, including attitudes around social acceptance and relationships with parents and trusted adults. 82.5% of youth expressed reduced acceptance and increased avoidance of risk behaviors. 79% of youth reported improved or maintained attitudes around their scholastic competence and beliefs about their educational expectations.

Youth are referred to BBBSU through partnerships with schools, other service providers, counselors, and community partners. Those accepted into our program are generally dealing with personal or family challenges that place them at higher risk for educational and social problems, including increased substance abuse and risk-taking behaviors.

Stories of children matched with SLCO Substance Abuse Prevention Funding:

Story 1 - When LB was matched, he suffered from anxiety surrounding the death of his father, and he was struggling to maintain his grades, which frequently go up and down. The match is still in the early stages of its relationship, but they have engaged in many activities that bring LB fond memories of his father and help him to grow in areas where LB feels she is ill-equipped to help LB. LB says that BB's helped him a lot with sports and planning his future, areas where he needs a lot of help at this point in his life, and he's really glad he got matched with BB.

Story 2 - LB is an at-risk youth and due to fighting, he has been sent several times to a school that focuses on behavioral problems. The match meets weekly, and BB reports that LB has started talking to him about the social situations that have led LB into confrontational situations with others. BB talks to LB about the consequences of his actions and the impact they will have on his future while remaining a supportive and non-judgmental mentor. BB's long-term goal in the match is to help LB stay out of trouble.

Personal Story:

After having a lesson on random acts of kindness our youth wanted to put it into action. A group of our elementary age youth took an afternoon making notes that read "Have a Great Day!" and attached them to candies. They decided to go to the Gateway Mall to pass them out to shoppers. They were able to practice how to approach people with a smile and tell them to have a good day. The kids had a wonderful time and really made an impression on those around them. One of the businesses noticed our youths' good deeds and rewarded them with free smoothies. When the kids arrived back at the Club they were excited to talk about the reactions they got from people and the kindness they spread. The smoothies were a side note they didn't mention, they were most excited about the service they provided.

### Communities Empowering, Project Reality

Project Reality's substance abuse prevention program enjoys a thirty-four year history of empirical research, program evaluation, and program development that has demonstrated a reduction in risk factors and enhancement of protective factors in the target population (Millard, 1988; Harrison 1990, unpublished program data, 1998-2006). Project Reality's prevention philosophy is based on a combination of knowledge, research, and over forty years of experience in working with addicted individuals and their families.

To assess the effectiveness of the parenting program, which includes parents from the Spanish speaking, English speaking, and DCFS population, these parents were administered a questionnaire at the beginning of the classes and at the end of the sessions to assess changes in how they perceive themselves, their family, and their relationship with their children. The most recent results of these pretests and posttests are provided in Dr. Mary Beth Vogel-Ferguson's report of statistical analysis dated 7/19/2013, Project Reality's Communities Empowering Parents program showed statistically significant positive outcomes in many areas including:

- Children taking more responsibility for completing chores
- Children being less defiant
- Improvement in parent's giving positive validation to children
- Increase in quality time spent with their children
- Increased ability for parent's to identify children's unique strengths and interests
- Increased children's understanding of rules and expectations at home
- Reduction in children's rebelliousness
- Increased follow through with limit setting with their children
- Improvement in children's self-worth.

"Communities Empowering Parents" addresses impact factors associated with future substance abuse in children by reducing risk factors and strengthening protective factors in children and the family. The strategy is to mobilize local neighborhoods and/or elementary and junior high schools to empower parents by training them in behavioral parenting techniques, relationship building, and communication skills in 8-10 week parenting classes.

Developmentally appropriate classes are held for children ages 2-17 years old and these classes are held at the same time as the parenting skills group and are designed to teach children life skills as they participate in less formal instruction. A unique aspect adding to the success of Project Reality's prevention classes is that they are held in familiar settings: homes, schools and community centers and taught by familiar people, teachers and community leaders. Programs sites receive clinical consultation from Project Reality's SAPST trained mental health therapists. The program is funded by Salt Lake County Division of Substance Abuse. In the 2013 fiscal year, Project Reality Served 3,466 unduplicated family members across 20 sites in Salt Lake City.

#### Personal Story:

After having a lesson on random acts of kindness our youth wanted to put it into action. A group of our elementary age youth took an afternoon making notes that read "Have a Great Day!" and attached them to candies. They decided to go to the Gateway Mall to pass them out to shoppers. They were able to practice how to approach people with a smile and tell them to have a good day. The kids had a wonderful time and really made an impression on those around them. One of the businesses noticed our youths' good deeds and rewarded them with free smoothies. When the kids arrived back at the Club they were excited to talk about the reactions they got from people and the kindness they spread. The smoothies were a side note they didn't mention, they were most excited about the service they provided.

### **SMART Moves, Boys & Girls Clubs of Greater Salt Lake**

The SMART (Skills Mastery and Resistance Training) Moves program is a nationally acclaimed prevention program. Participants are exposed to various activities designed to hone their decision-making and critical-thinking skills, as well as learn how to avoid and/or resist alcohol, tobacco, and other drugs.

Our most recent year of SMART Moves has been successful. Our SMART Kids (6-9) showed significant increases in knowledge about drugs, prescription medication, decision making, healthy life habits, and positive personal interactions. Also, participants reported higher levels of self-esteem at posttest.

Our Start SMART youth (10-12) showed a significant increase in ATOD knowledge after their participation in the program. They also showed a significant increase in substance disapproval from pre to posttest and a large gain in confidence for engaging in interpersonal behaviors after participation.

#### **Personal Story:**

After having a lesson on random acts of kindness our youth wanted to put it into action. A group of our elementary age youth took an afternoon making notes that read "Have a Great Day!" and attached them to candies. They decided to go to the Gateway Mall to pass them out to shoppers. They were able to practice how to approach people with a smile and tell them to have a good day. The kids had a wonderful time and really made an impression on those around them. One of the businesses noticed our youths' good deeds and rewarded them with free smoothies. When the kids arrived back at the Club they were excited to talk about the reactions they got from people and the kindness they spread. The smoothies were a side note they didn't mention, they were most excited about the service they provided.



# ***ATTACHMENTS***

# ATTACHMENT A

## Salt Lake County Division of Behavioral Health Treatment Fee Policy

**These policy paragraphs are extractions from our SUD treatment contract boilerplate and from our Mental Health treatment managed care contract with Optum. All SUD treatment providers and Mental Health treatment providers under contract with the County or under contract with its contracted MCO are obligated to these policies. Each contracted provider has an individual fee policy that must at a minimum meet these guidelines.**

### FEES

#### *SUD Treatment*

The CONTRACTOR will have a fee collection policy. This policy must include a fee schedule and must use the COUNTY'S co-pay schedule as the minimum co-pay. The fee collection policy and fee schedule need to be submitted to the COUNTY before the signing of this contract. All COUNTY clients should be assessed a co-pay and the CONTRACTOR is responsible to collect the co-pay; but no one should be refused service based on inability to pay. Co-pays which are deemed uncollectible are the responsibility of the CONTRACTOR and the uncollected balance cannot be billed to the COUNTY. The CONTRACTOR guarantees that the amounts it charges for services to clients under this Contract shall not be higher than the amounts the CONTRACTOR charges others for comparable services. It is critical that client fees are re-evaluated on a regular basis (at least quarterly).

#### *Mental Health Treatment*

The CONTRACTOR is to implement a fee collection policy for non-Medicaid clients, which must be approved by the COUNTY. This policy must include a fee schedule. The fee schedule should either be the COUNTY co-pay schedule, which is prepared annually by the COUNTY, or the CONTRACTOR may develop its own fee schedule, which must be approved by the COUNTY prior to the execution of the Contract. *If CONTRACTOR utilizes the COUNTY co-pay fee schedule, COUNTY must provide CONTRACTOR with new or updated fee schedule a minimum of ninety (90) days prior to its effective date.* All clients should be assessed a co-pay unless the funding mandates a co-pay exemption (e.g. Medicaid) and the CONTRACTOR'S subcontracted network is responsible to collect and report the co-pay; but no one should be refused service based on inability to pay. Co-pays which are deemed uncollectible are the responsibility of the CONTRACTOR and its Subcontractors, and the uncollected balance cannot be billed to the COUNTY. The client fees shall be re-evaluated on a regular basis (at least quarterly).

**Note** - Optum, the County's contracted MCO, has chosen to utilize the County's co-pay fee schedules found in Attachment B.

# **ATTACHMENT B**

## **Salt Lake County Division of Behavioral Health Sliding Fee Schedule**

**According to Utah Administrative Rule R523-1-5: “(1) Each local authority: (a) Shall require all programs that receive federal and state funds from the Division of Substance Abuse and Mental Health (Division) and provide services to clients to establish a policy for the collection of fees. (b) Shall approve the fee policy; and (c) Shall set a usual and customary rate for services rendered.”**

## Salt Lake County Fee Schedule Methodology and Use

Salt Lake County Behavioral Health utilizes 6 fee schedules as follows:

1. Youth Daily Copay – range \$0 -\$5
2. Youth Monthly Residential Copay – range \$0 - \$50
3. Adult Daily Copay – range \$0 - \$40
4. Adult Weekly Copay – range \$0 - \$90
5. Adult Monthly Residential Copay – range \$0 - \$1,500
6. Adult DUI Assessment Copay – range \$1 - \$265

Much is left to the discretion of the service provider and attending clinician but generally, the adult daily copay schedule would be administered for low intensity outpatient services or non-DUI assessments. The top daily copay rate of \$40 was chosen based approximately on the lowest cost service an individual might receive at a single visit and with the intent to not far exceed a typical copay rate under an insurance plan. The weekly rate would generally be used for clients that are receiving more intensive outpatient services or day treatment and tops out at an amount 2.5 times the daily rate. The monthly residential adult fee schedule rate tops out approximately at our lowest contracted residential monthly rate.

Fees for youth services are reduced to ensure no barriers to service. There is a daily and residential schedule; no weekly schedule was believed necessary due to the much lower daily rate.

Assessments provided to adults related to a DUI conviction have a specific DUI Assessment Copay schedule. In State Code there is an expectation that individuals convicted of DUI are responsible for the cost of their treatment services and often these individuals require no additional treatment services beyond the initial assessment. For this reason, the sliding fee schedule more quickly reaches the full cost of the assessment service provided.

The copay schedules gradually increase the fees up to a maximum amount based on poverty scale and household size. In addition, for every additional \$1,000 of income the multiple of poverty is reduced, which has the effect of increasing the fee. This methodology assumes greater ability to pay as income increases.

Providers and clinicians are given discretion to waive fees as judged necessary to ensure limited barriers to treatment. When fees are waived a note must be written explaining the circumstances for waiving or reducing the rate. In addition, discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Providers may charge higher copays if it is believed that for the applicable population served, it would be in the clients' and the County's best interest to charge a higher copay amount. Alternative fee schedules or plans must be not create an excessive barrier to treatment and must be approved by the County.

**Salt Lake County**  
**Division of Behavioral Health**  
**Daily Outpatient Co-pay schedule - Youth**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	5.00	-	-	-	-	-	-	-
4,200	5.00	5.00	-	-	-	-	-	-
4,300	5.00	5.00	-	-	-	-	-	-
4,400	5.00	5.00	-	-	-	-	-	-
4,500	5.00	5.00	-	-	-	-	-	-
4,600	5.00	5.00	-	-	-	-	-	-
4,700	5.00	5.00	-	-	-	-	-	-
4,800	5.00	5.00	-	-	-	-	-	-
4,900	5.00	5.00	-	-	-	-	-	-
5,000	5.00	5.00	5.00	-	-	-	-	-
5,100	5.00	5.00	5.00	-	-	-	-	-
5,200	5.00	5.00	5.00	-	-	-	-	-
5,300	5.00	5.00	5.00	-	-	-	-	-
5,400	5.00	5.00	5.00	5.00	-	-	-	-
5,500	5.00	5.00	5.00	5.00	-	-	-	-
5,600	5.00	5.00	5.00	5.00	-	-	-	-
5,700	5.00	5.00	5.00	5.00	-	-	-	-
5,800	5.00	5.00	5.00	5.00	-	-	-	-
5,900	5.00	5.00	5.00	5.00	-	-	-	-
6,000	5.00	5.00	5.00	5.00	5.00	5.00	5.00	-
6,100	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

Incomes under \$3,500 will have no fee & incomes over \$6,100 will have a fee of \$5 per visit.

**Salt Lake County**  
**Division of Behavioral Health**  
**Residential Co-pay schedule - Youth**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
3,800	-	-	-	-	-	-	-	-
3,900	50.00	-	-	-	-	-	-	-
4,000	50.00	-	-	-	-	-	-	-
4,100	50.00	-	-	-	-	-	-	-
4,200	50.00	-	-	-	-	-	-	-
4,300	50.00	-	-	-	-	-	-	-
4,400	50.00	-	-	-	-	-	-	-
4,500	50.00	-	-	-	-	-	-	-
4,600	50.00	50.00	-	-	-	-	-	-
4,700	50.00	50.00	-	-	-	-	-	-
4,800	50.00	50.00	-	-	-	-	-	-
4,900	50.00	50.00	-	-	-	-	-	-
5,000	50.00	50.00	50.00	-	-	-	-	-
5,100	50.00	50.00	50.00	-	-	-	-	-
5,200	50.00	50.00	50.00	-	-	-	-	-
5,300	50.00	50.00	50.00	-	-	-	-	-
5,400	50.00	50.00	50.00	-	-	-	-	-
5,500	50.00	50.00	50.00	-	-	-	-	-
5,600	50.00	50.00	50.00	-	-	-	-	-
5,700	50.00	50.00	50.00	-	-	-	-	-
5,800	50.00	50.00	50.00	-	-	-	-	-
5,900	50.00	50.00	50.00	-	-	-	-	-
6,000	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,100	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,200	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,300	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,400	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,500	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,600	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,700	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00

Incomes under \$3,800 will have no fee & incomes over \$6,700 will have a fee of \$50.00 per month.

**Salt Lake County**  
**Division of Behavioral Health**  
**Daily Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Explanations:**

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	1.00	1.00	1.00	1.00	-	-	-	-
200	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
300	3.00	2.00	2.00	2.00	1.00	1.00	1.00	1.00
400	4.00	3.00	2.00	2.00	2.00	2.00	1.00	1.00
500	5.00	4.00	3.00	3.00	2.00	2.00	2.00	1.00
600	6.00	5.00	4.00	3.00	3.00	2.00	2.00	2.00
700	7.00	5.00	4.00	4.00	3.00	3.00	2.00	2.00
800	8.00	6.00	5.00	4.00	3.00	3.00	3.00	2.00
900	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
1,000	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
1,100	13.00	10.00	8.00	6.00	5.00	5.00	4.00	4.00
1,200	14.00	10.00	8.00	7.00	6.00	5.00	5.00	4.00
1,300	15.00	11.00	9.00	7.00	6.00	6.00	5.00	4.00
1,400	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
1,500	18.00	13.00	10.00	9.00	7.00	6.00	6.00	5.00
1,600	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
1,700	20.00	15.00	12.00	10.00	8.00	7.00	6.00	6.00
1,800	21.00	16.00	12.00	10.00	9.00	8.00	7.00	6.00
1,900	22.00	17.00	13.00	11.00	9.00	8.00	7.00	6.00
2,000	27.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
2,100	29.00	21.00	17.00	14.00	12.00	11.00	9.00	8.00
2,200	30.00	22.00	18.00	15.00	13.00	11.00	10.00	9.00
2,300	32.00	23.00	19.00	15.00	13.00	12.00	10.00	9.00
2,400	33.00	24.00	19.00	16.00	14.00	12.00	11.00	10.00
2,500	34.00	25.00	20.00	17.00	14.00	13.00	11.00	10.00
2,600	36.00	26.00	21.00	17.00	15.00	13.00	12.00	10.00
2,700	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
2,800	38.00	28.00	23.00	19.00	16.00	14.00	12.00	11.00
2,900	40.00	29.00	23.00	19.00	17.00	15.00	13.00	12.00
3,000	40.00	37.00	29.00	24.00	21.00	18.00	16.00	14.00
3,100	40.00	38.00	30.00	25.00	21.00	19.00	17.00	15.00
3,200	40.00	39.00	31.00	26.00	22.00	19.00	17.00	15.00
3,300	40.00	40.00	32.00	27.00	23.00	20.00	18.00	16.00
3,400	40.00	40.00	33.00	27.00	23.00	20.00	18.00	16.00
3,500	40.00	40.00	34.00	28.00	24.00	21.00	19.00	17.00
3,600	40.00	40.00	35.00	29.00	25.00	22.00	19.00	17.00
3,700	40.00	40.00	36.00	30.00	25.00	22.00	20.00	18.00
3,800	40.00	40.00	37.00	31.00	26.00	23.00	20.00	18.00
3,900	40.00	40.00	38.00	31.00	27.00	23.00	21.00	19.00
4,000	40.00	40.00	40.00	40.00	34.00	30.00	27.00	24.00
4,100	40.00	40.00	40.00	40.00	35.00	31.00	27.00	25.00
4,200	40.00	40.00	40.00	40.00	36.00	32.00	28.00	25.00
4,300	40.00	40.00	40.00	40.00	37.00	32.00	29.00	26.00
4,400	40.00	40.00	40.00	40.00	38.00	33.00	29.00	26.00

**Salt Lake County**  
**Division of Behavioral Health**  
**Daily Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,500	40.00	40.00	40.00	40.00	39.00	34.00	30.00	27.00
4,600	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,700	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,800	40.00	40.00	40.00	40.00	40.00	36.00	32.00	29.00
4,900	40.00	40.00	40.00	40.00	40.00	37.00	33.00	29.00
5,000	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Incomes over \$5,000 will have a fee of \$40.00 per day.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**Salt Lake County**  
**Division of Behavioral Health**  
**Weekly Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Explanations:**

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
200	5.00	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
500	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
600	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
800	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	25.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	35.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	38.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	60.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00
4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00

**Salt Lake County**  
**Division of Behavioral Health**  
**Weekly Outpatient Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,400	90.00	90.00	90.00	90.00	85.00	74.00	66.00	59.00
4,500	90.00	90.00	90.00	90.00	87.00	76.00	67.00	61.00
4,600	90.00	90.00	90.00	90.00	89.00	78.00	69.00	62.00
4,700	90.00	90.00	90.00	90.00	90.00	79.00	70.00	63.00
4,800	90.00	90.00	90.00	90.00	90.00	81.00	72.00	65.00
4,900	90.00	90.00	90.00	90.00	90.00	83.00	73.00	66.00
5,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

Incomes over \$5,000 will have a fee of \$90.00 per week.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**Salt Lake County**  
**Division of Behavioral Health**  
**Residential Monthly Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Explanations:**

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	15.00	11.00	9.00	8.00	6.00	6.00	5.00	4.00
200	31.00	23.00	18.00	15.00	13.00	11.00	10.00	9.00
300	46.00	34.00	27.00	23.00	19.00	17.00	15.00	13.00
400	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
600	93.00	69.00	55.00	45.00	39.00	34.00	30.00	27.00
700	108.00	80.00	64.00	53.00	45.00	39.00	35.00	31.00
800	123.00	92.00	73.00	60.00	52.00	45.00	40.00	36.00
900	139.00	103.00	82.00	68.00	58.00	51.00	45.00	40.00
1,000	171.00	127.00	101.00	84.00	72.00	63.00	56.00	50.00
1,100	189.00	140.00	111.00	92.00	79.00	69.00	61.00	55.00
1,200	206.00	153.00	121.00	101.00	86.00	75.00	67.00	60.00
1,300	223.00	165.00	131.00	109.00	93.00	81.00	72.00	65.00
1,400	240.00	178.00	141.00	117.00	100.00	88.00	78.00	70.00
1,500	257.00	191.00	152.00	126.00	107.00	94.00	83.00	75.00
1,600	274.00	203.00	162.00	134.00	115.00	100.00	89.00	80.00
1,700	291.00	216.00	172.00	143.00	122.00	106.00	94.00	85.00
1,800	308.00	229.00	182.00	151.00	129.00	113.00	100.00	90.00
1,900	326.00	242.00	192.00	159.00	136.00	119.00	105.00	95.00
2,000	411.00	305.00	243.00	201.00	172.00	150.00	133.00	120.00
2,100	432.00	320.00	255.00	211.00	181.00	158.00	140.00	126.00
2,200	452.00	336.00	267.00	221.00	189.00	165.00	147.00	132.00
2,300	473.00	351.00	279.00	231.00	198.00	173.00	153.00	138.00
2,400	494.00	366.00	291.00	242.00	206.00	180.00	160.00	144.00
2,500	514.00	381.00	303.00	252.00	215.00	188.00	167.00	150.00
2,600	535.00	397.00	315.00	262.00	224.00	195.00	173.00	156.00
2,700	555.00	412.00	327.00	272.00	232.00	203.00	180.00	162.00
2,800	576.00	427.00	340.00	282.00	241.00	210.00	187.00	168.00
2,900	596.00	442.00	352.00	292.00	249.00	218.00	193.00	174.00
3,000	771.00	572.00	455.00	377.00	322.00	282.00	250.00	224.00
3,100	797.00	591.00	470.00	390.00	333.00	291.00	258.00	232.00
3,200	823.00	610.00	485.00	403.00	344.00	300.00	266.00	239.00
3,300	848.00	629.00	500.00	415.00	355.00	310.00	275.00	247.00
3,400	874.00	648.00	515.00	428.00	365.00	319.00	283.00	254.00
3,500	900.00	668.00	531.00	440.00	376.00	328.00	291.00	262.00
3,600	925.00	687.00	546.00	453.00	387.00	338.00	300.00	269.00
3,700	951.00	706.00	561.00	465.00	398.00	347.00	308.00	277.00
3,800	977.00	725.00	576.00	478.00	408.00	357.00	316.00	284.00
3,900	1,003.00	744.00	591.00	491.00	419.00	366.00	325.00	292.00
4,000	1,371.00	1,017.00	808.00	671.00	573.00	500.00	444.00	399.00
4,100	1,405.00	1,043.00	829.00	688.00	588.00	513.00	455.00	409.00
4,200	1,440.00	1,068.00	849.00	704.00	602.00	525.00	466.00	419.00
4,300	1,474.00	1,093.00	869.00	721.00	616.00	538.00	477.00	429.00

**Salt Lake County**  
**Division of Behavioral Health**  
**Residential Monthly Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,400	1,500.00	1,119.00	889.00	738.00	631.00	551.00	488.00	439.00
4,500	1,500.00	1,144.00	910.00	755.00	645.00	563.00	500.00	449.00
4,600	1,500.00	1,170.00	930.00	771.00	659.00	576.00	511.00	459.00
4,700	1,500.00	1,195.00	950.00	788.00	674.00	588.00	522.00	469.00
4,800	1,500.00	1,221.00	970.00	805.00	688.00	601.00	533.00	479.00
4,900	1,500.00	1,246.00	990.00	822.00	702.00	613.00	544.00	489.00
5,000	1,500.00	1,500.00	1,500.00	1,258.00	1,075.00	938.00	833.00	748.00
5,100	1,500.00	1,500.00	1,500.00	1,283.00	1,096.00	957.00	849.00	763.00
5,200	1,500.00	1,500.00	1,500.00	1,308.00	1,118.00	976.00	866.00	778.00
5,300	1,500.00	1,500.00	1,500.00	1,333.00	1,139.00	995.00	883.00	793.00
5,400	1,500.00	1,500.00	1,500.00	1,358.00	1,161.00	1,013.00	899.00	808.00
5,500	1,500.00	1,500.00	1,500.00	1,384.00	1,182.00	1,032.00	916.00	823.00
5,600	1,500.00	1,500.00	1,500.00	1,409.00	1,204.00	1,051.00	933.00	838.00
5,700	1,500.00	1,500.00	1,500.00	1,434.00	1,225.00	1,070.00	949.00	853.00
5,800	1,500.00	1,500.00	1,500.00	1,459.00	1,247.00	1,089.00	966.00	868.00
5,900	1,500.00	1,500.00	1,500.00	1,484.00	1,268.00	1,107.00	983.00	883.00
6,000	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00

Note: Incomes over \$6,000 will have a fee of \$1,500.00 per month.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**Salt Lake County**  
**Division of Behavioral Health**  
**DUI Assessment Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100	5.00	4.00	3.00	2.00	2.00	2.00	2.00	1.00
200	10.00	7.00	6.00	5.00	4.00	4.00	3.00	3.00
300	15.00	11.00	9.00	7.00	6.00	5.00	5.00	4.00
400	20.00	15.00	12.00	10.00	8.00	7.00	6.00	6.00
500	25.00	18.00	15.00	12.00	10.00	9.00	8.00	7.00
600	30.00	22.00	18.00	15.00	12.00	11.00	10.00	9.00
700	35.00	26.00	20.00	17.00	15.00	13.00	11.00	10.00
800	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
900	45.00	33.00	26.00	22.00	19.00	16.00	14.00	13.00
1,000	50.00	37.00	29.00	24.00	21.00	18.00	16.00	14.00
1,100	54.00	40.00	32.00	27.00	23.00	20.00	18.00	16.00
1,200	59.00	44.00	35.00	29.00	25.00	22.00	19.00	17.00
1,300	64.00	48.00	38.00	32.00	27.00	24.00	21.00	19.00
1,400	69.00	51.00	41.00	34.00	29.00	25.00	22.00	20.00
1,500	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
1,600	145.00	108.00	86.00	71.00	61.00	53.00	47.00	42.00
1,700	154.00	115.00	91.00	76.00	65.00	56.00	50.00	45.00
1,800	163.00	121.00	96.00	80.00	68.00	60.00	53.00	48.00
1,900	173.00	128.00	102.00	84.00	72.00	63.00	56.00	50.00
2,000	182.00	135.00	107.00	89.00	76.00	66.00	59.00	53.00
2,100	191.00	142.00	112.00	93.00	80.00	70.00	62.00	56.00
2,200	200.00	148.00	118.00	98.00	84.00	73.00	65.00	58.00
2,300	209.00	155.00	123.00	102.00	87.00	76.00	68.00	61.00
2,400	218.00	162.00	129.00	107.00	91.00	80.00	71.00	63.00
2,500	227.00	168.00	134.00	111.00	95.00	83.00	74.00	66.00
2,600	236.00	175.00	139.00	116.00	99.00	86.00	76.00	69.00
2,700	245.00	182.00	145.00	120.00	103.00	90.00	79.00	71.00
2,800	254.00	189.00	150.00	124.00	106.00	93.00	82.00	74.00
2,900	263.00	195.00	155.00	129.00	110.00	96.00	85.00	77.00
3,000	265.00	202.00	161.00	133.00	114.00	99.00	88.00	79.00
3,100	265.00	209.00	166.00	138.00	118.00	103.00	91.00	82.00
3,200	265.00	216.00	171.00	142.00	122.00	106.00	94.00	85.00
3,300	265.00	222.00	177.00	147.00	125.00	109.00	97.00	87.00
3,400	265.00	229.00	182.00	151.00	129.00	113.00	100.00	90.00
3,500	265.00	236.00	187.00	156.00	133.00	116.00	103.00	93.00
3,600	265.00	243.00	193.00	160.00	137.00	119.00	106.00	95.00
3,700	265.00	249.00	198.00	164.00	141.00	123.00	109.00	98.00
3,800	265.00	256.00	204.00	169.00	144.00	126.00	112.00	100.00
3,900	265.00	263.00	209.00	173.00	148.00	129.00	115.00	103.00
4,000	265.00	265.00	265.00	265.00	228.00	199.00	177.00	159.00
4,100	265.00	265.00	265.00	265.00	234.00	204.00	181.00	163.00
4,200	265.00	265.00	265.00	265.00	239.00	209.00	185.00	167.00
4,300	265.00	265.00	265.00	265.00	245.00	214.00	190.00	171.00
4,400	265.00	265.00	265.00	265.00	251.00	219.00	194.00	175.00

**Salt Lake County**  
**Division of Behavioral Health**  
**DUI Assessment Co-pay schedule - Adult**  
**Effective July 1, 2014**

**Number of family members**

<b>Monthly</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income</b>								
4,500	265.00	265.00	265.00	265.00	256.00	224.00	199.00	178.00
4,600	265.00	265.00	265.00	265.00	262.00	229.00	203.00	182.00
4,700	265.00	265.00	265.00	265.00	265.00	234.00	207.00	186.00
4,800	265.00	265.00	265.00	265.00	265.00	239.00	212.00	190.00
4,900	265.00	265.00	265.00	265.00	265.00	244.00	216.00	194.00
5,000	265.00	265.00	265.00	265.00	265.00	265.00	265.00	265.00

Incomes over \$5,000 will have a fee of \$265.00 per day

**ATTACHMENT C**

**Mental Health Budget – State Schedule A**

Local Authority

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 1,052,311	\$ 10,534,948	\$ 810,624	\$ 2,530,247	\$ 4,578,778	\$ 35,615,215	\$ 835,936	\$ 64,804	\$ 60,156	\$ 959,383			\$ 57,042,402

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		1,792,975		491,847	791,329	6,155,211				191,877			\$ 9,423,239	713	\$ 13,216
Residential Care (171 & 173)		1,399,881		261,439	604,567	4,619,143							\$ 6,885,030	659	\$ 10,448
Outpatient Care (22-24 and 30-50)		3,372,919	328,827	418,701	1,419,359	11,301,441	399,840			479,692			\$ 17,720,779	13,841	\$ 1,280
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	325,921	953,624		588,169	432,611	3,187,162							\$ 5,487,487	2,826	\$ 1,942
Psychotropic Medication Management (61 & 62)		635,909	249,497		280,658	2,183,049	171,360			287,814			\$ 3,808,287	7,556	\$ 504
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		1,543,359	113,715		681,161	5,298,291							\$ 7,636,526	3,129	\$ 2,441
Case Management (120 & 130)		486,677	118,585		214,794	1,670,741							\$ 2,490,797	3,376	\$ 738
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	226,592	155,647		259,054	68,695	534,332		64,804					\$ 1,309,124	638	\$ 2,052
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	499,798	99,312			43,831	340,934							\$ 983,875	1,857	\$ 530
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		94,645		24,865	41,773	324,911							\$ 486,194		
Services to persons incarcerated in a county jail or other county correctional facility				108,798									\$ 108,798	90	\$ 1,209
Adult Outplacement (USH Liaison)							264,736		60,156				\$ 324,892	124	\$ 2,620
Other Non-mandated MH Services				377,374									\$ 377,374	269	\$ 1,403
<b>FY2015 Mental Health Expenditures Budget</b>	<b>\$ 1,052,311</b>	<b>\$ 10,534,948</b>	<b>\$ 810,624</b>	<b>\$ 2,530,247</b>	<b>\$ 4,578,778</b>	<b>\$ 35,615,215</b>	<b>\$ 835,936</b>	<b>\$ 64,804</b>	<b>\$ 60,156</b>	<b>\$ 959,383</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 57,042,402</b>		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		7,445,773	678,168	2,116,805	2,662,287	23,818,158	663,204	-	60,156	635,879			\$ 38,080,430	9,404	\$ 4,049
YOUTH/CHILDREN	1,052,311	3,089,175	132,456	413,442	1,916,491	11,797,057	172,732	64,804	-	323,504			\$ 18,961,972	4,975	\$ 3,811
<b>Total FY2015 Mental Health Expenditures</b>	<b>\$ 1,052,311</b>	<b>\$ 10,534,948</b>	<b>\$ 810,624</b>	<b>\$ 2,530,247</b>	<b>\$ 4,578,778</b>	<b>\$ 35,615,215</b>	<b>\$ 835,936</b>	<b>\$ 64,804</b>	<b>\$ 60,156</b>	<b>\$ 959,383</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 57,042,402</b>	<b>14,379</b>	<b>\$ 3,967</b>

Local Authority

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 1,052,311	\$ 160,456			\$ 365,629				\$ 1,578,396

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL	277,033	136,388			310,785				\$ 724,206	426	\$ 1,700
MCOT 24-Hour Crisis Care-ADMIN	48,888	24,068			54,844				\$ 127,800		
FRF-CLINICAL	424,828								\$ 424,828	278	\$ 1,528
FRF-ADMIN	74,970								\$ 74,970		
School Based Behavioral Health-CLINICAL	192,603								\$ 192,603	174	\$ 1,107
School Based Behavioral Health-ADMIN	33,989								\$ 33,989		
FY2015 Mental Health Expenditures Budget	\$ 1,052,311	\$ 160,456	\$ -	\$ -	\$ 365,629	\$ -	\$ -	\$ -	\$ 1,578,396	878	\$ 1,798

\* Data reported on this worksheet is a breakdown of data reported on Form A.

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

Salt Lake County Behavioral Health  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2015 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 7,253,571	ADULT	515	\$ 14,085
\$ 2,169,668	CHILD/YOUTH	198	\$ 10,958
<b>Residential Care Budget</b>			
\$ 6,822,772	ADULT	645	\$ 10,578
\$ 62,258	CHILD/YOUTH	14	\$ 4,447
<b>Outpatient Care Budget</b>			
\$ 10,123,887	ADULT	8,021	\$ 1,262
\$ 7,596,892	CHILD/YOUTH	5,820	\$ 1,305
<b>24-Hour Crisis Care Budget</b>			
\$ 4,344,713	ADULT	2,234	\$ 1,945
\$ 1,142,774	CHILD/YOUTH	592	\$ 1,930
<b>Psychotropic Medication Management Budget</b>			
\$ 3,116,422	ADULT	6,151	\$ 507
\$ 691,865	CHILD/YOUTH	1,405	\$ 492
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 2,109,465	ADULT	1,971	\$ 1,070
\$ 5,527,061	CHILD/YOUTH	1,158	\$ 4,773
<b>Case Management Budget</b>			
\$ 2,165,064	ADULT	2,360	\$ 917
\$ 325,733	CHILD/YOUTH	1,016	\$ 321
<b>Community Supports Budget (including Respite)</b>			
\$ 594,709	ADULT (Housing)	381	\$ 1,561
\$ 714,415	CHILD/YOUTH (Respite)	257	\$ 2,780
<b>Peer Support Services Budget</b>			
\$ 447,047	ADULT	1,387	\$ 322
\$ 536,828	CHILD/YOUTH (includes FRF)	470	\$ 1,142
<b>Consultation &amp; Education Services Budget</b>			
\$ 291,716	ADULT		
\$ 194,478	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 108,798	ADULT Jail Services	90	\$ 1,209
<b>Outplacement Budget</b>			
\$ 324,892	ADULT	124	\$ 2,620
<b>Other Non-mandated Services Budget</b>			
\$ 377,374	ADULT	269	\$ 1,403
\$ -	CHILD/YOUTH		#DIV/0!

**Summary**

<b>Totals</b>	
\$ 38,080,430	Total Adult
\$ 18,961,972	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

<b>Unfunded (\$2.7 million)</b>		
\$ 678,168	ADULT	\$ 1,147
\$ 132,456	CHILD/YOUTH	\$ 1,152
<b>Unfunded (all other)</b>		
\$ 2,770,009	ADULT	\$ 1,310
\$ 1,703,289	CHILD/YOUTH	\$ 1,445
\$ (5,352)		

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	479,096

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	329,096	287	1,145.44
MCOT 24-Hour Crisis Care-ADMIN	0		
FRF-CLINICAL			#DIV/0!
FRF-ADMIN			
School Based Behavioral Health-CLINICAL	150,000	85	1,764.71
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 479,096	372	1,286.82

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	0
Fringe Benefits	0
Travel/ Transportation	0
Space Costs	0
Utilities	0
Communications	0
Equipment/ Furniture	0
Supplies & Maintenance	0
Insurance	0
Professional Fees/ Contract Services	0
FY2015 Mental Health Expenditures Budget	\$ -

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	23,955
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	0
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	0
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match
ADULT		7,045,773	678,168	2,116,805	3,062,287
YOUTH/CHILDREN	1,052,311	3,489,175	132,456	413,442	1,516,491
Total FY2015 Mental Health	\$ 1,052,311	\$ 10,534,948	\$ 810,624	\$ 2,530,247	\$ 4,578,778

0.6688 0.83659995 0.836600142 0.6688

Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Cleint Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget
23,818,158	663,204	64,804	60,156	635,879			\$ 38,145,234
11,797,057	237,536		-	323,504			\$ 18,961,972
\$ 35,615,215	\$ 900,740	\$ 64,804	\$ 60,156	\$ 959,383	\$ -	\$ -	\$ 57,107,206

0.668763555 0.73628794

33,926,218 38080430  
16,802,723 18961972  
50,728,941

Total FY2015 Clients Served	TOTAL FY2015 Cost/Clien t Served
9,404	\$ 4,056
4,975	\$ 3,811
14,379	\$ 3,972

\$ 64,804

\$ 0

\$ 64,804

# **ATTACHMENT D**

## **Substance Abuse Budget – State Schedule B**

FY2015 Substance Abuse Treatment Area Plan and Budget

Salt Lake County  
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 3,396,281	\$ 1,000,000	\$ 3,743,534	\$ 1,000,000	\$ 4,666,667	\$ 3,022,033	\$ 840,109	\$ 24,732	\$ 940,349	\$ 3,698,759	\$ 22,332,464

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only	512,582		383,936			256,800		-	100,000	424,693	\$ 1,678,011	3,277	\$ 512
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)	-	-	10,000	-	-	-	-	-	-		\$ 10,000	2	\$ 5,000
Free-standing Residential (ASAM III.2-D)	340,907	-	249,795	-	-	326,902	99,317	-	384	697,329	\$ 1,714,634	1,910	\$ 898
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)	-	-	-	-	-	-	-	-	-		\$ -	-	#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	616,763	204,254	496,923	204,255	953,186	591,426	179,682	4,298	166,585	552,733	\$ 3,970,105	570	\$ 6,965
Long Term (Over 30 days: ASAM III.1 or III.3)	346,800	127,427	254,112	127,427	594,659	332,553	101,033	28	223,567	332,510	\$ 2,440,116	430	\$ 5,675
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)	241,086	46,542	176,653	46,542	217,197	231,182	70,236	-	\$ 109,584		\$ 1,139,022	600	\$ 1,898
Outpatient (Non-Methadone: ASAM I)	495,979	356,158	1,255,032	356,158	1,662,072	475,603	144,493	12,550	\$ 313,947	1,155,135	\$ 6,227,127	3,990	\$ 1,561
Intensive Outpatient (ASAM II.5 or II.1)	842,164	265,619	917,083	265,618	1,239,553	807,567	245,348	7,856	\$ 26,282	420,859	\$ 5,037,949	2,500	\$ 2,015
Detoxification (Outpatient: ASAM I-D or II-D)	-	-	-	-	-	-	-	-	\$ -		\$ -	-	#DIV/0!
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)	-	-	-	-	-	-	-	-	-	115,500	\$ 115,500	147	\$ 785
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 3,396,281	\$ 1,000,000	\$ 3,743,534	\$ 1,000,000	\$ 4,666,667	\$ 3,022,033	\$ 840,109	\$ 24,732	\$ 940,349	\$ 3,698,759	\$ 22,332,464		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	687,859	471,835	758,190	471,834	\$ 2,201,894	\$ 612,061	\$ 170,150	\$ 675	\$ 144,631	\$ 772,544	\$ 6,291,673	1,636	\$ 3,847
Women (18+)	356,932	114,398	393,428	114,398	\$ 533,857	\$ 317,600	\$ 88,291	\$ 2,762	\$ 150,413	\$ 555,265	\$ 2,627,344	1,000	\$ 2,627
Men (18+)	1,840,084	110,501	2,028,222	110,502	\$ 515,677	\$ 1,637,319	\$ 455,166	\$ 5,968	\$ 642,661	\$ 2,277,660	\$ 9,623,760	4,700	\$ 2,048
Youth (0 - 17)	511,406	303,266	563,694	303,266	\$ 1,415,239	\$ 455,053	\$ 126,502	\$ 15,327	\$ 2,644	\$ 93,290	\$ 3,789,687	800	\$ 4,737
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 3,396,281	\$ 1,000,000	\$ 3,743,534	\$ 1,000,000	\$ 4,666,667	\$ 3,022,033	\$ 840,109	\$ 24,732	\$ 940,349	\$ 3,698,759	\$ 22,332,464	8,136	\$ 2,745

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court	597,397	93,253	1,246,611	93,253	435,181	467,449	\$ 129,948	\$ 4,444	\$ 220,000	\$ 1,393,534	\$ 4,681,070	1,129	\$ 4,146
FY2015 DORA	-	20,767	70,000	20,767	96,914	-	\$ -	\$ -	\$ 72,760	\$ 1,085,225	\$ 1,366,433	293	\$ 4,664

# **ATTACHMENT E**

## **Prevention Budget – State Schedule C**

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue			\$ 450,000			\$ 1,655,204	\$ 40,000					\$ 2,145,204

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct			13,500			49,656						15,000	\$ 63,156	\$ 50,156
Universal Indirect													\$ -	
Selective Services			301,500			1,108,987						9,000	\$ 1,410,487	\$ 1,392,490
Indicated Services			135,000			496,561	40,000					9,000	\$ 671,561	\$ 671,561
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 450,000	\$ -	\$ -	\$ 1,655,204	\$ 40,000	\$ -	\$ -	\$ -	\$ -	\$ 33,000	\$ 2,145,204	\$ 2,114,207

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 49,656	\$ 1,357,267	\$ 33,104	\$ 165,520	\$ 49,656		\$ 1,655,204

# ATTACHMENT F

## Residency Policy

### *Residential Status of Persons Receiving Behavioral Health Services from the Salt Lake County Local Authority*

#### **STATUORY AUTHORITY**

Pursuant to UCA 17-43-201/301 each Local Behavioral Health Authority (mental health and substance use disorders) is required to develop, plan and provide behavioral health services to the residents of its county. Pursuant to UCA 17-43-204 and 17-43-306 each local authority shall charge a fee for services it renders and is allowed to charge for the services it provides to a person who resides within the jurisdiction of another behavioral health authority. In addition, pursuant to UCA 62A-15-108, the state Division of Substance Abuse and Mental Health shall develop a formula for the allocation of state and federal funds based on need and population. Utah Administrative Rule R544-1-2 further clarifies the allocation formula and indicates that the population of the Local Behavioral Health Authority area will be the basis of the allocation.

#### **POLICY**

It is the policy of the Salt Lake County Local Behavioral Health Authority that in order to receive services through Salt Lake County's behavioral health system:

- An individual must be a resident of Salt Lake County 90 days prior to admission to services or 90 days prior to incarceration in the Salt Lake County jail.
- For persons under 18, residency of the minors' legal guardian must meet the same 90 day test.
- This policy only applies to purchase of service funds allocated to Salt Lake County through the state funding formula.
- Services to transients are exempt from this policy.
- Exceptions to this policy will be made on a case-by-case basis by the Salt Lake County Division of Behavioral Health Services.
- What constitutes proof of residency will be established by the Salt Lake County Division of Behavioral Health Services OR what constitutes proof of residency documentation shall be any document such as a utility bill, pay stub, or other documents on which appear the person's name and their Salt Lake County street address.
- Possession of a Salt Lake County Medicaid Card does not constitute proof of residency – this Medicaid Card must be presented along with other documents which prove residency.
- Any person requesting substance abuse services in Salt Lake County may be asked to document residency.

# **ATTACHMENT G**

## **Substance Use Disorders (SUD) – Monitoring Tool**

**SL CO DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**SUD - Quality Assurance (CQI)/Contract Compliance (CC) Supplemental Tool**  
**FY14 Review**

CLIENT ID: \_\_\_\_\_ EPISODE START: \_\_\_\_\_ EPISODE END: \_\_\_\_\_  
 TX PROGRAM: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_ REVIEWER: \_\_\_\_\_

Site Visit: Ask about Recovery Plus, TB Services, HIV; services for pregnant women; services for women with dependent children; how prioritize admissions according to Federal guidelines; and how they manage the wait list for prioritized clients and the interim services provided.	
Ask what other insurances or agencies they bill and what system is used, and how they bill and receive payments.	
<b>CLIENT RECORD REVIEW – PAPER CHART</b>	<b>COMMENTS/ACTION REQUIRED</b>
1. Signed and dated <i>Release of Information</i> , including 42CFR & 45 CFR (HIPAA) reference - check expiration date	
2. <i>Release of information</i> recognizes the conflict that exists between HIPAA and 42CFR when client is connected with the courts	
3. Signed and dated <i>Client Consent for Treatment</i> form is present	
4. TB test status is present for clients in residential treatment facility	
5. Client is a Salt Lake County resident (proof of residency was verified and obtained)	
6. Proof of ID established by valid driver's license, state identification card, or student/employer ID	
7. Proof of income was obtained (every time it changed)	
8. Fee agreement is based on the SLCO sliding fee schedule, is completed, dated and signed by both provider and client	
9. Fee agreement was reviewed at least quarterly	
10. Insurance Eligibility documentation is present (If has insurance, proof of billing insurance is present)	
11. County Medicaid Eligibility Checklist is present & completed	
<b>CLIENT RECORD REVIEW - EHR</b>	<b>COMMENTS/ACTION REQUIRED</b>
<b>ASSESSMENT/ASAM DIMENSIONAL SUMMARY</b>	
1. Bridge Note (new episode not attached to an assessment)	
A. A face-to-face meeting between the client and a licensed mental health professional (LMHP)	
B. LMHP has reviewed the referral information including	
a) The assessment (clinician, credentials and agency referred to by name w/date of assessment)	
b) The DSM IV Diagnosis	
c) The ASAM PPC-2R	
d) Any collateral information	
2. Agency Assessment or Admission (episode is attached to assessment)	
A. ASAM is present and complete	

SUD CQI/QA SFY14 tool (continued)

a)	Ratings of Risk are substantiated in the Initial ASAM Dimensional Summary	
b)	Level of Care is substantiated in the Initial ASAM Dimensional Summary	
c)	If a Clinical Override is used, it is documented in the Comment section	
B. DSM IV five axes diagnosis is present and substantiated		
a)	DSM IV diagnosis is a substance-related disorder	
b)	DSM-IV diagnosis considered nicotine-related disorders	
<b>ASAM INITIAL TREATMENT PLAN</b>		<b>COMMENTS/ACTION REQUIRED</b>
1.	Written at the time of admission	
2.	Guided by the initial ASAM Dimensional Summary and accompanying assessment	
3.	Treatment plan addresses each dimension with Risk Ratings of Medium and High with	
A. <i>Problem Statement</i> – establishes the need or concern as perceived by the client that led them to seek treatment services. The problem statement uses the client’s words and should be based on the barriers identified in the evaluation and/or the ASAM Dimensional Summary.		
B. <i>Goal</i> –summarize the client’s aspiration for the future. They should be stated in the client’s own words, and include statements of dreams, hopes, role functions or vision of life.		
C. <i>Objective</i> – behaviorally measurable steps or changes expected that help the client to achieve their stated Goal. Objectives should include a target date for completion.		
D. <i>Method</i> – describe the specific activity, service or treatment, the provider or other responsible person (including the individual or family), and the intended purpose or impact as it relates to the Objective. <b>The intensity, frequency and duration should be specified.</b>		
4.	MDA narrative is located in attached encounter note to justify plan	
5.	Client’s participation in the treatment plan is evident	
6.	LMHP’s face-to-face involvement with the client in treatment planning is evident	
<b>ASAM CONTINUING STAY/TREATMENT PLAN REVIEW(S)</b>		<b>COMMENTS/ACTION REQUIRED</b>
1.	Conducted within the appropriate time frame or more frequently as client’s needs require	
2.	A LMHP is involved face-to-face, is responsible for any action and signs the review/revision	
3.	Client is placed in the appropriate ASAM level of care as evidenced by	
A. <i>Problem Statement, Goal, Method, Objective</i> statements revised to account for progress or lack of progress		
B. The ASAM MDA Review is present in the accompanying Encounter Note		
a) provides clinical rationale for the treatment plan		
b) justifies the length and intensity of service		
C. Includes discharge criteria/plan/ELOS		
4.	The client’s participation in reviewing progress and setting goals is	

SUD CQI/QA SFY14 tool (continued)

evident	
5. Progress on Dimension 6/NOMS goals is timely (employment, school, support group participation, housing)	
<b>TREATMENT DOCUMENTATION</b>	
1. Documentation clearly demonstrates client's response to treatment	
2. Documentation in the Encounter Narrative supports the level of care	
3. Documentation in the Encounter Narrative supports clinical decisions	
4. Documentation in the Encounter Narrative is in the MDA format demonstrating that the activity provided ties into the client's treatment plan	
5. Signatures including credentials are present and legible (electronic signature in UWITS, legible if written in paper file)	
6. When needed, clinical supervision is noted with appropriate signature and credential(s)	
7. Individualized treatment as evidenced by: <ul style="list-style-type: none"> <li>• Client-driven vs. program-driven treatment</li> <li>• Appropriate engagement with treatment – assessment of “Readiness for Change”</li> <li>• Motivational strategies promoting engagement</li> <li>• Identifying and removing barriers to recovery</li> <li>• Recovery oriented discharge planning</li> <li>• Length of stay is recovery-based for chronic relapsing disease</li> <li>• Understanding and utilizing the client's theory of change (“What's worked for you?”)</li> </ul>	
8. Provided the client with information and additional resources for recovery during treatment	
9. Documentation supports provision of services as outlined in State Directives: <ul style="list-style-type: none"> <li>• Services for women</li> <li>• Tobacco cessation referral or treatment</li> <li>• Assessment and/or referral for services to address HIV, Hep C, or TB</li> <li>• Assessment and referral for Medication Assisted Therapies</li> <li>• Providing information to consumers on physical health concerns or ways to improve physical health</li> <li>• Incorporating wellness into the client's recovery plan/treatment</li> </ul>	
<b>DISCHARGE</b>	
1. Discharge includes:	
2. DSM IV diagnosis updated at discharge	
3. ASAM Discharge Summary updated at discharge	
4. A fair account based on overall documented services of client's participation in treatment and reason for discharge	
5. Evidence that information was provided to the client with additional resources for recovery	
6. Discharge Summary is completed within 30 days of last contact	
7. Case is closed in UWITS within 60 days of last contact	
<b>COMMENTS/ACTION REQUIRED</b>	

<b>FISCAL</b>	<b>COMMENTS/ACTION REQUIRED</b>
1. Insurance Eligibility field in the Admission is filled out correctly	
2. Medicaid number is present in Profile when applicable	
3. Services were billed to proper funding source	
4. Start and end time present for all services	
5. Service codes accurately reflect the service provided	
6. Services are documented at time they occurred	
7. Number of hours provided meets the ASAM requirements	
8. Co-pay amounts were reported to the county regardless of whether they were collected	
9. Copays match client's fee agreement(s)	
<b>FUND CODE COMPLIANCE</b>	<b>COMMENTS/ACTION REQUIRED</b>
1. If fund code, client reports sent to funding agencies are in the electronic record or paper record	
<b>DATA INTEGRITY</b>	<b>COMMENTS/ACTION REQUIRED</b>
Please note any data integrity issues.	

# **ATTACHMENT H**

## **Mental Health Outpatient – Monitoring Tool**

**SL CO. DIV. OF BEHAVIORAL HEALTH SERVICES**  
**Mental Health OUTPATIENT Clinical Quality Assurance Audit Tool**  
**FY14 Review**

CLIENT ID: \_\_\_\_\_ MEDICAID #: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_ REVIEWER: CJ

AGENCY/PROGRAM: \_\_\_\_\_ FU \_\_\_\_\_ ENDING SOURCE(S): \_\_\_\_\_

LEVEL OF CARE: \_\_\_\_\_ POP \_\_\_\_\_ ULATION: \_\_\_\_\_

ADMISSION: \_\_\_\_\_ DISCHARGE: \_\_\_\_\_ LAST NOTE: \_\_\_\_\_ CLOSED: \_\_\_\_\_

SECTION A ADMINISTRATIVE	Evident in Record?	COMMENTS/ACTION REQUIRED
Signed Consent to Treatment	Yes No	
Signed and dated <i>Release of Information</i> , including 45 CFR (HIPAA) reference	Yes No	
ROI has an expiration date	Yes No	
Was there timely access to treatment	Yes No	
Has the Medicaid Handbook been received	Yes No	
Is there confirmation that the Enrollee's attention has been drawn to the sections on accessing:	Yes No	
Emergency Services	Yes No	
Transportation	Yes No	
Choosing a subcontractor	Yes No	
Filing grievances and appeals	Yes No	
Is there confirmation of Medicaid eligibility on a monthly basis	Yes No	
If financial agreements are present, they congruent with Medicaid	Yes No	
<b>Is there any action which would require a Notice of Action?</b>	Yes No	
If there are indications of abuse, neglect, or exploitation, is there documentation of mandatory reporting	Yes No	
A current version of the OQ/YOQ is given at intake	Yes No	
SECTION B ASSESSMENT	Evident in Record?	COMMENTS/ACTION REQUIRED
A face-to-face meeting between the client and a licensed mental health professional (LMHP)	Yes No	
Presenting Problem stated clearly	Yes No	
Sufficient information on history of presenting problem	Yes No	
Collateral information is integrated into the evaluation	Yes No	
Medical Necessity is confirmed	Yes No	
Mental Status exam	Yes No	
DSM IV/V- five axes diagnosis is present	Yes No	
DSM IV/V diagnosis includes tobacco, if appropriate	Yes No	
The DSM IV diagnosis is substantiated in the evaluation	Yes No	

Determination of SPMI/SED is confirmed by the assessment	Yes	No	
Level of care recommendation is confirmed by the assessment	Yes	No	
The client is offered the least restrictive level of care to achieve optimal results	Yes	No	
<b>SECTION C INITIAL TREATMENT PLAN</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
Written at time of admission	Yes	No	
Utilizes information from the assessment to individualize services	Yes	No	
Treatment is based on Medically Necessary and appropriate Covered Services	Yes	No	
Services are congruent with the level of care	Yes	No	
Frequency and duration are confirmed in the assessment	Yes	No	
Goals are reasonably attainable or recognized within an episode of care	Yes	No	
Objectives are measurable and reasonable	Yes	No	
Methods are behaviorally measurable and use action verbs and identifiable outcomes such as what, who, when, where and why	Yes	No	
Client's participation in the treatment plan is evident	Yes	No	
LMHP's involvement in the treatment plan is evident	Yes	No	
<b>SECTION D TREATMENT PLAN REVIEW(S)</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
Treatment plan reviews are timely:	Yes	No	
a. Every 3 months for non-SPMI	Yes	No	
b. Every 6 months for SPMI	Yes	No	
c. As needed	Yes	No	
Goals, objectives and/or Methods revised to account for progress or lack of progress	Yes	No	
The client's participation in setting goals and reviewing progress is evident	Yes	No	
A LMHP is involved, responsible for any action and signs the review/revision	Yes	No	
The encounter note provides clinical rationale for the treatment plan and justifies the length and intensity of service	Yes	No	
<b>SECTION E TREATMENT DOCUMENTATION</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
The date, the start and end times and duration of service is present	Yes	No	
Treatment interventions are documented in the encounter note at the time they occur	Yes	No	
Licensure is appropriate to the service provided	Yes	No	
Documentation clearly demonstrates client's response to treatment	Yes	No	
Gaps in service are documented	Yes	No	
Documentation in the encounter note supports the level of care	Yes	No	
Documentation in the encounter note supports clinical decisions	Yes	No	
Documentation is individualized to the client's goals/objectives	Yes	No	
Signatures including credentials are present and legible	Yes	No	
When needed, clinical supervision on documentation is noted	Yes	No	

with appropriate signature and credential(s)		
Service codes are congruent with the service rendered (90801/90806/G...)	Yes No	
Case management is used appropriately	Yes No	
A current version of the OQY/OQ is given to the client in a timely manner and there is evidence that it was reviewed with the client	Yes No	
<b>SECTION F TREATMENT</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
PROVIDES INDIVIDUALIZED AND RECOVERY ORIENTED TREATMENT AS EVIDENCED BY:		
Use of Motivational strategies to promote engagement with treatment	Yes No	
Identifying and working to remove barriers to recovery	Yes No	
Treatment is provided in a culturally competent manner	Yes No	
Client is offered the least restrictive level of care to optimally treat with varying frequency and duration depending on the level)	Yes No	
The agency promotes a culture of recovery	Yes No	
Transportation, living arrangements and other necessities of living were considered in connecting client to treatment	Yes No	
Safety needs are addressed immediately	Yes No	
There is appropriate outreach in crisis situations or when there are unexplained gaps in services	Yes No	
If a SUD is discovered, appropriate treatment is provided	Yes No	
Documentation that appears to be clinically useful	Yes No	
Clinical supervision/oversight that promotes best practices	Yes No	
Providing the client with information and coordinates connections to additional resources	Yes No	
<b>SECTION G DISCHARGE</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
Discharge includes:		
DSM IV diagnosis	Yes No	
A fair account of client's participation in treatment	Yes No	
Reason for discharge	Yes No	
Evidence that information about additional resources for recovery information was provided to the client	Yes No	
Discharge Summary is completed within	Yes No	
90 days of last contact for non-SPMI	Yes No	
180 days of last contact for SPMI clients	Yes No	
180 days of last contact for non-SPMI med management only	Yes No	

Reference: Treatment Record Documentation Requirements (United Behavioral Health)  
Utah Medicaid Provider Manual: Section 2, updated July 2012  
Utah Public Mental Health System Preferred Practice Guidelines: Approved March 20, 2009  
Salt Lake County Local Area Plan for Mental Health Services: 2011  
Salt Lake County Prepaid Mental Health Plan (PMHP) Contract: Effective July 1, 2012  
Salt Lake County DBHS Contract for Mental Health Services with United Behavioral Health/OptumHealth: July 1, 2011

Salt Lake County DBHS Amendment for Mental Health and Substance Abuse Services  
FY2012 Compliance Review Reporting and Evaluation Form for OptumHealth SLCO  
FY2012 Site Monitoring Report of OptumHealth's Contracted Mental Health Services

# **ATTACHMENT I**

## **Mental Health Inpatient/Hospital – Monitoring Tool**

**SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**Mental Health INPATIENT Clinical Quality Assurance Audit Tool**  
**FY14 Review**

CLIENT ID: \_\_\_\_\_ MEDICAID #: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_ REVIEWER: \_\_\_\_\_

FACILITY: \_\_\_\_\_ FUNDING \_\_\_\_\_ SOURCE: \_\_\_\_\_

ADMISSION: \_\_\_\_\_ DISC \_\_\_\_\_ HARGE: \_\_\_\_\_

SECTION A ADMINISTRATIVE	Evident in Record?	COMMENTS/ACTION REQUIRED
Is there a signed and dated <i>Consent to Treatment</i>	Yes No	
Is there a signed and dated <i>Release of Information</i> , including 45 CFR (HIPAA) reference	Yes No	
ROI has an expiration date	Yes No	
If patient was unable to sign at admission is there an explanation	Yes No	
If patient was unable to sign at admission, does the client sign sometime during the stay	Yes No	
Is there confirmation of Medicaid eligibility	Yes No	
If financial agreements are present, are they congruent with Medicaid	Yes No	
If there are indications of abuse, neglect, or exploitation, is there documentation of mandatory reporting	Yes No	
Is there a policy for tobacco free environment	Yes No	
SECTION B ASSESSMENT	Evident in Record?	COMMENTS/ACTION REQUIRED
A face-to-face meeting between the patient and a licensed mental health professional (LMHP)	Yes No	
A face-to-face medical evaluation by a psychiatrist is made within 24 hours of admission	Yes No	
Presenting Problem stated clearly	Yes No	
There is sufficient information on history of presenting problem	Yes No	
Medical Necessity is confirmed	Yes No	
DSM IV five axes diagnosis is present	Yes No	
The DSM IV diagnosis is confirmed in the assessment	Yes No	
SECTION C INITIAL TREATMENT PLAN	Evident in Record?	COMMENTS/ACTION REQUIRED
Written within 24 hours of the admission	Yes No	
Utilizes information from the assessment	Yes No	
Planned treatment is based on Medically Necessary and appropriate Medicaid Covered Services	Yes No	
Goals are reasonably attainable or recognized within an episode of post-stabilization care	Yes No	
Objectives are measurable	Yes No	
Methods are behaviorally measurable and use action verbs and identifiable outcomes such as what, who, when, where and why	Yes No	

Patient's participation in the treatment plan is evident	Yes	No	
Treatment plan is individualized to the patient's needs			
Staff involved in the treatment plan is defined in Medicaid's Scope of Practice	Yes	No	
<b>SECTION E TREATMENT DOCUMENTATION</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED SECTION A-4: Records of Persons Served (pg 29)</b>
Date, start and end times and duration of services are present	Yes	No	
Documentation supports Medicaid Covered Services	Yes	No	
Treatment interventions are documented in the encounter note at the time they occur	Yes	No	
Licensure is appropriate to the service provided	Yes	No	
Documentation clearly demonstrates patient's response to treatment	Yes	No	
Documentation supports inpatient care	Yes	No	
Documentation includes collateral information	Yes	No	
Documentation is individualized to the patient's goals/objectives	Yes	No	
Signatures including credentials are present and legible	Yes	No	
<b>SECTION F TREATMENT</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
<b>PROVIDES INDIVIDUALIZED AND RECOVERY ORIENTED TREATMENT AS EVIDENCED BY:</b>			
Use of Motivational strategies to promote engagement with treatment	Yes	No	
Identifying and working to remove barriers to discharge	Yes	No	
Treatment is individualized to the patient's needs			
Documentation that appears to be clinically useful	Yes	No	
Clinical supervision/oversight that promotes best practices	Yes	No	
Providing the patient with information and coordinates connections to additional resources	Yes	No	
An SUD is appropriately treated			
Evidence that there was follow-up to confirm that the patient has connected with continuing care			
<b>SECTION G DISCHARGE</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
DSM IV diagnosis	Yes	No	
Gives a fair account of patient's participation in treatment services and reason for discharge	Yes	No	
Reason for discharge			
Evidence that patient was connected with appropriate services for continuing care	Yes	No	

Reference: Treatment Record Documentation Requirements (United Behavioral Health)  
Utah Medicaid Provider Manual: Section 2, updated July 2012  
Utah Public Mental Health System Preferred Practice Guidelines: Approved March 20, 2009  
Salt Lake County Local Area Plan for Mental Health Services: 2011  
Salt Lake County Prepaid Mental Health Plan (PMHP) Contract: Effective July 1, 2012  
Salt Lake County DBHS Contract for Mental Health Services with United Behavioral Health/OptumHealth: July 1, 2011  
Salt Lake County DBHS Amendment for Mental Health and Substance Abuse Services  
FY2012 Compliance Review Reporting and Evaluation Form for OptumHealth SLCO



# **ATTACHMENT J**

## **Managed Care Organization – Monitoring Tool**

**SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**MCO Administrative Quality Assurance Audit Tool**  
**FY14 Review**

REVIEW DATE:            REVIE            WER:

FACILITY: OptumHealth

SECTION A ADMINISTRATIVE	Present?	COMMENTS/ACTION REQUIRED
Contractor provides services only to SL County residents [Section 2 A 1]	Yes No	
Contractor provides ONLY inpatient services for children in foster care (K Kids) [Section 2 A 3]	Yes No	
Contractor pays only for Medically Necessary Services (Section A 3 A 3)	Yes No	
1915(b)(3) Services are paid only for SPMI/SED enrollees [Section A 3 A 4 b [1915(b)(3) Services] 1) 2) 3) 4]]	Yes No	
Non-traditional enrollees are limited to 30 days each of inpatient and outpatient services, though may be substituted at a rate of one outpatient day for one inpatient day if substitution criteria are met [Section A 3 A 4 a and c]	Yes No	
Contractor demonstrates understanding of Post-stabilization Services (Section A 3 A 4 f)	Yes No	
CONTRACTOR has developed and followed written protocols for providing verification of inpatient approvals to non-contracting hospitals [Section A 3 A 4 f 4]]	Yes No	
Contract has process developed to monitor providers' compliance with Section 4 of contract: Standards Assessment Treatment Plan Treatment Documentation [and Section A 5 L] Treatment Plan Reviews Discharge Summary Concurrent Utilization Review Reporting Requirement (MHE/SAMHIS)	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	(Contract template to be reviewed)
Contracts meet contractor assurances found in Section A 5 A 1-7 and Tobacco-Free Policy and Section 8 C 6 a-r	Yes No	
Process to provide services in a timely manner for those enrollees whom the contractor is unable to provide services per timely access standards [Section A 5 C 4]	Yes No	
CONTRACTOR has designated a nondiscrimination coordinator who takes complaints and grievances from Enrollees alleging nondiscrimination violations based on race, color, national origin, physical or mental disability, or age [Section A 5 H]	Yes No	
CONTRACTOR will write all vital Enrollee informational and	Yes No	

<p>instructional materials in a manner and format that may be easily understood (i.e. whenever possible at the sixth-grade level) [Section A 6 A 1 ]</p> <p>[Vital Enrollee informational and instructional materials include, but are not limited to, materials requiring Enrollee or parent or guardian signatures (e.g., consent to treat form, intake form, release of information form, etc.), patient rights statements, informational brochures on services and benefits, including the Medicaid Member Handbook, Notice of Action letters, Grievance and Appeal letters and State fair hearing request forms. Vital Enrollee information also includes any written materials to assist an Enrollee complete required forms for submitting a written Appeal or taking other procedural steps as specified in Section A 13, Grievance Systems, C 3 e and D 4 c]</p>	
<p>CONTRACTOR will make vital Enrollee informational and instructional materials available in the prevalent non-English language(s) [Section A 6 A 3 c]</p>	<p>Yes No</p>
<p>CONTRACTOR will also make English and other prevalent language vital Enrollee informational and instructional materials available in alternative formats [Section A 6 A 4 ] (Alternative formats include, but may not be limited to, audio tapes, compact discs or large print versions of vital Enrollee informational and instructional materials)</p>	<p>Yes No</p>
<p>Member Handbook meets criteria found in Section A 6 B 1-26</p>	<p>Yes No</p>
<p>How does Optum ensure providers are offering a copy of the member handbook, and reviewing it, with enrollees [Section A 6 C 7]</p>	<p>Yes No</p>
<p>Specific Enrollee Rights and Protections found in Section A 7 C 1-7 are given and/or posted in a prominent location</p>	<p>Yes No</p>
<p>CONTRACTOR maintains a network of providers that is sufficient in number, mix and geographic distribution to meet the needs of the anticipated number of Enrollees in the service area [Section A 8 B 1 b 1 2) and e]</p>	<p>Yes No</p>
<p>CONTRACTOR will monitor Subcontractors' performance on an ongoing basis (e.g., during initial and continuing authorization of Covered Services, etc.) and will subject Subcontractors to formal review according to a periodic schedule established by the COUNTY [Section A 8 C 7]</p>	<p>Yes No</p>
<p>The CONTRACTOR shall have written procedures for disseminating to its employees, contractors and agents the policies and procedures referenced in Section A 9 A 4 a [Section A 9 A 4 c 1)]</p>	<p>Yes No</p>
<p>The CONTRACTOR shall require that its Subcontractors disseminate the written policies and procedures to its employees and agents [Section A 9 A 4 c 2)]</p>	<p>Yes No</p>
<p>Does Optum have an employee handbook? If so, does it contain</p>	<p>Yes No</p>
<p>[Section A 9 A 4 d]:</p>	<p>Yes No</p>
<p>1) a specific discussion of the laws described in Section A 9 A 4 b;</p> <p>2) the rights of employees to be protected as whistleblowers; and</p>	<p>(In Contract?)</p>

3) the CONTRACTOR's policies and procedures for detecting and preventing Fraud, Waste, and Abuse.		Yes No Yes No <b>Present?</b> Yes No	
Optum's screening of LEIE and SAMs [Section A 9 B 2] Provider's screening of LEIE and SAMs [Section A 9 B 2]			
<b>QAPI POLICIES, PROCEDURES, PLAN</b>			<b>COMMENTS/ACTION REQUIRED</b>
<p>CONTRACTOR will have a written QAPI program plan that includes all of the QAPI program components contained in Section A 10</p> <ul style="list-style-type: none"> <li>• Annual Work Plan [Section A 10 A 2]</li> <li>• CONTRACTOR must submit to the COUNTY quarterly copies of reports describing the results of the QAPI processes, interventions and results for the quarter. Contractor must submit these reports within 30 days following the end of each quarter [Section A 10 A 5]</li> <li>• Describes how the CONTRACTOR will use information derived from Appeals and Grievances to determine if there are trends or systemic issues that need to be addressed [Section A 10 E]</li> <li>• Provides a general description of the CONTRACTOR'S peer review program that is designed to assess through clinical records and other data sources the accessibility, quality, adequacy, and outcomes of Covered Services delivered to Enrollees [Section A 10 F]</li> <li>• Has procedures to detect both underutilization and overutilization of Covered Services provided to Enrollees [Section A 10 G]</li> <li>• QAPI program plan will describe the CONTRACTOR'S process for using surveys such as the Mental Health Statistics Improvement Program (MHSIP), Youth Services Survey (YSS), Youth Services Survey-Family (YSS-F), etc., and how the survey data are used to ensure continuous quality improvement [Section A 10 H]</li> <li>• CONTRACTOR will conduct PIPs as described in Section 10 I</li> </ul>		Yes No Yes No <b>Present?</b> Yes No	
CONTRACTOR will measure and report to the COUNTY its performance for timely access, using standard measures required by the COUNTY as described in Section A 10 B		Yes No	(FY2013 submitted. Determination of finding will await EQRO's analysis)
CONTRACTOR will have written policies and procedures for disseminating these preferred practice guidelines for mental health care (and any other guidelines the CONTRACTOR uses) to Subcontractors, and Enrollees upon request [Section A 10 C]		Yes No	
CONTRACTOR will develop and implement a written cultural competency plan as described in Section A 10 D		Yes No	
<b>POLICIES AND PROCEDURES</b>		<b>Present?</b>	<b>COMMENTS/ACTION REQUIRED</b>
CONTRACTOR ensures the written policies and procedures required by the contract are periodically reviewed and updated as needed [Section A 5 B 1 and 2]		Yes No	
CONTRACTOR will develop and implement written policy and procedures regarding access to interpreters and the provision of		Yes No	

<p>services in Enrollees' preferred languages from providers fluent in the language.</p> <p>The CONTRACTOR will educate Subcontractors and other staff regarding these policies and procedures [Section A 5 D]</p>	<p>Yes No</p>
<p>CONTRACTOR will have written policies and procedures to ensure a good faith effort is made to give written notice of termination of a Subcontractor, within 15 calendar days of receipt or issuance of the termination notice, to each Enrollee who was seen on a regular basis by the terminated Subcontractor [Section A 5 N]</p>	<p>Yes No</p>
<p>CONTRACTOR'S written policies and procedures will describe how the CONTRACTOR and its Providers will comply with any applicable federal and state laws that pertain to Enrollee rights, and how the CONTRACTOR will ensure that those rights and the rights in Part C of this Section, are taken into account when furnishing Covered Services to Enrollees [Section A 7 A]</p> <p>(CONTRACTOR'S written policy and procedures will also describe how the CONTRACTOR will ensure (1) that Enrollee rights are taken into account when furnishing Covered Services to Enrollees, (2) that Enrollees are free to exercise their rights, and that the exercise of their rights will not adversely affect the way the CONTRACTOR and its Providers treat Enrollees)</p>	<p>Yes No</p>
<p>CONTRACTOR'S written policy and procedures describe its process for ensuring that its Subcontractors, when acting within the lawful scope of their practice, will not be prohibited from advising or advocating on behalf as per Section A 7 E of the contract</p>	<p>Yes No</p>
<p>CONTRACTOR will have written policies and procedures for credentialing potential providers and for re-credentialing Subcontractors [Section A 8 B 3]</p>	<p>Yes No</p>
<p>CONTRACTOR shall have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against Fraud, Waste, and Abuse on the part of Providers, Enrollees, and other patients who falsely present themselves as Medicaid-eligible. The compliance plan shall be designed to identify and refer suspected Fraud, Waste, and Abuse activities [Section A 9 A 1]</p>	<p>Yes No</p>
<p>The CONTRACTOR shall have written policies and procedures to monitor that its Subcontractors are disseminating the CONTRACTOR's False Claims Act policies and procedures to the Subcontractors' employees and agents [Section A 9 A 4 c 3]</p>	<p>Yes No</p>
<p>The CONTRACTOR shall maintain written policies and procedures for conducting searches for prohibited affiliations as described in Section A 9 B 1 [Section A 9 B 2 a]</p>	<p>Yes No</p>
<p>CONTRACTOR has written policies and procedures to address and carry out all of the requirements for authorization of services contained in this Section 11</p> <ul style="list-style-type: none"> <li>CONTRACTOR'S written policies and procedures for this Section of the Contract will include policies and procedures for processing Subcontractors' or Enrollee requests for initial</li> </ul>	<p>Yes No</p>

		<p>and continuing authorization of Covered Services [Section A 11 C]</p> <ul style="list-style-type: none"> <li>Expedited Service Authorization Decisions [Section A 11 C 4 b]</li> </ul>	
		<p>CONTRACTOR will establish written policies and procedures to address and carry out all of the requirements in Section A 12 related to Actions and for providing Notice of Action to Enrollees</p> <ul style="list-style-type: none"> <li>Process when Optum's decisions are overturned in whole or in part</li> </ul>	
	<p>Yes No</p>	<p>CONTRACTOR will establish and follow written policies and procedures for its Grievance System that incorporate all of the Grievance System requirements contained in Section A 13 I</p> <ul style="list-style-type: none"> <li>CONTRACTOR will maintain complete records of all Appeals and Grievances</li> </ul>	
	<p>Yes No</p>	<p>CONTRACTOR participates in the External Quality Review process as described in Section A 14 D</p>	

# **ATTACHMENT K**

## **SUD Providers by Level of Care and Population**

## Salt Lake County – Division of Behavioral Health Services SUD Treatment Funded Agencies by Population and Service Type

### YOUTH (01)

	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential	Medical Detox
Asian Association		X							
Odyssey House		X			X			X	
SLCo Youth Services		X	X			X			
University of Utah Hospital (UNI)									X
Valley Behavioral Health Youth		X		X				X	
VOA/Cornerstone Counseling Ctr		X	X						

### WOMEN (02)

	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential	Medical Detox
House of Hope		X	X	X				X	
Odyssey House		X	X	X	X		X	X	
Project Reality		X							
Valley Behavioral Health A&D		X	X	X	X			X	
VOA/Cornerstone Counseling Ctr		X	X			X			

### PARENTING WOMEN (03)

	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential	Medical Detox
House of Hope		X	X	X				X	
Odyssey House		X	X	X	X		X	X	
Project Reality		X							
University of Utah Hospital (UNI)									X
Valley Behavioral Health A&D		X	X	X	X			X	
VOA/Cornerstone Counseling Ctr		X	X			X			

### CHILDREN (04) (children of 03 Women)

Note: services for this pop. are tied to mother's (03) service levels above and include housing, food, day care, transport., etc. including clinical therapy.

	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential	Medical Detox
House of Hope		X	X	X				X	
Odyssey House		X	X	X	X		X	X	
Valley Behavioral Health A&D		X	X	X	X			X	
VOA/Cornerstone Counseling Ctr		X	X			X			

**GENERAL (99)**

	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential	Medical Detox
Asian Association		X							
Catholic Community Svcs		X	X		X				
Clinical Consultants		X	X						
Family Counseling Center		X							
First Step House		X	X	X	X		X	X	
Haven								X	
House of Hope		X	X	X				X	
Odyssey House		X	X	X	X		X	X	
Project Reality		X							
Sandy Counseling Centers		X	X						
Valley Behavioral Health A&D		X	X						
VBH Forensic/Jail	X	X	X	X					
Valley Behavioral Health NSMSF		X	X						
VOA/Comerstone Counseling Ctr		X	X	X		X			
<b>Total Programs</b>	<b>1</b>	<b>32</b>	<b>24</b>	<b>15</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>15</b>	<b>2</b>

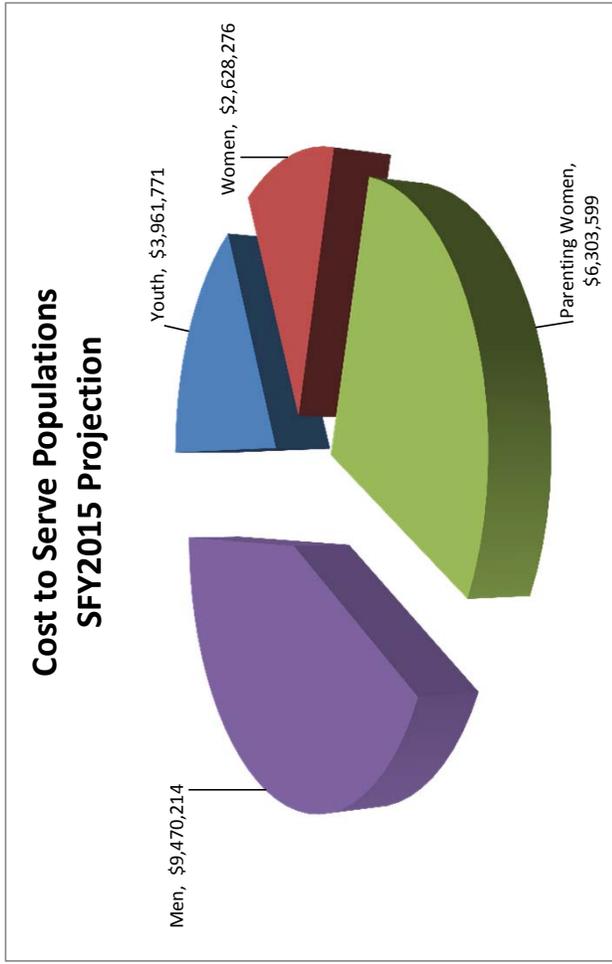
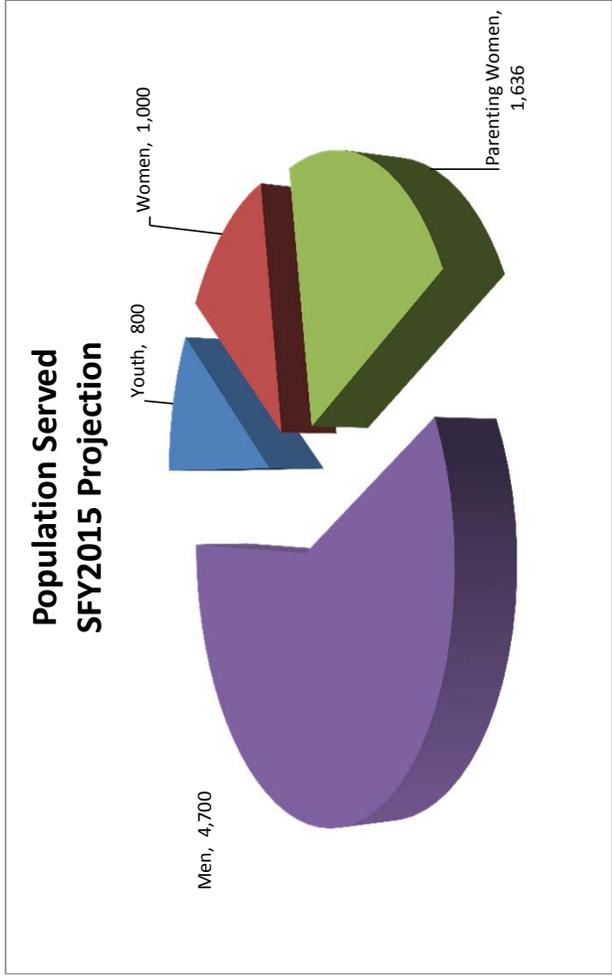
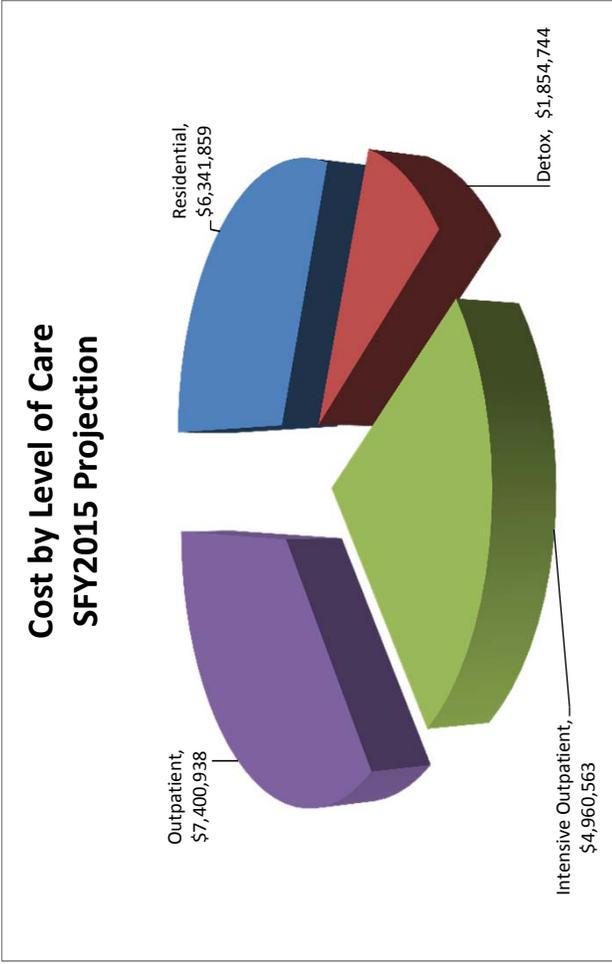
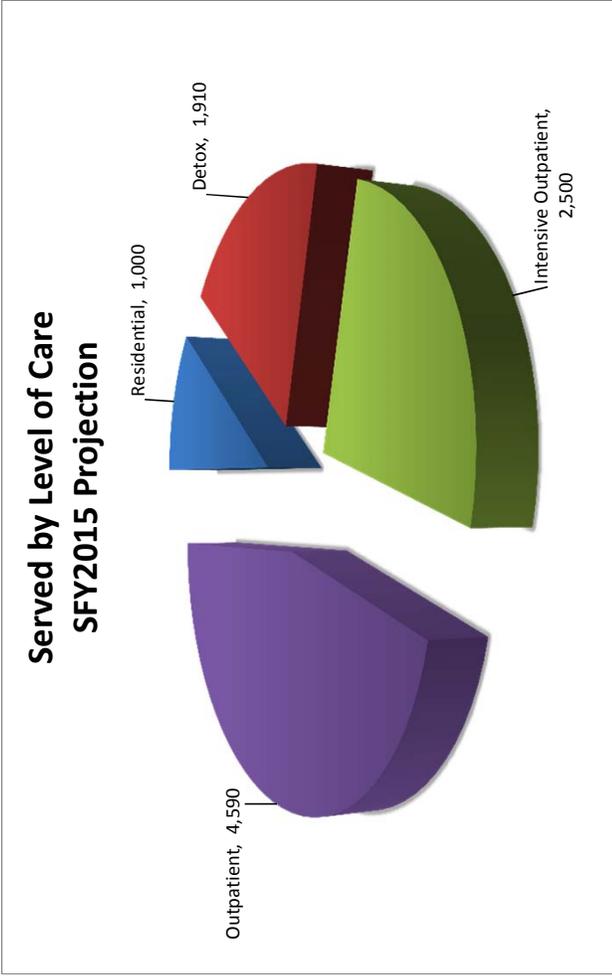
**Salt Lake County – Division of Behavioral Health Services  
Prevention Funded Agencies and Short Program Descriptions**

<u>Program agency and locations</u>	IOM	Program characteristics:
<b>SALT LAKE COUNTY AGING SERVICES</b>	S	<p><b>LIVING WELL WITH A CHRONIC CONDITION (CDSMP)</b> Focusing on skill development and skill enhancement in the areas of coping with stress and grief, dealing with multiple medications, and other problems which might impact a senior's ability to maintain a lifestyle free of substance use, abuse, and misuse. Aging Services also holds community awareness activities and chronic disease self-management classes.</p>
<b>ASIAN ASSOCIATION OF UTAH</b>	S&I	<p><b>ACADEMIC ASSISTANCE</b>, tutoring during school year providing academic and social skills to school age immigrants  <b>FAMILY CRISIS, PEER LEADERSHIP AND CASE MANAGEMENSNT</b> Includes case management, family crisis intervention, parent support and training, academic assistance, tutoring, social and job skills training.  <b>SPRING PROGRAM AT ROSE PARK</b>, The Asian Association also provides a spring program for minority youth at Rose Park Jr. High, 5 days per week for 2 weeks, to enhance study skills, provide tutoring, stress and anger management information, conflict resolution, problem solving, etc.</p>
<b>BIG BROTHERS BIG SISTERS</b>	S&I	<p><b>Mentoring At-Risk Youth:</b> The purpose of the Big Brothers Big Sisters program is to provide positive mentor relationships for children. Once a match is agreed upon, weekly activities occur between the volunteer and the youth. The mentor relationship is monitored and supported by a professional caseworker staff member for the duration of the relationship lasting up to 12 years through our agency.</p>
<b>BOYS AND GIRLS CLUB GREATER SALT LAKE</b>	S	<p><b>SMART MOVES (Skills Mastery and Resistance Training)</b> SMART Moves is a series of a "Proven" prevention curricula designed for age appropriate delivery to youth groups ages 6-9, 10-12, and 13-15 and is delivered in small community based groups. Youth development staff and peer leaders co-facilitate groups that include information dissemination, games, role play and a variety of active learning opportunities which deliver skill building and prevention material and ATOD education. <b>Services to parents include the SMART PARENTS curriculum/ workshops, which improve family management skills.</b></p>
<b>CENTRO DE LA FAMILIA</b>	S	<p><b>Nuevo Dia (New Day)</b> is a 12-month program conceptualized into three major components: life skills, education, and advocacy. Mothers and Daughter- based services. The program is <b>Strengthening Latino Families.</b></p>

<p><b>CORNERSTONE COUNSELING CENTER</b> <b>(VOLUNTEERS OF AMERICA)</b></p>	<p>U,S&amp;I</p>	<p><b>SIXTH SENSE</b> is designed to prevent or delay first use of alcohol, tobacco, marijuana and inhalants. The Sixth Sense project is conducted in sixth grade classes from high-risk schools. It consists of 10 one-hour drug use prevention sessions, which address healthy lifestyle issues, short-term negative effects of drugs, and enhance decision-making and resistance skills.</p> <p><b>LIVING SKILLS</b> involves group social skills training for students, grades two through five, primarily in high-risk schools. Students showing at-risk behaviors are identified by teachers for program participation. Students meet weekly for 10-12 one-hour sessions in groups of six to eight. Lessons are designed to reduce identified risk</p> <p><b>VOICES The VOICES</b> curriculum is for at risk junior high school boys and girls who participate in 10 sessions focusing on gender specific skill building to deal with the unique risk factors and concerns youth face at this time in their lives.</p> <p><b>FAMILIES PLUS</b> provides services to at-risk youth participating in school-based extended day care programs (Latchkey), as well as selected families of these youth, with the intent of intervening early in both the family and social domains to prevent substance abuse.</p> <p><b>LIFE SKILLS</b> is a classroom based prevention program which teaches students personal and social skills</p>
<p><b>GRANDFAMILIES</b></p>	<p>S</p>	<p>For <b>CARE GIVERS and RELATIVES</b>: Through the Children's Service Society of Utah Grand families helps relatives who have custodial care of children because their biological parents are unable or unwilling to parent due to factors related to substance abuse. Services include support groups and "Parenting the Challenging Child" classes.</p>
<p><b>GRANITE SCHOOL DISTRICT</b></p>	<p>I</p>	<p><b>DRUG OFFENDER'S CLASSROOM</b> is provided to students who have violated the Safe and Drug Free Schools policy on 2<sup>nd</sup>, 3<sup>rd</sup> or severe offenses. Students are taught to develop personal choices that enhance future success and given training involving skill building, self-efficacy, peer resistance, and conflict resolution.</p>
<p><b>HOUSING AUTHORITY</b></p>	<p>S&amp;I</p>	<p><b>TOO GOOD FOR DRUGS AND VIOLENCE</b> teaches kids social skills &amp; problem solving while building resiliency</p> <p><b>PARENTS AS TEACHERS (PAT)</b> is a model program for teens and parents designed to delay onset of drug use and preventing high risk behaviors. This program includes in-home visits and follow-ups.</p> <p><b>LEADERSHIP AND RESILIANCY (LAR)</b> a "Proven" mentoring program for kids in public housing with a goal to improve social skills performance, to increase interpersonal competence, problem-solving skills and resiliency.</p>
<p><b>INDIAN WALK-IN CENTER</b></p>	<p>S</p>	<p><b>ALTERNATIVE</b> activities and life skills classes for Native American youth</p>
<p><b>NEIGHBORHOOD ACTION COALITION</b></p>	<p>S</p>	<p><b>MIDVALE UNITED-</b> coalition in Midvale that implements an active youth program called SPORT</p>
<p><b>NEIGHBORHOOD HOUSING SERVICES</b></p>	<p>S</p>	<p><b>YOUTHWORKS</b> Kids build affordable housing for their local communities through a paid employment experience. Youth are employed 20 hours per week and are required to maintain active school attendance. The youth also receive ATOD education, work and life skills training, social skill building, job preparation (interviewing &amp; job application skills), etc.</p>
<p><b>PROJECT REALITY</b></p>	<p>S&amp;I</p>	<p><b>COMMUNITIES EMPOWERING PARENTS</b> mobilizes local neighborhoods and/or schools to empower parents by providing parenting skills training in a group setting. School based programs are provided at elementary school sites identified in collaboration with each district's prevention specialist. Community based programs target various ethnic groups with specialized services. Parents are trained in communication skills, behavior modification techniques, problem solving, and negotiation skills. Children are taught living skills such as goal setting, building positive relationships, and emotional management strategies.</p>
<p><b>SALT LAKE SCHOOL DISTRICT</b></p>	<p>I</p>	<p><b>INSIGHT</b> is a program in the S.L. District for students who have a Safe and Drug Free School violation AND their parents. The program offers ATOD information and anger management skills, family conflict resolution, communication skills, etc.</p>

<b>SPY HOP PRODUCTIONS</b>	S	<b>LIFE SKILLS &amp; VOCATIONAL MENTORING / TRAINING</b> is offered in an after school program in the multimedia arts providing hands on experience in video production, digital photography, and web based mediums. In addition, student interns receive ATOD information and life skill training.
<b>SOUTH SALT LAKE DRUG FREE YOUTH</b>	S	<b>STRENGTHENING FAMILIES</b> for high risk South Salt Lake families and communities.
<b>VALLEY MENTAL HEALTH</b>	U,S&I	<b>THE PRENATAL EDUCATION PROGRAM</b> provides outreach, case management, and substance abuse education for adolescent and adult women who have a history of substance abuse or may be at high risk to use. The program involves 12 weeks of Life Skills classes that includes prenatal information, risk factor information and protective factors development. This program has been expanded to the young men in Juvenile Detention regarding partner responsibilities, prenatal issues and life skills classes <b>STRENGTHENING FAMILIES</b> this service includes toddler groups and family groups in prevention services. These services are for children of adults who are in treatment for substance abuse addiction. <b>LOVE AND LOGIC</b> parent education program Pilot project serving title I schools in SLC SD
<b>YOUTH SERVICES</b>	U,S&I	<b>GET REAL ABOUT VIOLENCE</b> is a program for kids receiving long term services and the Division of Youth Services, increasing social skills, life skills, communication skills, enhancing self-control, and building refusal skills in a 10 weeklong series. <b>STAYING CONNECTED WITH YOUR TEEN (SCWYT)</b> is for PARENTS of youth who are in custody. Parents receive crisis intervention and diversion services. Families improve discipline practices, improve bonding, improve supervision skills and reduce attitudes favorable to anti-social behavior. <b>CREATING LASTING FAMILY CONNECTIONS:</b> A MODEL program teaching comprehensive family strengthening, substance abuse, and violence prevention for youth and families in high risk environments <b>211 OUTREACH AND COMMUNITY PRESENTATIONS:</b>
<b>COLLABORATION V6H / Cornerstone/ Project Reality</b>	I	A combination of <b>Strengthening Families</b> , <b>Creating Lasting Connections</b> , and <b>Botvin's Life Skills</b> . This program is for youth and their families. The youth are under the supervision of Third District Juvenile Court and Truancy Court. Parents learn parenting skills, improve family functioning, and the youth learn problem solving skills, stress management skills, and drug and alcohol education

# Relative Service and Population Mix and Cost



# **ATTACHMENT L**

## **Services for Incarcerated People and ACA**

## Planning Efforts Involving the Inmate Population

### Background:

It is estimated nationally that 90% of inmates have no health insurance, as most are male, low-income individuals currently not covered under Medicaid. Mandatory requirements and optional features of the Affordable Care Act (ACA) are expected to impact this population greatly, and require planning at many levels. In most cases inmates incarcerated more than a month are exempted from the individual mandate, but those pending disposition and those incarcerated less than a month do not have this exemption. In addition, the Affordable Care Act specifically requires states to provide targeted outreach to facilitate the enrollment of underserved and vulnerable populations in Medicaid and CHIP.

### Accessing Medicaid dollars for incarcerated individuals

While Federal Financial Participation (FFP) is **not** available to:

- ✓ Individuals who are being held involuntarily in detention centers awaiting trial;
- ✓ Inmates involuntarily residing at a wilderness camp under governmental control;
- ✓ Inmates involuntarily residing in half-way houses under governmental control; or
- ✓ Inmates receiving care on the premises of the prison, jail, detention center, or other penal setting,

FFP **is** available to:

- ✓ Infants living with the inmate in a public institution;
- ✓ Paroled individuals;
- ✓ Individuals on probation;
- ✓ Individuals on home release, except during those times when reporting to a prison for overnight stay;
- ✓ Individuals living voluntarily in a public educational or vocational training institution;
- ✓ Individuals living voluntarily in a detention center, jail, or county penal facility after their case has been adjudicated or while other living arrangements are being made for them (e.g. transfer to a community residence).

If corrections programs are limiting the individual's ability to leave the facility on a permanent basis, such as the requirement for the individual to return to the center at night, CMS interprets these facilities as institutions for incarceration (no Federal Financial Participation available **unless hospitalized for 24 hours or more**, etc.).

## Suspension vs. Termination of Medicaid Eligibility

The state currently does not have a suspended status for applicants or recipients that are incarcerated. Incarceration will lead to a case closure if they are receiving benefits, or a case denial if an application is received while incarcerated. However, if an individual that is incarcerated, but has a known release date that can be verified applies, they will not deny the case as long as the release date is during the 30 day application time frame. In these instances, it is best to submit verification of the release date with the application to prevent a denial.

A 2004 CMS “Dear State Medicaid Director Letter” states:

States should not terminate eligibility for individuals who are inmates of public institutions or residents of IMDs based solely on their status as inmates or residents... Instead, states should establish a process under which an eligible inmate or resident is placed in a suspended status so that the state does not claim FFP for services the individual receives, but the person remains on the state’s rolls as being eligible for Medicaid (assuming the person continues to meet all applicable eligibility requirements).

The benefits of suspension vs. termination:

- ✓ The ease and efficacy of assisting an offender with enrollment while “clear” of substances and possibly stabilized on mental health medications, a window of opportunity that may not come again till the offender reoffends;
- ✓ Enhanced success rates and timeliness of connecting offenders with treatment and medications upon release from jail, a time when a person is typically in the most need of services and at the highest risk of relapse and recidivism;
- ✓ Reducing the length of stay in jails as offenders await treatment;
- ✓ Reducing wait times for Medicaid coverage to go into place;
- ✓ Preventing case closure for those currently enrolled, and
- ✓ Assisting inmates to comply with the individual mandate, as those incarcerated less than a month and those pending disposition of charges are not exempt from the individual mandate.

Potential policy changes in this realm are expected to have an immense impact on the inmate population should Utah adopt Medicaid Expansion. In such a scenario, inmate eligibility would increase from approximately 20% eligible now, to over 80%, and would benefit greatly if given the ability to enroll individuals prior to release.

When Washington State expanded Medicaid coverage to childless adults, their experience with providing treatment to chemically dependent, very low income childless adults demonstrated:

- A 21-33% lower re-arrest rates for three groups receiving SUD Tx
- A \$5,000-\$10,000 savings for each person treated (savings resulting from law enforcement intervention, jails, courts and corrections agencies costs)

- An increase in public safety benefits
- A \$2,000 increase in the individual’s annual income, resulting in increased tax revenue and less need for public assistance, and
- A 35% reduction in emergency room use.

Planning Efforts:

Salt Lake County has dedicated a great deal of effort towards enrollment planning for the criminal justice population, both pre and post-release status, through its Criminal Justice Advisory Council. This council enjoys representation from the Third District Court, Justice Courts, District Attorney’s Office, Legal Defender’s Office, County Council, Mayor, Sheriff’s Office, Behavioral Health Services, Criminal Justice Services and others. These efforts are hampered by the uncertainty of when Utah will adopt Medicaid Expansion, the model of expansion that will be chosen, and not knowing whether Utah will pursue policy changes relative to suspension vs. termination of Medicaid Eligibility for incarcerated individuals.

Given the above background and unknown variables, enrollment assistance planning efforts could include the following:

**Inmates in a pre-disposition status**

A Marketplace must determine an applicant eligible for enrollment in a Qualified Health Plan (QHP) through the Marketplace if he or she meets the following requirements (among others):

- Applicable residence standards
- Citizenship, status as a national, or lawful presence, and
- Is not incarcerated, *other than incarceration pending the disposition of charges.*

Given the above, those individuals whose incomes range from 100% FPL – 400% FPL (or 138% FPL - 400% FPL should Utah adopt Medicaid Expansion), may enroll in a Marketplace plan utilizing applicable tax credits. Barriers may include an inmate’s ability to pay his/her premium, and a history of private insurance companies denying reimbursement for services for those with criminal justice involvement.

It is important to note that if someone is incarcerated, they can still apply for Medicaid or the Children’s Health Insurance Program (CHIP) directly to their appropriate state agency, and in states that suspend rather than terminate eligibility, may enroll for Medicaid while incarcerated. If the individual meets the eligibility requirements he/she is considered a “qualified individual”. Until Utah adopts Medicaid Expansion, current eligibility criteria applies (pregnant women, those with disabilities, etc.). Should Utah adopt the Governor’s

Healthy Utah Plan, all individuals earning less than 138% FPL would qualify for Medicaid or a private plan.

**Inmates in a post-disposition status:**

These inmates may apply (but not enroll) in a Marketplace Plan (for those with incomes that range from 100% FPL – 400% FPL (or 138% FPL - 400% FPL should Utah adopt Medicaid Expansion). Since the Exchange will accept applications and make eligibility determinations throughout the year, an inmate would not be precluded from applying for coverage through the Exchange in an effort to coordinate an effective date of coverage with his or her release date. The ACA provides a special enrollment period (“A qualified individual or enrollee who gains access to new QHPs as a result of a permanent move”) which covers individuals who are released from incarceration. So, these individuals are not limited to open enrollment periods.

Medicaid – Same as above for pre-disposition inmates.

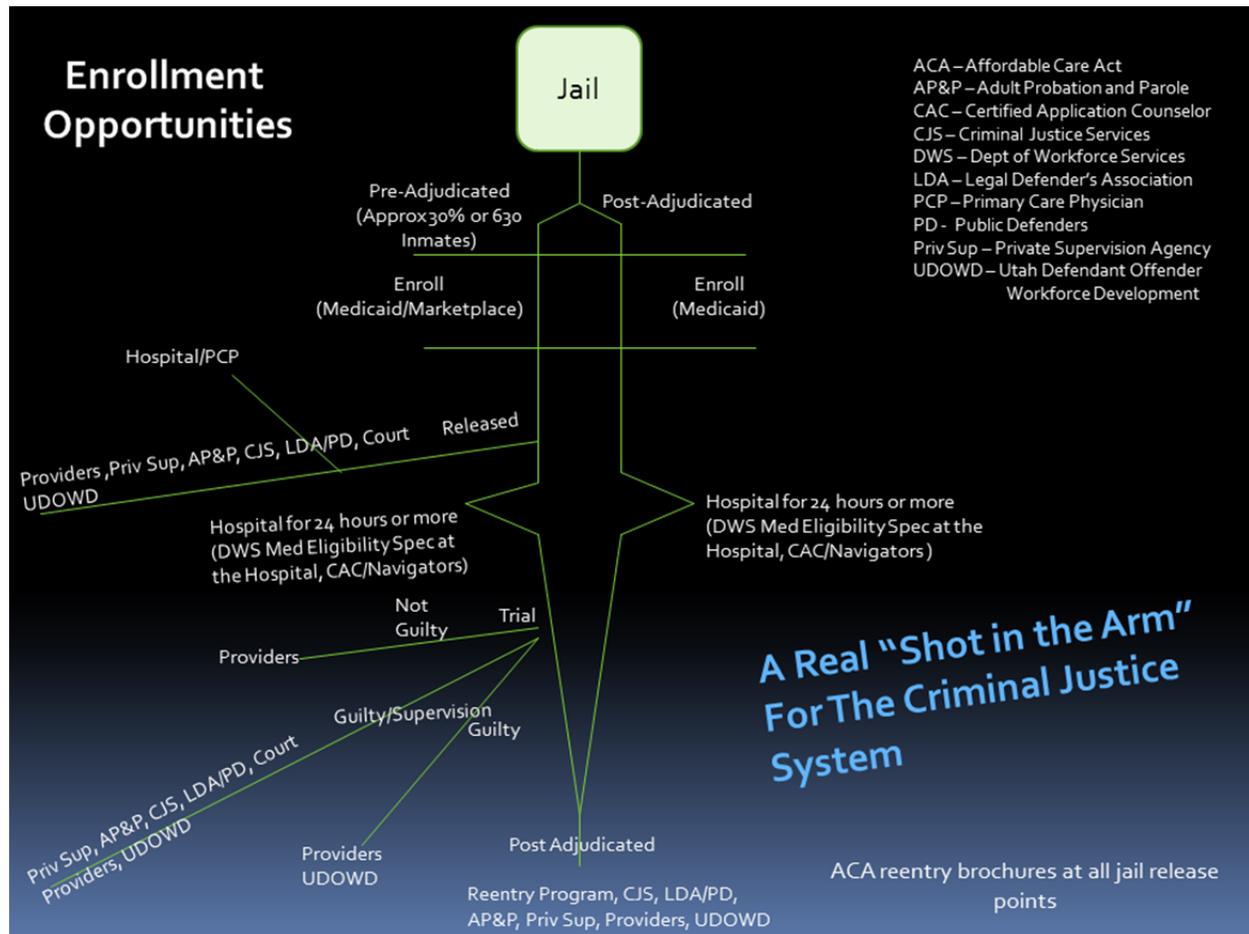
**Released Individuals:**

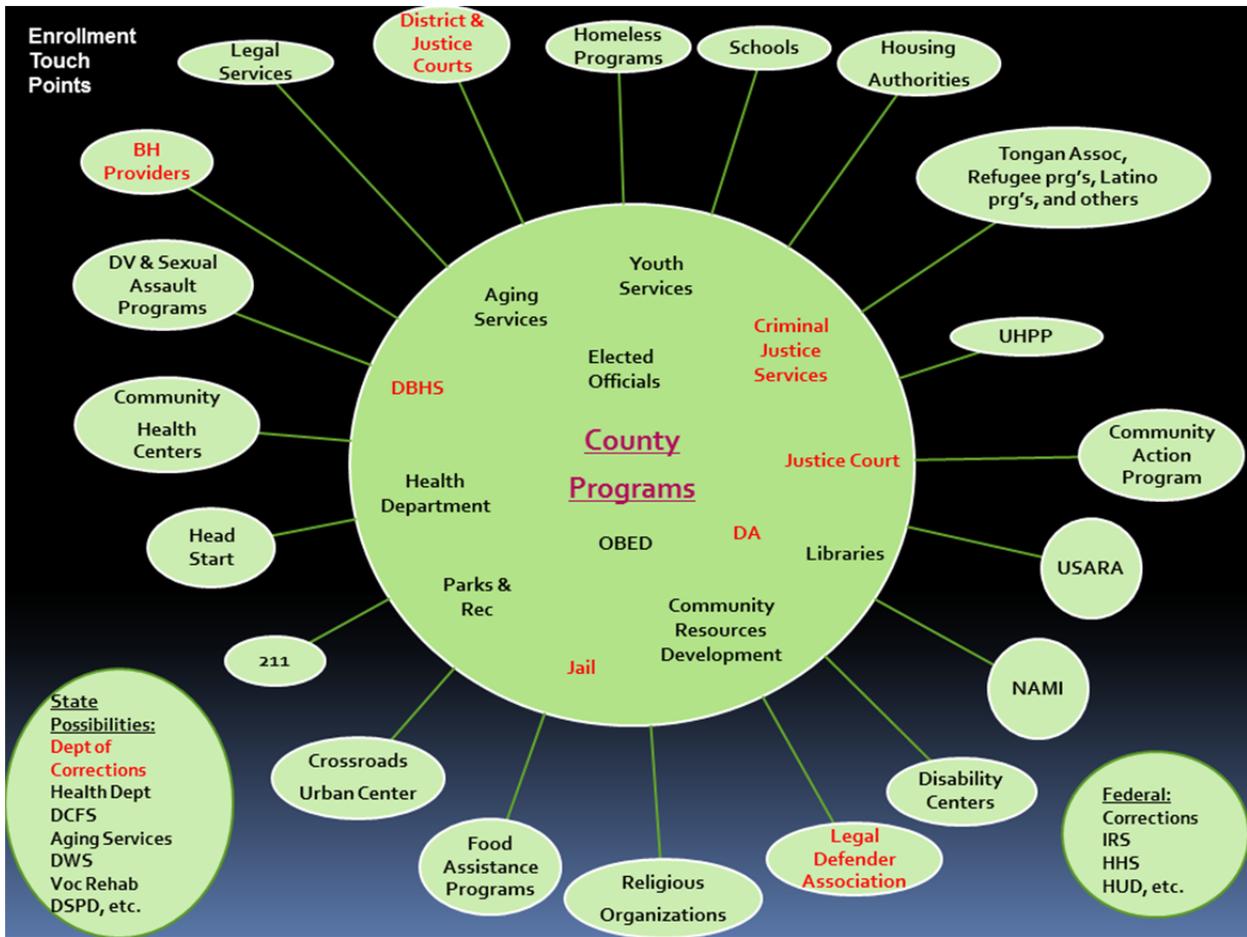
Once released, all offenders may apply and enroll in either Medicaid or a Marketplace plan (tax credits are available for those with incomes that range from 100% FPL – 400% FPL (or 138% FPL - 400% FPL should Utah adopt Medicaid Expansion). The ACA provides a special enrollment period (“A qualified individual or enrollee who gains access to new QHPs as a result of a permanent move”) which covers individuals who are released from incarceration. So, these individuals are not limited to open enrollment periods.

**Summary**

Given the uncertainties and unknowns about Utah’s decision to expand Medicaid, the plan chosen and potential changes to the termination of Medicaid eligibility for incarcerated individuals, planning efforts are difficult. Yet, given the projected reductions in recidivism, associated cost savings to tax payers, and the enhanced quality of life for the individuals involved, the Criminal Justice Advisory Council remains dedicated to continuing planning efforts as these events unfold.

Please find below diagrams of the many touch points of enrollment assistance to the criminal justice population in Salt Lake County and anticipated flow through the Governor’s Healthy Utah Plan.





**ATTACHMENT M**

**Partnerships with Primary Care or FQHCs**

## Partnerships with Primary Care or FQHCs

- **4<sup>th</sup> Street Clinic** – 4<sup>th</sup> Street Clinic helps homeless Utahans improve their health and quality of life by providing high quality integrated care and health support services. 4th Street is also one of our ATR providers. They will also bid for services under our next RFP and have established an integrated clinic at their newly remodeled clinic. 4<sup>th</sup> Street Clinic provides psycho-therapy, psychological counseling, psychiatric evaluation and management, family and couples therapy, health and wellness, primary care provider collaboration and substance abuse assessment and treatment referrals.
- **Midtown Community Health Center** – Midtown FQHC will open its first SLCo location at 2253 S. State St. on April 7, 2014. Midtown will also operate the VBH-North Integrated clinic. See more information under VBH-North Clinic.
- **Primary Care Organizations** - In an effort to address system capacity in 2015, and to increase access to integrated care, the DBHS has begun dialog with the four Medicaid Physical Health Plans (referred to as Medicaid ACOs) to solicit their support in a “Payment Follows the Patient” delivery model. In this model, should a patient present to his/her primary care physician with a medical problem and accompanying behavioral health condition, this person’s primary care physician may access Medicaid dollars through DBHS to treat the patient’s behavioral health need in the same setting. Efforts have also been made to request that the door swing both directions, allowing a behavioral health provider to access Medicaid funds to establish physical health care options in their programs as well, especially those serving the seriously and persistently mentally ill population.
- **Odyssey House Integrated Health Martindale Clinic** – Odyssey House’s approach to recovery is more than just sobriety; it’s a full and healthy life. The Odyssey Martindale Clinic provides individuals and families who are working to overcome behavioral health barriers with comprehensive health and dental care for life, becoming their medical home.
- **Whole Health Clinic** - As a community, we are aware that: 1) behavioral health conditions are being under diagnosed and sub-optimally treated in primary health care settings, and 2) physical health issues are contributing to reduced lifespan for persons with behavioral health conditions. Integrating primary health and behavioral health provides opportunities to increase access to services for the physical health of persons with mental illness, and the mental health of persons with physical illness. In addition to the Whole Health Clinic program, a therapist from Salt Lake County Division of Behavioral Health will be located at the County’s South Main Health clinic to assess, provide counseling, and link individuals receiving care at that site to appropriate mental health services. This resource will also be available to other Salt Lake County health clinics for consultation regarding mental health issues.
- **VBH-North Integrated Clinic** – The SLCo Council appropriated \$80,000 in CGF to remodel the 2<sup>nd</sup> floor NE corner of VBH-North’s building at 1000 S., Main St. Midtown Clinic will operate the clinic in partnership with VBH as an integrated clinic model. All four ACOs have pledged payment to Midtown for the primary care services. One more of these types of clinics is planned for a south-central valley location next year.

Program Name: Spy Hop Productions Prevention Programs								
LSAA: Salt Lake County								
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Se l X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Increase healthy youth behaviors and decrease underage drinking and drug use and associated high-risk behaviors.	<p><u>Community Level:</u> Increasing community level <i>opportunities</i> and <i>rewards</i> for pro-social involvement. Decreasing low community attachment.</p> <p><u>Peer Level:</u> Increasing interaction with pro-social peers.</p> <p><u>Individual Level:</u> Decreasing alienation and rebelliousness. Increasing social competencies and problems solving skills.</p>	<p>30% of Spy Hop's total program enrollment will be from under-served communities in Salt Lake City. Specifically, Spy Hop will serve students that are:</p> <ol style="list-style-type: none"> <li>1.) Failing academically</li> <li>2.) Live in low-income neighborhoods</li> <li>3.) Have limited access to quality after-school programming</li> <li>4.) Have limited access to technology</li> <li>5.) Exhibit attitude and behavioral problems</li> <li>6.) History of substance abuse in the family</li> </ol> <p>Spy Hop's targeted outreach will focus on the following schools:</p> <p>West High School, Granite Tech, Granger, Kearns Jr. High, West Lake Junior High, Matheson Junior High, West Jordan High School, Hunter High School and Cypress High School.</p> <p>This targeted population also includes the following ethnic minorities: Hispanic/Latino, African-American, Native American, and Pacific Islander/Native Hawaiian, and refugees from Somalia and Sudan.</p>	<p>Provide year-round, high-quality out-of-school time digital media education.</p> <p><u>Indicators of Program Quality</u> Safe environment (physically and emotionally) Supportive environment (high expectations for learning) Interaction (community building, artistic expression) Engagement (student driven, media is engaging to youth)</p> <p><u>Introductory</u></p> <ul style="list-style-type: none"> <li>• Film I &amp; II, Audio I &amp; II, Design I &amp; II,</li> <li>• Community Partnerships</li> <li>• Open Mic</li> </ul> <p><u>Intermediate</u></p> <ul style="list-style-type: none"> <li>• Documentary I &amp; II</li> <li>• Reel Stories</li> <li>• Write Shoot Ride</li> <li>• Media Apprenticeship Program – Film, Audio, Design</li> <li>• Spy Hop Records</li> </ul> <p><u>Advanced</u></p> <ul style="list-style-type: none"> <li>• Loud and Clear Youth Radio</li> <li>• Pitch Nic Narrative</li> <li>• Pitch Nic Documentary</li> <li>• Musicology</li> </ul>	<p>100% of program attendees will experience community level opportunities and rewards for pro-social involvement.</p> <p>100% of youth who attend 80% of the program will report increased media literacy, ability to resist pro-use messages and ability to create and distribute healthy media messages.</p> <p>80% of youth who attend 80% of the program will report experiencing a sense of belonging to a community and increased interaction with pro-social peers.</p> <p>60% of the youth who attend 80% of the program will report decreased alienation and rebelliousness and increased social competencies and problems solving skills.</p> <p>60% of the youth who attend 80% of the program will report increased neighborhood attachment.</p>	High-risk behaviors decrease and youth are engaged, productive citizens.		
Measure & Sources		Risk and Protective Factor research	Demographic Collection  Attendance Tracking	Attendance Tracking  High quality youth programming research  Structured program observations, Student surveys, journals and focus groups	Program Observation  Program Participant Surveys, Journals and Focus Groups	Alumni Survey		

Spy Hop Productions Inc Addendum

Projected number of individuals served per year -1137

Logic Model (If you plan to allocate funds between populations, use a separate Logic Model for each proposed expenditure.)

Program Name: Project Reality: Communities Empowering Parents

Program Name:		Focus Population				Annual Cost:	Strategies	Short Term Outcomes submitted within 0-5 years	Long Term Outcomes submitted within 10 years
Goal	Prioritized Factors	Universal Direct	Universal Indirect	Selective Services	Indicated Services				
Logic	Resiliency factors will be strengthened to decrease the early initiation of drug use.	Family management, conflict, and communication factors.	Youth and their families/caregivers referred and/or recruited within the four major school districts, parents/caregivers and children attending prioritized Head Start sites, and parents/caregivers with children involved with ESL (English as a Second Language) and GED (General Education Development) parents with families enrolled with Even Start.			\$ 202,333	Researched based "Communities Empowering Parents" curriculum. Fifteen cycles of twenty service hours per attendee.	<b>Projection:</b> Parents and teens will report an increased ability to recognize positive expectations for behavior by improved family management skills and demonstrate an increase in capacity to communicate clear standards of behavior regarding ATOD (Alcohol, Tobacco, and Other Drugs).  □	<b>Projection:</b> Resiliency factors will be strengthened to decrease the probability of early initiation of drug use.
Measures & Sources	2011 SHARP survey	2011 SHARP suvey	Weekly parent and teen evaluations of classes, weekly teacher feedback evaluations of how the class went, weekly behavioral rating scales of parent, teen, child, and pre-school attendees, parent and teen pre/post questionnaires, weekly class plans for teen, child, and pre-school classes, weekly site logs, family contact logs, and weekly demographics.			Weekly feedback by teachers and attendees as to the benefit of the curriculum and classes. This allows teachers and Project Reality clinician to address any issue that may arise in a timely manner.	<b>Actuals:</b>		
							<b>Submission date:</b> Evaluative summaries submitted within annual report to Salt Lake county.	<b>Submission date:</b> 2011 SHARP survey	

Logic Model (If you plan to allocate funds between populations, use a separate Logic Model for each proposed expenditure.)

Program Name: Project Reality: Communities Empowering Parents (CEP)

Program Name:		Focus Population				Annual Cost:	Strategies	Short Term Outcomes submitted within 0-5 years	Long Term Outcomes submitted within 10 years
Goal	Prioritized Factors	Universal Direct	Universal Indirect	Selective Services	Indicated Services				
Logic	Resiliency factors will be strengthened to decrease the early initiation of drug use.	Family management, conflict, and communication factors.	Youth and their families/caregivers referred and/or recruited within the four major school districts, referrals by DCFS (Division of Child and Family Services), parents/caregivers and children residing at prioritized Housing Authority of the County of Salt Lake complexes, referrals and recruited families from the Indian Walk-in Center, women residents and their children living at the YWCA, and referrals from Project Reality treatment population.				Researched based "Communities Empowering Parents" curriculum. Eight cycles of twenty service hours per attendee.	<del>Projection</del> Parents and teens will report an increased ability to recognize positive expectations for behavior by improved family management skills and demonstrate an increase in capacity to communicate clear standards of behavior regarding ATOD (Alcohol, Tobacco, and Other Drugs).	<del>Projection</del> Resiliency factors will be strengthened to decrease the probability of early initiation of drug use.
Measures & Sources	2011 SHARP survey	2011 SHARP survey	Weekly parent and teen evaluations of classes, weekly teacher feedback evaluations of how the class went, weekly behavioral rating scales of parent, teen, child, and pre-school attendees, parent and teen pre/post questionnaires, weekly class plans for teen, child, and pre-school classes, weekly site logs, family contact logs, and weekly demographics.			Weekly feedback by teachers and attendees as to the benefit of the curriculum and classes. This allows teachers and Project Reality clinician to address any issue that may arise in a timely manner.	Actuals:		
							<del>Submission date</del> Evaluative summaries submitted within annual report to Salt Lake county.	<del>Submission date</del> 2011 SHARP survey	

Project Reality Selective Addendum

Projected number of individuals served per year -2399

**Program Name: Project Reality Indicated Prevention Services**

LSAA: Salt Lake County

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(includes dosage)</i>	Outcomes	
			Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>1) Early initiation of drug use will be delayed in target population after completion of the program</p> <p>2) Increase in family management skills.</p> <p>3) Increase in knowledge of wellness principles</p>	<p>Family management</p> <p>Family conflict</p> <p>Family communication factors</p> <p>Family bonding,</p> <p>Favorable attitudes toward problem behavior</p> <p>Wellness principles.</p>	<p>Youth and their families/caregivers referred and/or recruited within the four major school districts, referrals by DCFS (Division of Child and Family Services), parents/caregivers and children residing at prioritized Housing Authority of the County of Salt Lake complexes, referrals and recruited families from the Indian Walk-in Center, women residents and their children living at the YWCA, and referrals from Project Reality treatment population.</p>			<p>Researched based "Communities Empowering Parents" curriculum. Eight cycles of twenty service hours per attendee.</p>	<p>Parents and teens will report an increased ability to recognize positive expectations for behavior by improved family management skills and demonstrate an increase in capacity to communicate clear standards of behavior regarding ATOD (Alcohol, Tobacco, and Other Drugs). Expected change between pre/post questionnaires will be statistically significant in the positive direction.</p>	<p>Resiliency factors will be strengthened to decrease the probability of early initiation of drug use. Expected change in life choices will be statistically significant in the positive direction.</p>
Measure & Sources	<p>Pre/post questionnaires</p> <p>Parent and teen participants</p>	<p>Pre/post questionnaires</p> <p>Parent and teen participants</p>	<p>Weekly parent and teen class evaluations, weekly teacher feedback evaluations of how the class went, weekly behavioral rating scales of parent, teen, child, and pre-school participants, parent and teen pre/post questionnaires, weekly class plans for teen, child, and pre-school classes, weekly site logs, family contact logs, and weekly demographics of all participants.</p>			<p>Weekly feedback evaluations.</p> <p>Teachers, parent participants, and teen participants</p>	<p>Pre/post questionnaires</p> <p>Parent and teen participants</p>	<p>SHARP Survey</p> <p>Salt Lake County Division of Behavioral Health Services</p>

**Program Name: Project Reality Selective Prevention Services**

**LSAA: Salt Lake County**

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	<b>Sel</b>	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>1) Early initiation of drug use will be delayed in target population after completion of the program</p> <p>2) Increase in family management skills.</p> <p>3) Increase in knowledge of wellness principles</p>	<p>Family management</p> <p>Family conflict</p> <p>Family communication factors</p> <p>Family bonding,</p> <p>Favorable attitudes toward problem behavior</p> <p>Wellness principles.</p>	<p>Youth and their families/caregivers referred and/or recruited within the four major school districts, parents/caregivers and children attending prioritized Head Start sites, and referrals from Project Reality's treatment population.</p>			<p>Researched based "Communities Empowering Parents" curriculum. Eight cycles of twenty service hours per attendee.</p>	<p>Parents and teens will report an increased ability to recognize positive expectations for behavior by improved family management skills and demonstrate an increase in capacity to communicate clear standards of behavior regarding ATOD (Alcohol, Tobacco, and Other Drugs). Expected change between pre/post questionnaires will be statistically significant in the positive direction.</p>	<p>Resiliency factors will be strengthened to decrease the probability of early initiation of drug use. Expected change in life choices will be statistically significant in the positive direction.</p>
Measure & Sources	<p>Pre/post questionnaires</p> <p>Parent and teen participants</p>	<p>Pre/post questionnaires</p> <p>Parent and teen participants</p>	<p>Weekly parent and teen evaluations of classes, weekly teacher feedback evaluations of how the class went, weekly behavioral rating scales of parent, teen, child, and pre-school participants, parent and teen pre/post questionnaires, weekly class plans for teen, child, and pre-school classes, weekly site logs, family contact logs, and weekly demographics.</p>			<p>Weekly feedback evaluations.</p> <p>Teachers, parent participants, and teen participants</p>	<p>Pre/post questionnaires</p> <p>Parent and teen participants</p>	<p>SHARP Survey</p> <p>Salt Lake County Division of Behavioral Health Services</p>

Project Reality Indicated Addendum

Projected number of individuals served per year -1527

## Logic Model Worksheet

Program: Substance Abuse Prevention Classroom – Granite School District Date: 2011

GOALS:	INTERVENING VARIABLE :	ACTIVITIES:	TARGET GROUP:	THEORY OF CHANGE:	SHORT TERM OUTCOMES:	LONG TERM IMPACTS:
Overall Program <u>Goal</u> :	In order to address the level of <u>this risk or protective factor</u> :	We will do the following <u>program activities</u> :	For <u>these people</u> and for this <u>amount of time</u> (target population):	We expect that this activity will lead to changes... “if-then” statements	<u>changes in the risk/protective factors</u>	We will know we are reaching <u>our goals</u> if:
<p>Logic: The Substance Abuse Prevention Classroom is designed to address the unique academic, social and behavioral needs of students who are referred to the District for violation of the Granite School District’s Safe and Drug Free Schools Policy. We intend to build protective factors and minimize risk factors for these students by removing them from their neighborhood school and serving them in a specialized alternative educational setting.</p>	<p><b>Goal 2:</b> Reduce 30 day use of alcohol/tobacco/other drugs by 25% for students who are in the program for at least 30 days.</p>	<p><b>Objective 2.1:</b> Educate all students in the Substance Abuse Prevention Classroom regarding the research regarding short term and long term physical, mental and emotional effects of alcohol/tobacco/other drug use.</p> <p><b>Objective 2.2:</b> Conduct a risk assessment on all students entering the program using CSAP Substance Abuse Risk and Protective Factors Student Survey (SARPF) and the Substance Abuse Subtle Screening Inventory (SASSI).</p> <p><b>Objective 2.3:</b> If students are identified as being high risk based on risk assessment, students will be seen for additional screening with a certified mental health worker from Valley Mental Health.</p> <p><b>Objective 2.4:</b> As needed, students will be connected with additional services in the Valley Mental Health network or outside social services provider.</p>	<p>Students in grades 10-12 in Granite School District who violate the GSD Safe and Drug Free School policy for at least 30 days and no more than 180 days.</p>	<p>Students will have an increased desire to maintain a(n) alcohol/tobacco/other drug free life when they have accurate, research based information regarding the real risks of using substances. Students will be able to maintain a drug free life with additional support from outside social service providers.</p>	<p>Reduce 30 day use of alcohol/tobacco/other drugs for students who are in the program for at least 30 days.</p>	<p>Reduce 6 month use of alcohol/tobacco/other drugs for students who are in the program for at least 30 days.</p>
Questions:					Do students who participate in the Substance Abuse Prevention Classroom demonstrate a reduction of 30-Day use?	Do students who successfully complete the Substance Abuse Prevention Classroom program demonstrate a reduction of 6 month use?
Source:					SASSI, SHARP Survey, YOQ, POQ, Pre-/Posttests	SASSI, SHARP Survey, YOQ, POQ, Pre-/Posttests

## Granite School District Addendum

The Granite School District has four Logic Models, one for each goal. The total projected number of individuals served for the four Logic Models is 153 per year.

## Logic Model Worksheet

Program: Substance Abuse Prevention Classroom – Granite School District Date: 2011

GOALS:	INTERVENING VARIABLE :	ACTIVITIES:	TARGET GROUP:	THEORY OF CHANGE:	SHORT TERM OUTCOMES:	LONG TERM IMPACTS:
Overall Program <u>Goal</u> :	In order to address the level of <u>this risk or protective factor</u> :	We will do the following <u>program activities</u> :	For <u>these people</u> and for this <u>amount of time</u> (target population):	We expect that this activity will lead to changes... “ <u>if-then</u> ” <u>statements</u>	<u>changes in the risk/protective factors</u>	We will know we are reaching <u>our goals</u> if:
<p><i>Logic:</i> The Substance Abuse Prevention Classroom is designed to address the unique academic, social and behavioral needs of students who are referred to the District for violation of the Granite School District's Safe and Drug Free Schools Policy. We intend to build protective factors and minimize risk factors for these students by removing them from their neighborhood school and serving them in a specialized alternative educational setting.</p>	<p><b>Goal 4:</b> Increase student community involvement and commitment.</p>	<p><b>Objective 4.1:</b> Students enrolled in the Substance Abuse Prevention Classroom will be expected to each complete at minimum 10 hours of community service while in the program.</p> <p><b>Objective 4.2:</b> Maintain communication with probation officers regarding students who are court ordered to complete community service.</p>	<p>Students in grades 10-12 in Granite School District who violate the GSD Safe and Drug Free School policy for at least 30 days and no more than 180 days.</p>	<p>Students will increase their community involvement and commitment to community when they have served other community members.</p>	<p>Students in the Substance Abuse Prevention classroom will increase their community involvement and commitment.</p>	<p>Students who successfully complete the Substance Abuse Prevention classroom program will continue to demonstrate community involvement and commitment.</p>
<p><i>Questions:</i></p>					<p>Do students who are enrolled in the Substance Abuse Prevention classroom increase their community involvement and commitment?</p>	<p>Do students who successfully complete the Substance Abuse Prevention classroom program continue their community involvement and commitment?</p>
<p><i>Source:</i></p>					<p>YOQ, POQ, data from probation officers</p>	<p>YOQ, POQ, data from probation officers</p>

## Granite School District Addendum

The Granite School District has four Logic Models, one for each goal. The total projected number of individuals served for the four Logic Models is 153 per year.

## Logic Model Worksheet

Program: Substance Abuse Prevention Classroom – Granite School District Date: 2011

GOALS:	INTERVENING VARIABLE :	ACTIVITIES:	TARGET GROUP:	THEORY OF CHANGE:	SHORT TERM OUTCOMES:	LONG TERM IMPACTS:
Overall Program <u>Goal</u> :	In order to address the level of <u>this risk or protective factor</u> :	We will do the following <u>program activities</u> :	For <u>these people</u> and for this <u>amount of time</u> (target population):	We expect that this activity will lead to changes... <u>“if-then” statements</u>	<u>changes in the risk/protective factors</u>	We will know we are reaching <u>our goals</u> if:
<p><u>Logic</u>: The Substance Abuse Prevention Classroom is designed to address the unique academic, social and behavioral needs of students who are referred to the District for violation of the Granite School District’s Safe and Drug Free Schools Policy. We intend to build protective factors and minimize risk factors for these students by removing them from their neighborhood school and serving them in a specialized alternative educational setting.</p>	<p><b>Goal 3:</b> Reduce recidivism by 5% over three years. The current recidivism rate is 13%.</p>	<p><b>Objective 3.1:</b> Students in the Substance Abuse Prevention Classroom will be enrolled in a Skills for Success class upon transition back to their neighborhood school.</p> <p><b>Objective 3.2:</b> Monitor student behavior with the counselor from the neighborhood school and the Skills for Success teacher on a quarterly basis.</p> <p><b>Objective 3.3:</b> Maintain ongoing relationships and communication with Probation Officers and other court workers as needed.</p> <p><b>Objective 3.4:</b> Maintain ongoing relationships and communication with parents as needed.</p>	Students in grades 10-12 in Granite School District who violate the GSD Safe and Drug Free School policy for at least 30 days and no more than 180 days.	Students will have an increased desire to maintain a(n) alcohol/tobacco/other drug free life when they have accurate, research based information regarding the real risks of using substances. Students will be able to maintain a drug free life with additional support from outside social service providers.	Reduce recidivism by at least 1% each year.	Reduce recidivism by 5% over three years.
<p><u>Questions</u>:</p>					Do students who participate in the Substance Abuse Prevention Classroom have a lower recidivism rate?	Do students who successfully complete the Substance Abuse Prevention Classroom program have a lower recidivism rate?
<p><u>Source</u>:</p>					District referral data, YOQ, POQ	District referral data, YOQ, POQ

## Granite School District Addendum

The Granite School District has four Logic Models, one for each goal. The total projected number of individuals served for the four Logic Models is 153 per year.

## Logic Model Worksheet

Program: Substance Abuse Prevention Classroom – Granite School District Date: 2011

<b>GOALS:</b> Overall Program <u>Goal</u> :	<b>INTERVENING VARIABLE :</b> In order to address the level of <u>this risk or protective factor</u> :	<b>ACTIVITIES:</b> We will do the following <u>program activities</u> :	<b>TARGET GROUP:</b> For <u>these people</u> and for this <u>amount of time</u> (target population):	<b>THEORY OF CHANGE:</b> We expect that this activity will lead to changes... <u>“if-then” statements</u>	<b>SHORT TERM OUTCOMES:</b> <u>changes in the risk/protective factors</u>	<b>LONG TERM IMPACTS:</b> We will know we are reaching <u>our goals if</u> :
<b>Logic:</b> The Substance Abuse Prevention Classroom is designed to address the unique academic, social and behavioral needs of students who are referred to the District for violation of the Granite School District’s Safe and Drug Free Schools Policy. We intend to build protective factors and minimize risk factors for these students by removing them from their neighborhood school and serving them in a specialized alternative educational setting.	<b>Goal 1:</b> Reduction of individual risk factors (attitudes favorable to anti-social behavior, perceived risk of use of alcohol/tobacco/other drugs, academic failure, and low neighborhood/school attachment) among the identified population.	<b>Objective 1.1:</b> Enroll students in a half day self-contained classroom, called the Substance Abuse Prevention Classroom, with population specific programming that includes (1) classroom instruction, (2) pro-social life skills, (3) alcohol/tobacco/other drug awareness instruction, and (4) decision making and refusal skill building.  <b>Objective 1.2:</b> Provide pro-social skill building training for students and families in a multifamily group setting using the evidence based curriculum <i>Strengthening Families</i> and/or <i>Love and Logic</i> .  <b>Objective 1.3:</b> Collaborate with Youth Services to provide skills training for students with the evidence based <i>Get Real</i> curriculum.  <b>Objective 1.4:</b> Collaborate with Youth Support Systems to provide skills training for students and parents in <i>Project Link</i> .  <b>Objective 1.5:</b> Provide students with direct instruction using the evidence based <i>WhyTry?</i> Curriculum.	Students in grades 10-12 in Granite School District who violate the GSD Safe and Drug Free School policy for at least 30 days and no more than 180 days.	By providing appropriate instruction and skill building support, students will reduce their identified risk factors and increase the desired protective factors.	Reduction of individual risk factors (attitudes favorable to anti-social behavior, perceived risk of use of alcohol/tobacco/other drugs, academic failure, and low neighborhood/school attachment) among the identified population.	Students who have successfully completed the Substance Abuse Prevention Classroom program demonstrate increased protective factors including increased pro-social behaviors, improved academic achievement, and attachment to community.
<b>Questions:</b>					Do students who participate in the Substance Abuse Prevention Classroom demonstrate a reduction of risk factors?	Do students who successfully complete the Substance Abuse Prevention Classroom program demonstrate a reduction of risk factors?
<b>Source:</b>					SASSI, SHARP Survey, YOQ, POQ, Pre-/Posttests	SASSI, SHARP Survey, YOQ, POQ, Pre-/Posttests

## Granite School District Addendum

The Granite School District has four Logic Models, one for each goal. The total projected number of individuals served for the four Logic Models is 153 per year.

Program Name: RIC-AAU Asian Association of Utah

LSAA: Salt Lake County

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>Reductions in dropout rate and risky behaviors.</p> <p>Reductions in ATOD use.</p> <p>Improvements in school grades &amp; attendance.</p> <p>Improvement in children's social skills and bonding with peers, teachers, and parents.</p> <p>Increased self-esteem and integration into U.S. community.</p> <p>Reductions in family crises and conflicts.</p> <p>Reductions in court involvement and inappropriate school behaviors.</p>	<p>Risk factors:</p> <ul style="list-style-type: none"> <li>*parental attitudes favorable to anti social behavior</li> <li>*individual attitudes favorable to anti-social behavior</li> <li>*initiative to use ATOD</li> <li>*low perception of risk related to using ATOD</li> </ul> <p>Protective factors:</p> <ul style="list-style-type: none"> <li>*perceived rewards for pro-social involvement with the family</li> <li>*perceptions of opportunities for pro-social community involvement</li> <li>*family attachment and bonding</li> <li>*rewards for pro-social involvement in the family</li> </ul>	<p>Immigrant and refugee (IR) youth on the West Side ages 11 to 18 who show signs of *D grade or lower in two or more classes</p> <ul style="list-style-type: none"> <li>*school behavioral problems</li> <li>*safe school violations</li> <li>*being near dropping out</li> <li>*runaway behavior</li> <li>*gang involvement</li> </ul> <p>*poor relationship with parent or others</p> <p>*initial ATOD use</p> <p>IR youth ages 11 to 18 on the West Side who need tutoring to improve grades and understanding of English/Math; ongoing as needed</p> <p>IR youth ages 11 to 18 on the West Side who lack social skills to meet U.S. standards for behavior with others, understanding of school and U.S. laws, and other life skills; ongoing as needed</p> <p>IR parents on the West Side who are undergoing a crisis with their youth; short-term intervention as needed</p> <p>IR parents on the West Side who are not aware of or do not understand the U.S. school and law systems, mores on child discipline, and proper family management; short-term group sessions</p>	<p>(1) Drop-out Case Management for 120 youths</p> <p>for case management sessions based on risk factors :</p> <p>1-90 days: Level 1</p> <p>90-120 days: Level 2</p> <p>Up to one year: Level 3</p> <p>(2) Academic Assistance for 14 youths served weekly as needed</p> <p>(3) Social Skills Building for 25 youths served weekly as needed</p> <p>(4) Family Crisis Intervention for 12 youth and parents on one time basis</p> <p>(5) Parent Support and Information for 5 groups of 12-15 parents weekly during scheduled times</p>	<p>Risk factors:</p> <ul style="list-style-type: none"> <li>*parental attitudes favorable to anti social behavior decrease by 50%</li> <li>*individual attitudes favorable to anti-social behavior decrease by 50%</li> <li>*initiative to use ATOD decreased by 70%</li> <li>*low perception of risk related to using ATOD decreased by 80%</li> </ul> <p>Protective factors:</p> <ul style="list-style-type: none"> <li>*perceived rewards for pro-social involvement with the family increased by 50%</li> <li>*perceptions of opportunities for pro-social community involvement increased by 50%</li> <li>*family attachment and bonding increased by 70%</li> <li>*rewards for pro-social involvement in the family increased by 70%</li> </ul>	<p>Reductions in dropout rate and risky behaviors by 50%.</p> <p>Reductions in ATOD use by 75%.</p> <p>Improvements in school grades &amp; attendance by 50%.</p> <p>Improvement in children's social skills and bonding with peers, teachers, and parents by 50%.</p> <p>Increased self-esteem and integration into U.S. community by 50%.</p> <p>Reductions in family crises and conflicts by 50%.</p> <p>Reductions in court involvement and inappropriate school behaviors by 50%.</p>		

Measure & Sources		Strengthening Communities survey	Access through years of service, marketing, and reputation	Parenting Wisely program, Case management services, access to wrap around community resources	Strengthening Communities Survey	School records, agency records

Program Name: RIC-AAU Asian Association of Utah

LSAA: Salt Lake County

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>Identification of problems or needs related to personal and/or familial stress</p> <p>Increase Knowledge and Accessibility of services,</p> <p>Decreasing cost barriers</p> <p>Improve academic skills, including ESL, knowledge of the American educational and employment system, healthy beliefs and behavioral standards for youth and parents</p> <p>Improve social functioning and other relationship skills, family management and parenting roles, satisfaction and rewards for</p>	<p>↑ Improved school success by 80 %</p> <p>↑ Improved school attendance by 80 %</p> <p>↑ Increase pro soc Activities by 80%</p> <p>↑ Increased family bond by 80%</p> <p>↑ Improved child development by 80%</p> <p>↑ Increased school access, PTA meeting by 80%</p> <p>↑ Increased family support by 80%</p>	<p>60 children and hours tutored</p> <p>30 Children receive case management services</p> <p>Crisis Intervention</p> <p>30 parents trained</p> <p>30 referrals for parenting training or other services</p> <p>50 children served in summer school</p> <p>18 youth trained in leadership</p> <p>Evaluation data collected and analyzed</p> <p>Report activities to refugee advisory council</p>			<p>Work with schools and refugee agencies to identify youth needing after school services</p> <p>Assess their academic and social needs</p> <p>Provide academic tutoring and recruit volunteers</p> <p>Provide case management to youth with behavioral problems</p> <p>Provide training to parents to improve ability to monitor children and to interact with schools</p> <p>Collect grades and behavioral reports</p> <p>Organize summer school</p> <p>Recruit and train youth leaders</p> <p>Provide academic tutoring, group activities and field trips</p>	<p>↑ Improved school success by 80 %</p> <p>↑ Improved school attendance by 80 %</p> <p>↑ Increase pro soc Activities by 80%</p> <p>↑ Increased family bond by 80%</p> <p>↑ Improved child development by 80%</p> <p>↑ Increased school access, PTA meeting by 80%</p> <p>↑ Increased family support by 80%</p> <p>↓ Decreased behavioral problems or school violations by 75 %</p> <p>↑ Increased part time youth employments</p>	<p>Identification of 80% of problems or needs related to personal and/or familial stress</p> <p>Increase Knowledge and Accessibility of services by 50%</p> <p>Improve academic skills, including ESL, knowledge of the American educational and employment system, healthy beliefs and behavioral standards for youth and parents by 80%</p> <p>Improve social functioning and other relationship skills, family management and parenting roles, satisfaction and rewards for appropriate behavior by 80%</p>

	appropriate behavior.	<p>↓ Decreased behavioral problems or school violations by 75 %</p> <p>↑ Increased part time youth employments by 60 %</p> <p>↑ Increased youth self esteem by 70%</p>			<p>by 60 %</p> <p>↑ Increased youth self esteem by 70</p>	
Measure & Sources						

Program Name: RIC-AAU Asian Association of Utah

LSAA: Salt Lake County

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>Improvements in school grades &amp; attendance</p> <p>Reductions in ATOD use.</p> <p>Improvement in children's social skills and bonding with peers, teachers, and parents.</p> <p>Increased self-esteem and integration into U.S. community.</p> <p>Reductions in family conflicts.</p> <p>Reductions in court involvement and inappropriate school behaviors.</p>	<p>Experimentation with drugs or alcohol</p> <p>Anti-social behavior such as fights, theft, etc.</p> <p>Lack of commitment to family and community</p> <p>Poor family bonding and role reversal</p>	<p>Immigrant and refugee (IR)) youth ages 11 to 18 who show signs of *school behavioral problems</p> <p>*safe school violations</p> <p>*poor relationship with parent or others</p> <p>*initial ATOD use</p> <p>*interactions with the legal system for petty crimes</p> <p>IR parents who are undergoing a crisis with their youth.</p> <p>IR parents who are not aware of or do not understand the U.S. school and law systems, mores on child discipline, and proper family management.</p>			<p>(1) Culturally appropriate mental health prevention services (Therapy, psycho-education, etc.)</p> <p>(2) Culturally appropriate parenting skills classes</p> <p>(3) Strength recognition and pro-social rewards</p> <p>(4) Education recognizing the risks of substance abuse and anti-social behavior</p> <p>(5) Education for parents and youth on the value of education</p>	<p>Decrease experimentation with drugs or alcohol by 75%</p> <p>Decrease in anti-social behavior such as fights, theft, etc. by 75%</p> <p>Increase commitment to family and community by 75%</p> <p>Increase family bonding by 75%</p>	<p>50% Improvements in school grades &amp; attendance</p> <p>75% Reductions in ATOD use.</p> <p>50 % Improvement in children's social skills and bonding with peers, teachers, and parents.</p> <p>50% Increased self-esteem and integration into U.S. community.</p> <p>75% Reductions in family conflicts.</p> <p>75% Reductions in court involvement and inappropriate school behaviors.</p>
Measure & Sources								

Program Name: **Salt Lake County Division of Youth Services (SAPST)**  
 Universal Level: Community Outreach and Training

LSAA: **Salt Lake County** Projected number of individuals served per year -7150

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies	Outcomes	
			Univ X	Sel	Ind		Short	Long
Logic	Reduce the onset of ATOD	To address community disorganization  Increase community capacity	Community stakeholders that provide prevention planning, referrals and service implementation for Salt Lake County including coalitions, prevention network, information-211 and 24 hour hotline staffing			Provide 20 community presentations (based on SAPST) for coalitions and community partners regarding prevention science, services and planning.  Provide 4 one-hour prevention trainings to information-based and hotline professionals, to better understand and provide accurate information to public (6,000 calls a year)  Help provide the SAPST curriculum to 15 communities, coalitions and information referral staff	Community stake holders will better understand appropriate prevention services and the critical need to collaborate.  SAPST trainings in SLCo will increase by 25%  Organizations trained in prevention science and planning will increase by 3  County partnerships will increase by 5 agencies	The reduced onset of ATOD use by 2%
Measure & Sources	SHARP  DYS data  Community Coalition data	SHARP  Archival Indicators  Number of prevention partners  News reports on different views of prevention issues  Types of calls coming in from 21	Participant Rosters, presenter logs and training locations.			Presentation Reports Training Logs	Training Logs  Presentation Reports  County Partnership Report  Surveys	SHARP 2017  DYS data  Community Data MTF United Way SEOW

# Area Plan Logic Model Utah, Fiscal Year 2013-2014

Salt Lake County Youth Services 8 May 2013

Strengthening Families						
					Projected number of individuals served per year -175	
	Goal	Factors	Focus Population	Strategies	Outcomes Short	Outcomes Long
			U   S   I			
<b>Logic</b>	Reduce drug and alcohol use by decreasing Family Management Problems and Family Conflict	Family Conflict Family Attachment	Families with teenaged children living in Salt Lake County	“The Strengthening Families Program” –K Kumpfer 150 min weekly for 10 weeks	A reduction in Family Conflict an increase in Family Attachment. Skills and behaviour will increase by 10% from baseline	Reduce drug and alcohol use by decreasing Family Management Problems and Family Conflict
<b>Measures &amp; Sources</b>	>2011 SHARPS >Hawkins, Catalano, et al. >“The Strengthening Families Program:” Kumpfer, Alvarado, Tait, Whiteside - 2007	2011 SHARPS Hawkins, Catalano, et al. Pre and Post Assessment	Rosters & Pre and Post Assessments	Rosters and Pre and Post Assessments	2011 SHARPS Hawkins, Catalano, et al. Pre and Post Assessment	>2011 SHARPS >Hawkins, Catalano, et al. >“The Strengthening Families Program.” KL Kumpfer, R Alvarado, C Tait, HO Whiteside - 2007



# Area Plan Logic Model Utah, Fiscal Year 2013-2014

Salt Lake County Youth Services 8 May 2013

Real Deal		Projected number of individuals served per year -95						
	Goal	Factors	Focus Population			Strategies	Outcomes Short	Outcomes Long
			U	S	I			
<b>Logic</b>	Reduce drug and alcohol use by increasing protective factors and decreasing anger and pro-ASB attitudes	Attitudes Favorable to ASB	13-18 year olds who are showing positive attitudes toward ASB, drug use, and/or anger control issues who live in Salt Lake County.			“The Real Deal” –Arthur Lange Med supplemented with protective education from multiple sources. 120 min weekly for 8 weeks	A reduction in Attitudes Favorable to ASB as well as increase in protective factors. Skills and behaviour will increase by 10% from baseline	Reduce drug and alcohol use by increasing protective factors and decreasing anger and pro-ASB attitudes
<b>Measures &amp; Sources</b>	2011 SHARPS Hawkins, Catalano, et al. “Cognitive-Behavioral Therapy in the Treatment of Anger: A Meta-Analysis” Beck and Fern...	2011 SHARPS Hawkins, Catalano, et al. Pre and Post Assessments	Rosters & Pre and Post Assessments			Rosters and Pre and Post Assessments	2011 SHARPS Hawkins, Catalano, et al. Pre and Post Assessments	2013 SHARPS Hawkins, Catalano, et al. “Cognitive-Behavioral Therapy in the Treatment of Anger: A Meta-Analysis” Beck and Fernandez



# Area Plan Logic Model Utah, Fiscal Year 2013-2014

Salt Lake County Youth Services 8 May 2013

Discovering Possibilities								
					Projected number of individuals served per year -58			
	Goal	Factors	Focus Population			Strategies	Outcomes Short	Outcomes Long
			U	S	I			
<b>Logic</b>	Reduce drug and alcohol use by increasing myriad Protective Factors	Empowerment and Healthy Beliefs	13-18 year olds who are showing positive attitudes toward ASB, drug use, and/or anger control issues who live in Salt Lake County.			“Discovering Possibilities.” 120 min weekly for 10 weeks	An increase in Empowerment and Healthy Beliefs. Skills and behaviour will increase by 10% from baseline	Reduce drug and alcohol use by increasing protective factors and decreasing anger and pro-ASB attitudes
<b>Measures &amp; Sources</b>	2013 SHARPS Hawkins, Catalano, et al.	2011 SHARPS Hawkins, Catalano, et al. Pre and Post Assessment	Rosters & Pre and Post Assessments			Rosters and Pre and Post Assessments	2011 SHARPS Hawkins, Catalano, et al. Pre and Post Assessment	2013 SHARPS Hawkins, Catalano, et al.



# Area Plan Logic Model Utah, Fiscal Year 2013-2014

Salt Lake County Youth Services 8 May 2013

Daily ATOD						
					Projected number of individuals served per year -289	
	Goal	Factors	Focus Population	Strategies	Outcomes Short	Outcomes Long
			U   S   I			
<b>Logic</b>	Reduce Drug and Alcohol Use Among Teens	Attitudes Favorable to ASB	Teens in state custody staying in group homes at Youth Services	Too Smart to Start and other ATOD programs will be taught 1 hour each day for each group home and onsite classroom when applicable.	To combat Attitudes Favorable to ASB  Favorable Attitudes will decrease from 25% in 2011 to 20% in 2013	Reduce Drug and Alcohol Use Among Teens Alcohol Use from 23% in 2011 to 20% in 2013 See a general decline in all other drug use categories from 2011 to 2013
<b>Measures &amp; Sources</b>	2011 SHARPS	2011 SHARPS	Attendance Records & Pre and Post Assessments	Rosters and Pre and Post Assessments	2013 SHARPS	2013 SHARPS

Program Name: <b>Voices</b>								
LSAA: Salt Lake County			Projected number of individuals served per year -423					
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind X		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1) Decrease early initiation of ATOD use 2) Increase bonding to and success in school 3) Provide opportunities for pro-social involvement 4) Increase social skills.	Early initiation of problem behavior  Lack of commitment to school.  Early and persistent anti-social behavior.	Youth in grades 5 through 9 with special emphasis in geographical areas know to have a higher portion of low income, single parents, ethnic minorities and multi-problem family households, i.e. South Salt Lake, Magna, Kearns, WVC, Midvale, Murray, Salt Lake City proper.			Youth of similar age meet in groups of 6 to 8, once or twice weekly for ten, 45 minute to one hour incremental sessions of Voices.	Youth demonstrate a 2.5% increase in commitment to school. Youth demonstrate a 2.5% decrease in early and persistent antisocial behavior.	Early initiation of ATOD is reduced 10% over 10 years by increasing bonding to and success in school, providing opportunities for prosocial involvement, and increasing social skills.
Measure & Sources	Teacher and site coordinator feedback forms	Teacher and site coordinator feedback forms	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Teacher and student evaluation forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	SHARP 2020.



Program Name: **Families Plus: Strong Families**

LSAA: Salt Lake County

Projected number of individuals served per year -149

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1) Reduce onset of ATOD use 2) Address family conflict 3) Increase family management skills.	Family management problems.  Family conflict.	Parents and other family members of Making Choices kids with special emphasis in geographical areas know to have a higher portion of low income, single parents, ethnic minorities and multi-problem family households, i.e. South Salt Lake, Magna, Kearns, WVC, Midvale, Murray, Salt Lake City proper.			Strong Families In-Home Visits with Prevention Specialists weekly for two hour family sessions. Duration is determined on the needs of the families.	Parents increase use of family management skills and experience less conflict at home by 2.5%.	The onset of ATOD use is reduced by 10% over 10 years as family conflict is managed and skills improve.
Measure & Sources	Parent feedback forms	Parent feedback forms	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Parent feedback forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	SHARP 2020.

Program Name: Social Media Prevention

LSAA: Salt Lake County

Projected number of individuals served per year -1541

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ X	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>1) Decrease early initiation of AOD use.</p> <p>2) Increase knowledge that ATOD use is risky and harmful.</p> <p>3) Decrease favorable attitudes towards ATOD use.</p>	<p>Early initiation of problem behavior</p> <p>Attitudes favourable toward the problem behaviour.</p> <p>Friends who engage in problem behaviours.</p> <p>Opportunities for pro social involvement</p>	<p>Students from sixth to twelfth grade in schools within geographical areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper. The amount of time is ongoing.</p>			<p>Weekly text, tweets and Facebook prevention messages will be distributed to youth and teens in the target area. Messaging will include information regarding issues such as harmful effects of ATOD use, social skills and positive self image. Youth will also be able to text and message in any ATOD related questions and get a response from an expert in the field. Participation in the texts will be voluntary and accessible via requesting involvement. Youth may also follow the Social Media Prevention Twidder page and Facebook pages. Posters invites will also be provided in the schools.</p>	<p>Adolescents understanding the negative personal consequences of substance abuse and the perceptions that ATOD use is risky, harmful and unattractive will increase 2.5%. Adolescents will decrease favorable attitudes toward ATOD use by 2.5%.</p>	<p>Knowledge of ATOD use rates as well as understanding that ATOD use is risky and harmful will increase by 10% over the next 10 years. Early initiation of ATOD use and favorable attitudes towards drugs will decrease 10% over the next 10 years.</p>

<p>Measure &amp; Sources</p>	<p>Text Enrollment records</p> <p>Number of students following Twidder and fans of Facebook</p> <p>Survey Monkey Responses</p>	<p>Text Enrollment records</p> <p>Number of students following Twidder and fans of Facebook</p> <p>Survey Monkey Responses</p>	<p>Text Enrollment records</p> <p>Number of students following Twidder and fans of Facebook</p> <p>Survey Monkey Responses</p>	<p>Text Enrollment records</p> <p>Number of students following Twidder and fans of Facebook</p> <p>Survey Monkey Responses</p>	<p>Text Enrollment records</p> <p>Number of students following Twidder and fans of Facebook</p> <p>Survey Monkey responses to be included in the Year End Report FY 2012.</p>	<p>SHARP Survey 2020</p>
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Program Name: <b>Sixth Sense</b>								
LSAA: Salt Lake County			Projected number of individuals served per year -998					
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	<b>Sel X</b>	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1) Decrease in early initiation of ATOD use. 2) Increase knowledge that ATOD use is risky and harmful. 3) Increase knowledge of ATOD use rates. 4) Decrease in favorable attitudes toward ATOD use.	Early initiation of problem behaviours.  Favourable attitudes toward drug use.	Youth in grades 5 through 8 with special emphasis in geographical areas know to have a higher portion of low income, single parents, ethnic minorities and multi-problem family households, i.e. South Salt Lake, Magna, Kearns, WVC, Midvale, Murray, Salt Lake City proper.			Participants attend 10 sequential 45 minute to one-hour classroom sessions of Sixth Sense.	Adolescents reporting early initiation of problem behaviors will decrease 2.5%. Favorable attitudes toward drug use will also decrease 2.5% among adolescents participating in this program.	Knowledge of ATOD use rates as well as understanding that ATOD use is risky and harmful will increase 10% over 10 years. Early initiation of ATOD use and favorable attitudes towards drugs will decrease 10%.
Measure & Sources	Teacher and student evaluation forms	Teacher and student evaluation forms	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Teacher and student evaluation forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	SHARP 2020.



Program Name: **Families Plus: Making Choices**

LSAA: Salt Lake County

Projected number of individuals served per year -153

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	SEL <b>X</b>	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1) Decrease early initiation of ATOD use 2) Increase bonding to and success in school 3) Provide opportunities for pro-social involvement 4) Increase social skills.	Lack of commitment to school.  Early and persistent anti-social behavior	Youth in grades 1 through 5 with special emphasis in geographical areas know to have a higher portion of low income, single parents, ethnic minorities and multi-problem family households, i.e. South Salt Lake, Magna, Kearns, WVC, Midvale, Murray, Salt Lake City proper.			Youth of similar age meet in groups of 6 to 8, once or twice weekly for twenty, 45 minute to one hour incremental sessions of Making Choices.	Youth demonstrate a 2.5% increase in commitment to school. Youth demonstrate a 2.5% decrease in early and persistent antisocial behavior.	Early initiation of ATOD is reduced 10% in 10 years by increasing bonding to and success in school, providing opportunities for prosocial involvement, and increasing social skills.
Measure & Sources	Teacher and site coordinator feedback forms	Teacher and site coordinator feedback forms	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Teacher and student evaluation forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	SHARP 2020.



Program Name: <b>Life Skills Training</b>								
LSAA: Salt Lake County		Projected number of individuals served per year -236						
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ <b>X</b>	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1) Decrease in early initiation of ATOD use. 2) Increase knowledge that ATOD use is risky and harmful. 3) Increase knowledge of ATOD use rates. 4) Decrease in favorable attitudes toward ATOD use.	Early initiation of problem behaviours.  Favourable attitudes toward drug use.	Youth in grades 5 through 8 with special emphasis in geographical areas know to have a higher portion of low income, single parents, ethnic minorities and multi-problem family households, i.e. South Salt Lake, Magna, Kearns, WVC, Midvale, Murray, Salt Lake City proper.			Participants attend 18 sequential 45 minute to one-hour classroom sessions of Life Skills Training for a three-year period.	Adolescents reporting early initiation of problem behaviors will decrease 2.5%. Favorable attitudes toward drug use will also decrease 2.5% among adolescents participating in this program.	Knowledge of ATOD use rates as well as understanding that ATOD use is risky and harmful will increase 10% over 10 years. Early initiation of ATOD use and favorable attitudes towards drugs will decrease 10%.
Measure & Sources	Teacher and student evaluation forms	Teacher and student evaluation forms	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Teacher and student evaluation forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	SHARP 2020.



Program Name: <b>Living Skills</b>								
LSAA: Salt Lake County			Projected number of individuals served per year -421					
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1) Decrease early initiation of ATOD 2) Increase bonding to and success in school 3) Provide opportunities for pro-social involvement 4) Increase social skills.	Lack of commitment to school.  Early and persistent anti-social behavior	Youth in grades 2 through 5 with special emphasis in geographical areas know to have a higher portion of low income, single parents, ethnic minorities and multi-problem family households, i.e. South Salt Lake, Magna, Kearns, WVC, Midvale, Murray, Salt Lake City proper.			Youth of similar age meet in groups of 6 to 8, once or twice weekly for ten, 45 minute to one hour incremental sessions of Living Skills.	Youth demonstrate a 2.5% increase in commitment to school. Youth demonstrate a 2.5% decrease in early and persistent antisocial behavior.	Early initiation of ATOD is reduced 10% over 10 years by increasing bonding to and success in school, providing opportunities for pro-social involvement, and increasing social skills.
Measure & Sources	Teacher and site coordinator feedback forms	Teacher and site coordinator feedback forms	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Teacher and student evaluation forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	SHARP 2020.



Objective 6

Program Name: Valley Behavioral Health Elementary School aged youth- Too Good for Drugs and Violence

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of ATOD	Risk Factor: Early initiation of antisocial behavior and drug use  Friends use of drugs  Protective Pro-social involvement	Selective  Youth 1 <sup>st</sup> -6 <sup>th</sup> grade students at a Title 1 Elementary School			Too Good for Drugs and Violence Curriculum  One hour sessions, once a week for 48 weeks at schools in Salt Lake County	Percent reporting early initiation of antisocial behavior and drug use will decrease from 20% in 2007 to 15% in 2015	Underage drinking will decrease from 20% in 2007 to 15% by 2017
Measures & Sources	2007 SHARP	2007 SHARP	Program logs Attendance Records			Attendance Records Pre post surveys	2007-2015 SHARP Survey	2017 SHARP Survey

Revised and sent to Ben 4-14-14

Objective 3

Program Name: Valley Behavioral Health School Based Love and Logic Parenting

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of ATOD	<p>Risk Factor: Parental Attitudes Favorable to Anti-Social Behavior</p> <p>Protective Factors: Belief in the moral order</p> <p>Pro-social involvement</p>	Selective Parents of elementary through high school aged youth in Salt Lake County			<p>Love and Logic Parenting Curriculum</p> <p>Salt Lake City School District School's Community Learning Centers (CLS)</p> <p>90 minute classes, once a week, for eight weeks, for 10 courses</p>	Percent reporting parental attitudes favorable to anti social behavior to decrease from 50% in 2007 to 40% in 2015	Underage drinking will decrease from 20% in 2007 to 15% by 2017
Measures & Sources	2007 SHARP	2007 SHARP	Program logs Attendance Records			Attendance Records Pre post	2007-2015 SHARP Survey	2017 SHARP Survey

				surveys		
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Revised and sent to Ben 4-14-14

Objective 2

Program Name: Valley Behavioral Health Middle School- Too Good for Drugs and Violence

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of ATOD	Risk Factor: Early initiation of antisocial behavior and drug use  Friends use of Drugs  Protective Pro-social involvement	Selective  Youth 6 <sup>th</sup> -8 <sup>th</sup> grade at Title 1 Schools in Salt Lake County			Too Good for Drugs and Violence Curriculum  One hour sessions, once a week for 48 weeks at schools in Salt Lake County	Percent reporting early initiation of antisocial behavior and drug use will decrease from 20% in 2007 to 15% in 2015	Underage drinking will decrease from 20% in 2007 to 15% by 2017
Measures & Sources	2007 SHARP	2007 SHARP	Program logs Attendance Records			Attendance Records Pre post surveys	2007-2015 SHARP Survey	2017 SHARP Survey

Revised and sent to Ben 4-14-14

Objective 1

Program Name: Valley Behavioral Health Community Love and Logic Parenting

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of ATOD	<p>Risk Factor: Parental Attitudes Favorable to Anti-Social Behavior</p> <p>Protective Factors: Belief in the moral order</p> <p>Pro-social involvement</p>	Universal Parents of elementary through high school aged youth in Salt Lake County			<p>Love and Logic Parenting Curriculum</p> <p>Community Recreation Centers in Salt Lake County</p> <p>90 minute classes, once a week, for eight weeks, for 10 courses</p>	Percent reporting parental attitudes favorable to anti social behavior to decrease from 50% in 2007 to 40% in 2015	Underage drinking will decrease from 20% in 2007 to 15% by 2017
Measures & Sources	2007 SHARP	2007 SHARP	Program logs Attendance Records			Attendance Records Pre post surveys	2007-2015 SHARP Survey	2017 SHARP Survey

Revised and sent to Ben 4-14-14

Objective 5

Program Name: Valley Behavioral Health Teen Community- Too Good for Drugs and Violence

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of ATOD	Risk Factor: Early initiation of antisocial behavior and drug use  Friends use of drugs  Protective Pro-social involvement	Selective  Youth 12-17 in Salt Lake County Community Centers			Too Good for Drugs and Violence Curriculum  One hour sessions, once a week for 48 weeks at schools in Salt Lake County	Percent reporting early initiation of antisocial behavior and drug use will decrease from 20% in 2007 to 15% in 2015	Underage drinking will decrease from 20% in 2007 to 15% by 2017
Measures & Sources	2007 SHARP	2007 SHARP	Program logs Attendance Records			Attendance Records Pre post surveys	2007-2015 SHARP Survey	2017 SHARP Survey

Revised and sent to Ben 4-14-14

Objective 4

Program Name: Valley Behavioral Health Prenatal Teen Classes

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of ATOD	<p>Risk Factor: Early initiation antisocial behavior and drug use</p> <p>Protective Factors: Belief in the moral order</p> <p>Interaction with pro-social peers</p>	Selective Pregnant and Parenting High School Students			<p>Partners for a Healthy Baby curriculum</p> <p>Salt Lake City School District School's Horizonte</p> <p>VOA teen homeless shelter</p> <p>1 hour session, once a week, for 36 weeks</p>	Percent reporting early initiation for use will decrease from 20% in 2007 to 15% in 2015	Underage drinking will decrease from 20% in 2007 to 15% by 2017
Measures & Sources	2007 SHARP	2007 SHARP	Program logs Attendance Records			Attendance Records Pre post surveys	2007-2015 SHARP Survey	2017 SHARP Survey

Revised and sent to Ben 4-14-14

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce substance abuse among Midvale City's youth by addressing risk factors that put youth at risk	1. Early initiation of drug use 2. Attitudes favorable to drug use  -----	180 Midvale youth 12-18 years at the <i>Boys and Girls Club of Midvale</i> and <i>Community Building Community center</i>			SPORT Curriculum and physical activity program: promotes an active lifestyle, positive images, and achieving goals. Along with activities designed by Exercise and Sport Science Professionals; 126 hours of instruction delivered approximately 2-4 times a week for 42 weeks	1. shorter duration of alcohol use 2. greater protection from alcohol use on measures of parent-child communication and positive parent-child relationship 3. lower risk for alcohol use on measures of intentions to use alcohol in the next 6 months  -----	There will be a reduction of substance abuse among Midvale City's youth by addressing risk factors that put youth at risk
	Increase the practice of behaviors that promote protective factors, wellness, and positive mental health	1. Increase frequency of moderate physical activity 2. Increase frequency of vigorous physical activity 3. Increase knowledge of healthy stress management techniques 4. Increase parent-youth communication about health behavior					1. Higher levels of moderate physical activity 2. Higher levels of vigorous activity 3. Increase knowledge of healthy stress management techniques 4. Increase parent-youth communication about health behavior	----- There is an increase in the practice of behaviors that promote protective factors, wellness, and positive mental health

Measure & Sources	SHARP Data	SHARP Data	Attendance Sheets	<ul style="list-style-type: none"> <li>- Staff Reports</li> <li>- Curriculum checklist/lesson plans</li> <li>- Worksheet completion checklist</li> <li>- Pre-Post tests provided in SPORT curriculum</li> <li>- Follow-up phone calls with parents</li> </ul>	<ul style="list-style-type: none"> <li>- Completion of Fitness Feedback Sheet</li> <li>- Pre- and Post-consultation interviews</li> </ul>	SHARP Survey
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Program Name: Neighborhood Action Coalition **Midvale United Youth Coalition**

LSAA: Salt Lake County

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	<p>Reduce substance abuse among Midvale City's youth by addressing risk factors that put youth at risk</p> <p>-----</p> <p>Enhance and strengthen youth mobilization efforts in Midvale City to prevent underage use of drugs.</p>	<ol style="list-style-type: none"> <li>1. Early initiation of drug use</li> <li>2. Attitudes favorable to drug use</li> <li>3. Low commitment to school</li> <li>4. Academic failure</li> <li>5. Rewards for antisocial behavior</li> <li>6. Interaction with antisocial peers</li> </ol> <p>-----</p> <ol style="list-style-type: none"> <li>1. Interaction with prosocial peers</li> <li>2. Increase opportunities for prosocial involvement</li> </ol>	<p>Midvale Youth 15-18 years at Hillcrest High School</p> <p>Midvale Youth 12-14 years to be receiving positive health messages at their school</p>			<p>Midvale United Youth Coalition: bringing positive health messages to all Midvale youth.</p> <p>4 hours of meetings with an additional 4 hours of project time per month for 9 months</p>	<ol style="list-style-type: none"> <li>1. 32 percent less likely to begin using alcohol</li> <li>2. 33 percent less likely to begin smoking</li> <li>3. Significant reductions in the initiation of alcohol use, tobacco use, binge drinking, and delinquent behavior</li> </ol> <p>-----</p> <ol style="list-style-type: none"> <li>1. 25 percent less likely to initiate delinquent behavior, itself a risk factor for future substance use and an important target for prevention</li> </ol>	<p>There is a reduction in substance abuse among Midvale City's youth by addressing risk factors that put youth at risk</p> <p>-----</p> <p>There is an enhancement and strengthening of youth mobilization efforts in Midvale City to prevent underage use of drugs.</p>

		3. Increase rewards for prosocial involvement				
Measure & Sources	SHARP data	SHARP data	Staff Reports Attendance Sheets	CTC checklist Staff Reports	CTC Evaluation Tools	SHARP survey

Program Name: Neighborhood Action Coalition **School-Based Prevention Education: LifeSkills Training**

LSAA: Salt Lake County

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>

<p>Logic</p>	<p>Reduce substance abuse among Midvale City's youth by addressing factors that put youth at risk</p>	<ol style="list-style-type: none"> <li>1. Increase and strengthen commitment and attachment to school.</li> <li>2. Improved healthy beliefs and standards regarding ATOD use.</li> <li>3. Increased opportunities for pro-social involvement</li> <li>4. Possess and use appropriate social skills.</li> </ol>	<p>2190 students ages 12-17 years old, attending Midvale Middle School or Hillcrest High School.</p>	<p>LifeSkills Training curriculum: Age-appropriate, best practice (science-based) prevention programs utilizing social, developmental, communication, refusal, and life skills for healthy living.</p> <p>One presentation per healthy lifestyles class per semester (approx 42 per year).</p>	<ol style="list-style-type: none"> <li>1. Increased knowledge of social, communications, and problem-solving skills.</li> <li>2. Increased perception of risk or harmfulness of the use of alcohol, tobacco, and other drugs.</li> <li>3. Increased perception of peer and parental disapproval of use of alcohol, tobacco, and other drugs.</li> <li>4. Decreased perception of the availability of alcohol, tobacco, and other drugs.</li> <li>5. Higher sense of community scores</li> </ol>	<p>There is a reduction in substance abuse among Midvale City's youth by addressing risk factors that put youth at risk</p>
<p>Measure &amp; Sources</p>	<p>SHARP Data</p>	<p>SHARP Data</p>	<p>Staff Reports Attendance Sheets</p>	<p>LifeSkills curriculum checklist Staff Reports</p>	<p>Pre and post tests</p>	<p>SHARP Data</p>

Program Name: South Salt Lake								
LSAA: Salt Lake County			Projected number of individuals served per year -109					
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce youth substance abuse	<p>Increase opportunities for pro-social involvement in families</p> <p>Increase rewards for pro-social involvement in families and communities</p>	Youth and their families who participate in afterschool programming at Woodrow Wilson Elementary, Lincoln Elementary/Pioneer Craft House, Hser Ner Moo Center, Granite Park Jr. High, and PAL Boxing Center. Target age group will be youth ages 5-14, and their families (minimum of 50 total families)			Implement Strengthening Families Program for each of the 5 afterschool programs in 3 sites in South Salt Lake. Each program consists of 10 session x 2 hours per session	<p>Increase opportunities for pro-social involvement in families reported by 2-3 %</p> <p>Increase rewards for pro-social involvement in families and communities reported by 2-3%</p>	Reduce youth substance abuse by 2-3 %
Measure & Sources	2009 SSL SHARP Survey	2009 SSL SHARP Survey	<p>Program Logs</p> <p>Weekly Attendance Records</p>			Weekly Attendance Records	<p>2012-13 Program Evaluation Report</p> <p>2013 SSL SHARP SURVEY</p>	2015 SSL SHARP Survey

Spy Hop Productions Inc Addendum

Projected number of individuals served per year -1137

<b>Program Name:</b> <i>Insight – <u>Prime for Life</u></i> <b>Provider Name:</b> <i><u>Salt Lake City School District</u></i>	<b>Evidence Based:</b> <u>Yes</u> <b>Projected number of individuals served per year:</b> <u>120</u> Updated 7-8-13
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**LSAA; Salt Lake County**

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S <u>X</u>	I		Short-term	Long-term
<b>Logic</b>	Decrease substance abuse among teens.	1. Early initiation of anti- social behavior. 2. Attitudes favorable toward the problem behavior.	7th-12th grade Salt Lake City School District (SLCSD) students who violate SLCSD Drug & Alcohol policy.			Prime for Life; Provide four, two hour classes for students and parents with education and information on risks of ATOD use and benefits of not using ATOD	1. Early initiation of anti- social behavior reduced by 2.5% from 2013 to 2015. 2. Attitudes favorable toward the problem behavior reduced by 2.5% from 2013 to 2015.	Decrease substance abuse among SLCSD teens by 7% in 2020.

<b>Measures &amp; Sources</b>	Utah SHARP Survey.	Pre/Post Testing; SLCS D incident and suspension data.	Attendance Records; MDS Reporting.	Attendance Records; Fidelity Checklist.	1. Will utilize data about SLCS D students who have been referred to Prime for Life for first-time alcohol use/possession during 2013 and 2015. Students who have second alcohol use/possession offense and HAVE COMPLETED Prime for Life program will be compared to those students who have second alcohol use/possession offense and have been	Measured by numbers of students referred to Prime for Life in 2013 to numbers referred to Prime for Life in 2020. In addition, results from 2013 SLCS D SHARP Surveys will be compared to results from 2019 Sharp Survey results in regards to Lifetime and 30-day ATOD Use.
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					<p>referred to Prime but HAVE NOT COMPLETED program. In addition, SHARP survey results from 2013 and 2015 will be compared in regards to Lifetime and 30-day ATOD Use.</p> <p>2. Pre-testing data from Prime completers will be compared to their post-testing data. In addition, SLCSO results of the SHARP 2013 and 2015 Surveys will be compared in</p>	
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					regards to section on Problem Substance Use and Antisocial Behavior.	
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Project Reality Selective Addendum

Projected number of individuals served per year -2399

Project Reality Indicated Addendum

Projected number of individuals served per year -1527

Program Name: Youth Works								
LSAA: Salt Lake County				Projected number of individuals served per year -54				
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	1. Prevent and or decrease use of alcohol, tobacco and other drugs	Early initiation of drug use Anti-social behavior	High Risk youth ages 14-18 exhibiting one or more of the following characteristics:  Truancy, low commitment to school, academic failure, gang involvement, juvenile court involvement, ethnic minority, immigrant/refugee, low-income (80% below AMI), disenfranchised, experimenting with drugs and alcohol, living in a family or community with high exposure to all of the above.			Provide four, 12-week sessions with 15 hours of life skills and 5 hours of social skills per M,T,W, H work week.  Community building pre-employment activities will enhance the youth's perception of opportunities for pro-social activities.  Youths who perceive more opportunities for involvement in pro-social activities are more likely to participate in such activities and <i>less likely</i> to commit crime and use drugs. Youths who earn money, school credit and skills to identify and implement improvements in the community will feel a greater sense of reward and recognition for involvement in pro-social activities in the community and are more likely to participate in such activities and <i>less likely</i> to commit crime and use drugs.  Youths who report stronger emotional bonds to peers that engage in pro-social behaviors and abstain from drug use and delinquent behavior are less likely to use drugs or engage in delinquent behavior themselves.  Youths who are involved in frequent pro-social community and educational activities are less likely to use drugs.  Youths who have accurate information regarding the low drug use rates among their peers are less like to use drugs.  Youths whose school performance is closely monitored and tied to employment will perceive greater rewards for school involvement and	Increase in social skills by 10% by 2013  Reduced or no ATOD use by 2% by 2013  Increased neighborhood & community attachment by 10% by 2013  Increased school attendance and performance by 10% by 2013  Greater motivation and commitment to school by 5% by 2013  Increased perception of more positive adult and peer role models by 10% by 2013  Prevent/decreased or no criminal justice involvement by 5% by 2013  Post program employment by 5% by 2013  Increase in employments skills by 10% by 2013	Decrease in ATOD related crimes and school violations by 2% by 2017  Reduction in dropout rate for high-risk populations contributing to an increased graduation rate by 3% by 2017  Increased community participation by 10% by 2017  Reduced incarceration of high-risk youth by 1% by 2017  Reduction in disproportionate minorities in court system by 1% by 2017  Increase in employment rate for high-risk populations by 10% by 2017
	2. Reduce dropout rate for high-risk populations contributing to an increase in graduation rate	Experimenting with drugs and alcohol  Low neighborhood attachment Community disorganization						
	3. Recruit and hire youth for employment and social skills training through community building activities that create neighborhood attachment	Academic failure  Low commitment to school  Interaction with anti-social peers						
	4. Decrease court involvement	Criminal Justice Involvement						
	5. Reduce disproportionate minorities in court system	Low or no pre program employment  Low or no employment skills						
	6. Increase in employment rate for high-risk populations							

				<p>will have more motivation and commitment to school and therefore improved academic performance. This <i>increases</i> their likelihood of employment and <i>decreases</i> the likelihood of crime and drugs.</p> <p>Youths who receive additional resources for academic work will improve academic performance, increasing self-esteem, motivation and commitment to school and therefore perceive greater rewards for school involvement. This <i>increases</i> their likelihood of employment and <i>decreases</i> the likelihood of crime and drugs.</p> <p>Youths who have goals to keep them from getting involved in the juvenile justice system are less likely to commit crimes.</p>		
Measure & Sources	<p>SHARP test</p> <p>Pre/ Post Test: Keep It Real</p> <p>Pre/ Post Program Tests</p> <p>SASSI Test</p>	<p>SHARP test</p> <p>Pre/ Post Test: Keep It Real</p> <p>Pre/ Post Program Tests</p> <p>SASSI Test</p>	<p>SHARP test</p> <p>Pre/ Post Test: Keep It Real</p> <p>Pre/ Post Program Tests</p> <p>SASSI Test</p>		<p>SHARP test</p> <p>Pre/ Post Test: Keep It Real</p> <p>Pre/ Post Program Tests</p> <p>SASSI Test</p>	<p>2017 SHARP Test</p>

NeighborWorks Addendum

Projected number of individuals served per year -42

Program Name: Indian Walk-In Center Youth Programs

LSAA: Salt Lake County

Projected number of individuals served per year -81

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	<u>Sel</u> <b>X</b>	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Prevent and Reduce Substance Abuse among American Indians and Alaska Natives	<p>Create Safe and Positive Summer Break Environment and opportunities for pro-social involvement</p> <p>Increase health and wellness through education</p>	American Indians/Alaska Native Youth K-12 in Salt Lake County School Districts including Salt lake, Granite, Murray, Jordan, and Canyons.			<p>Summer Programs will be conducted to create a safe and positive environment during the summer break. Three summer programs, one for middle school age youth and one for high school age youth in July and August of 2011 and one for elementary age youth in June of 2012 as per follows:</p> <ol style="list-style-type: none"> <li>1. Middle School Age, 6 hours per day , 11 days (M-Th for three weeks minus one holiday)</li> <li>2. High School Age, 6 hours, 8 days (M-F for two weeks)</li> <li>3. Elementary Age, 6 hours per day, 12 days (M-Th for 3 weeks)</li> </ol> <p>The following classes will be included:</p> <ol style="list-style-type: none"> <li>1. Literacy</li> <li>2. Healthy Lifestyles</li> <li>3. Exercise</li> <li>4. Art</li> <li>5. Substance Abuse Prevention</li> </ol> <p>Youth will be involved in pro-social activities including community gardening and field trips.</p>	<p>Percent reporting high risk factors and low protective factor will decrease</p> <p>Attitude towards alcohol abuse</p> <p>Attitude towards Commercial Tobacco abuse</p> <p>Attitude towards Marijuana use</p> <p>25% decrease in acceptance of alcohol use and abuse</p> <p>25% decrease in acceptance of commercial tobacco use and abuse</p> <p>25% decrease in acceptance of marijuana use</p> <p>25% increase in recognition of the importance of exercise and a healthy diet</p>	Reduce in Substance Abuse

<p>Measure &amp; Sources</p>	<p>2009 SHARP SURVEY (American Indian Profile)</p>	<p>2009 SHARP SURVEY (American Indian Profile)</p>	<p>Attendance Records</p>	<p>Middle School and High School Measures and Evaluations:</p> <ol style="list-style-type: none"> <li>1. The Indian Walk-In Center, in consultation with researchers from the Utah Department of Health and the Division of Substance Abuse and Mental Health and using the SHARP Survey, a pre-test will be developed to determine attitudes towards underage drinking, commercial tobacco, and marijuana use and exercise and health diets. This will be used to set a baseline. A post-test will also be given to detect attitudinal changes.</li> <li>2. Youth will be given a satisfaction survey.</li> </ol> <p>Elementary School:</p> <ol style="list-style-type: none"> <li>1. A group discussion will be conducted at the end of the program reviewing substance abuse principles learned and asking age appropriate questions to determine attitudes towards substance abuse.</li> </ol>	<p>Middle School and High School Measures and Evaluations:</p> <p>The Indian Walk-In Center, in consultation with researchers from the Utah Department of Health and the Division of Substance Abuse and Mental Health and using the SHARP Survey, a pre-test will be developed to determine attitudes towards underage drinking, commercial tobacco, and marijuana use and exercise and health diets. This will be used to set a baseline. A post-test will also be given to detect attitudinal changes.</p> <p>Elementary School:</p> <p>A group discussion will be conducted at the end of the program reviewing substance abuse principles learned and asking age appropriate questions to determine attitudes towards substance abuse.</p>	<p>SHARP survey 2015</p>
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Program Name: **Housing Opportunities Inc.: Too Good For Drugs and Violence (TGFDV)**

LSAA: Salt Lake County

Projected number of individuals served per year -243

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	<b>Sel X</b>	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce the risk for future substance abuse among children ages 5-12.	Anti-social behavior Favorable attitudes towards ATOD use Poor refusal skills Low academic achievement Peer rejection Lack of family attachment Lack of pro-social involvement in the community	200 low income, at-risk youth ages 5-12 living in 9 public housing Communities for low income families owned and managed by the Housing Authority of the County of Salt Lake <b>(Selective)</b>			The program will be held from 4:30-6:30 PM twice a week at each of the 9 public housing communities.  <u>Academics</u> Youth Counselors and volunteers will help youth with academic assistance according to developmental levels for the first 45 minutes of program. Younger children will work on letter, number and word recognition. Older children will work on partner reading, story retelling, related writing, etc.  Children will also work on homework completion  <u>TGFDV</u> Youth Counselors will use the interactive, SAMHSA model curriculum Too Good For Drugs and Violence (TGFDV) to decrease risk factors and increase protective factors. The curriculum focuses on life building skills such as goal setting, decision making and substance abuse prevention.  Field Trips will be held once a month for all nine complexes as an incentive for positive behavior and an opportunity for youth to become involved in and give back to the community.	Increase the opportunities and rewards for pro-social involvement in the community for 80% of youth who attend 60% of sessions.  Increase family attachment in 80% of youth who attend 60% of sessions.  Increase opportunities for pro-social involvement in the family for 80% of youth who attend 60% of sessions.  80% of youth who attend 60% of sessions will report that they do not intend to use drugs.	Reduced drop out rate  Improved school attendance  reduced ATOD use  Reduced high-risk behaviors such as violence

<b>Measure &amp; Sources</b>	Satisfaction Surveys (youth and parents)  Pre/Post Too Good for Drugs and Violence Survey	Satisfaction Surveys (youth and parents)  Pre/Post Too Good For Drugs and Violence Survey	Attendance records	Attendance/Homework Completion records  Satisfaction Surveys (youth and parents)  Pre/Post Too Good For Drugs and Violence Survey  Activities log	Satisfaction Surveys (youth and parents)  Pre/Post Too Good for Drugs and Violence survey	HOI archival data  Annual comparisons
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Program Name: **Housing Opportunities Inc.: Parents As Teachers (PAT)**

LSAA: Salt Lake County

Projected number of individuals served per year -536

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	<b>Sel X</b>	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce the risk for future substance abuse in children 0-5	Lack of family attachment  Lack of pro-social involvement in the family and community  Parental attitudes favorable to anti-social behavior  Lack of family management skills  Lack of parental knowledge of child rearing and development strategies  Early initiation of problem behaviors  Academic failure	35 families with children 0-5 living in the nine public housing communities for low-income families owned and managed by the Housing Authority of the County of Salt Lake. <b>(Selective)</b>			<u>Personal Visits</u> Personal visits consist of monthly in home visits using plans from the Parents as Teachers curriculum that are appropriate for the child's development and age. The Parent educators will build rapport with the family; discuss child development and parenting practices. The parent educator will also engage in parent-child activities such as book reading and summarize new information and follow up from previous visits to reinforce parent knowledge and parental strengths.  <u>Screenings</u> One screening per program year is conducted by the parent educator for each of the following areas: 1. Developmental progress regarding cognitive, language, social-emotional and motor skills 2. Vision 3. Health During the screenings, the parent educator will provide information about the child's health to the parent. The parent educator will also track developmental progress through ongoing tracking of developmental milestones and refer to specialists as needed.	80% of participants who attend 70% of home visits will increase their family attachment.  80% of participants who attend 70% of home visits will increase their opportunity for pro-social involvement in the family.  80% of participants who attend 70% of home visits will increase their opportunity and rewards for pro-social involvement in the community.	Children will have decreased risk for substance abuse.  Children will have improved school readiness and school success.  Children will have increased their family attachment, pro-social involvement in the community and pro-social involvement in the family.  Parents will have less favorable attitudes towards anti-social behavior  Parents will have increased knowledge about the risks associate with substance use

				<p><u>Group Meetings</u>  Monthly, on location, group meetings in which the parent educator provides information about parenting skills, parent child interactions, child development and community resources. The parent educator will also provide structured activities to promote knowledge relating to parenting and child development, opportunities for parents to meet with and support each other, and opportunities to participate in outings and events in community settings.</p> <p><u>Resource Network</u>  The parent educator helps connect families with community resources such as community activities, health and mental health professionals and community organizations specializing in early intervention for children with developmental delays.</p>		
Measure & Sources	PAT pre/post evaluation  Satisfaction surveys	PAT pre/post evaluation  Satisfaction surveys	Enrollment Records  Monthly attendance records	Monthly Attendance records  PAT pre/post evaluations  Case notes  Group meeting activity log  Personal visit records	PAT pre/post evaluations  Personal Visit Records  Satisfaction Surveys  Group meeting activities log	HACSL archival data  Annual Comparisons

Program Name: **Housing Opportunities Inc.: Leadership and Resiliency Program (LRP)**

LSAA: Salt Lake County

Projected number of individuals served per year -136

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind X		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce the current 30 day use and the risk of future substance abuse among youth ages 12-18.	Anti-social behavior Favorable attitudes towards ATOD use Poor refusal skills Poor coping skills Low academic achievement Peer rejection Low community attachment Feeling unsafe in neighborhood	80 low-income, at-risk youth ages 12-18 living in 9 public housing Communities for low income families owned and managed by the Housing Authority of the County of Salt Lake <b>(Indicative)</b>			<u>Academics</u> Youth Counselors and volunteers will help youth with academic assistance and homework completion according to the developmental levels for the first 45 minutes of program.  <u>Leadership and Resiliency Program</u> The Leadership and Resiliency Program will be implemented for 40 weeks in a year.  The Leadership and Resiliency Program includes:  <u>Peer Groups</u> Peer Groups are implemented weekly for 2 hours each week with highly interactive group activities focusing on substance use, anger management, assertiveness skills, etc.  <u>Alternative Adventure Activities</u> Alternative adventure activities are implemented twice a month. They develop positive coping skills as well as develop the skills learned in peer groups in an active setting such as ropes courses, yoga, hiking trips, etc.  <u>Service Learning</u> Service Learning activities are implemented twice a month. They provide opportunities for pro-social involvement. Parents	80% of participants who attend 60% of sessions will decrease their risk of academic failure.  80% of participants who attend 60% of sessions will have decreased their risk of low commitment to school.  80% of participants who attend 60% of sessions will have decreased their risk of interaction with anti-social peers.  80% of participants who attend 60% of sessions will report that they do not intend to use drugs.  80% of youth who attend 60% of sessions will have decreased their risk of friend's use of drugs	Reduced ATOD use  Reduced high-risk behaviors such as violence  Reduced drop out rate

				are invited to participate.		
Measure & Sources	Satisfaction Surveys (youth and parents)  Pre/Post LRP evaluations	Satisfaction Surveys (youth and parents)  Pre/Post LRP evaluations	Attendance Records	Attendance Records  Satisfaction Surveys (youth and parents)  Homework completion chart  Activities log	Satisfaction Surveys (youth and parents)  Pre/Post LRP evaluations	HACSL archival data (pre, post test data)  Annual comparisons

## Granite School District Addendum

The Granite School District has four Logic Models, one for each goal. The total projected number of individuals served for the four Logic Models is 153 per year.

Program Name: Collaborative Multi-Family Prevention Program (CMFPP)								
LSAA: Salt Lake County								
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel	Ind <b>X</b>		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce/eliminate drug use and legal problems among adolescents attending this program.	Early and persistent anti-social behavior. Family management problems. Family conflict.	Salt Lake County referred adolescents between 12-18 & their families. The youth are referred with problem behaviors that do not meet the criteria for substance abuse treatment			An assessment and ten, two hour CMFPP weekly sessions focusing on family management skills such as communication and problem solving.	Early and persistent antisocial behavior will be reduced 2.5% among adolescents who participate in this program. Family management skills will increase 2.5% and therefore family conflict will decrease 2.5%.	Referred adolescents will show reduction of 10% or elimination of drug use and legal problems after completion of the program.
Measure & Sources	Pre and post interviews Weekly participant feedback forms Information gathered and documented at Orientation and Exit Interviews	Pre and post interviews Weekly participant feedback forms Information gathered and documented at Orientation and Exit Interviews	Roll sheet record of attendance Salt Lake County Substance Abuse billing reports			Roll sheet record of attendance Salt Lake County Substance Abuse billing reports	Teacher and student evaluation forms to be submitted with outcome and fidelity reports to the county as part of the year end report, due Aug 2011.	As reported by Midvale City.

Program Name: <b><u>Grandfamilies First 10-Week Information and Support Group</u></b> Provider Name: <b><u>Children’s Service Society/Grandfamilies Relatives as Parents Support Program</u></b>	Evidence Based: <b><u>Yes</u></b> Projected number of individuals served per year – <b><u>36</u></b> -updated by program June 2013
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LSAA; Salt Lake County

	Goal	Factors	Focus Population: <b><u>Selective</u></b>	Strategies	Outcomes	
					Short	Long
Logic	Increase knowledge of risk and protective factors for children from drug-exposed homes.	Parenting Practices Family Coping Styles	36 Adult kinship caregivers 18 – 80+ years of age who are caring for another relatives child/ren	Grandfamilies First 10-week Information and Support Group for Kinship Caregivers  Three(3) 10-Week Courses, each 1x week for 10 weeks	Percentage reporting improvement in family functioning will increase from 89% in 2012 to 95% in 2015	Kinship caregivers knowledge of risk and protective factors will increase from 73% in 2012 to 85% in 2015
Measures & Sources	Post Global Assessment Tool & Weekly pre/post test  Risk and Protective Factor Theory	Post Global Assessment Tool & Weekly pre/post test  Risk and Protective Factor Theory	Program records Attendance Logs  Data System	Attendance Logs	Post Global Assessment Tool & Weekly pre/post test  Risk and Protective Factor Theory	Post Global Assessment Tool & Weekly pre/post test  Risk and Protective Factor Theory

Program Name: <b><u>Friend 2 Friend Monthly Support Group</u></b> Provider Name: <b><u>Children’s Service Society/Grandfamilies Relatives as Parents Support Program</u></b>	Evidence Based: <b><u>Yes</u></b> Projected number of individuals served per year – <b><u>180</u></b> -updated by program June 2013
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LSAA; Salt Lake County

	Goal	Factors	Focus Population: <b><u>Selective</u></b>	Strategies	Outcomes	
					Short	Long
Logic	Reduce ATOD exposure through pro-social and positive bonding activities for kinship families in an atmosphere free from ATOD.	Bonding  Family Coping Styles	180 Adults and children 0 – 80+ years of age who have a connections to a child being raised by a relative (not their biological parent)	Friend 2 Friend Monthly Support Group 12 Monthly Activities, each a minimum of 1.5 hrs	Percentage of families attending events will self-report an increase to family bonding from 80% in 2012 to 85% in 2015	Percentage of families attending events will self-report an increase to a supportive social network from 80% in 2012 to 85% in 2015
Measures & Sources	Yearly participating family survey  Risk and Protective Factor Theory	Yearly participating family survey  Risk and Protective Factor Theory	Program records  Attendance Logs  Data System	Attendance Logs	Yearly participating family survey  Risk and Protective Factor Theory	Yearly participating family survey  Risk and Protective Factor Theory

Program Name: <b><u>Children's 10-Week Psycho-Educational Group</u></b> Provider Name: <b><u>Children's Service Society/Grandfamilies Relatives as Parents Support Program</u></b>	Evidence Based: <b><u>Yes</u></b> Projected number of individuals served per year – <b><u>30</u></b> -updated by program June 2013
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LSAA; Salt Lake County

	Goal	Factors	Focus Population: <b><u>Selective</u></b>	Strategies	Outcomes	
					Short	Long
Logic	Increase the coping skills of children at risk of abusing ATOD	Perceived Risk of Drug Use  Interactions w/Prosocial Peers	30 Children 4 – 14 years of age being raised by a relative (not there biological parent)	Children's 10-Week Psycho-Educational Group  Three(3) 10-Week Courses, each 1x week for 10 weeks	Percentage of children able to identify emotions and related situations increases from 80% in 2012 to 85% in 2015	Percentage of children able to identify two(2) coping skills to use when upset increases from 84% in 2012 to 90% in 2015
Measures & Sources	Pre/Post Evaluation Tool  Weekly Behavior Observation Form  Risk and Protective Factor Theory	Pre/Post Evaluation Tool  Weekly Behavior Observation Form  Risk and Protective Factor Theory	Program records  Attendance Logs  Data System	Attendance Logs	Pre/Post Evaluation Tool  Weekly Behavior Observation Form  Risk and Protective Factor Theory	Pre/Post Evaluation Tool  Weekly Behavior Observation Form  Risk and Protective Factor Theory



Program Name: Centro de la Familia de Utah – Nuevo Dia

LSAA: Salt Lake County

Projected number of individuals served per year -844

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel (X)	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Prevent child's alcohol and drug use. Decrease parent's alcohol and drug use.	Early Initiation of the Problem Behavior  Favorable Attitudes Toward the Problem Behavior	Selective  Eligible Latina students (ages 9 -12) and their mothers or significant mother figure in Mountain View Elementary (3-6 grades).  These students will attend 1 six month course. Home visits will be conducted to each family.  Estimate: 15 youth will be served in grades 3-6, every six months.			Strengthening Families Curriculum  Mountain View Elementary  14 sessions based on curriculum 4 additional sessions of guest speakers  1x a week, 18 weeks	*Children become competent and able to make good judgments about behavior and coping with social situations more appropriately. This provides them with skills to avoid adverse behavior with alcohol and drugs.  *Decrease parent's alcohol and/or drug intake after they are given the knowledge and skills about adverse effects of drugs and alcohol on family functioning they are better prepared for cessation and prevention.	*Children make better choices in a variety of social contexts. These choices give them resilience and enable them to avoid drugs and alcohol.  *Parents stop use of alcohol and drugs.
Measure & Sources	*US Census Bureau *Utah Report Card *Pew Hispanic *Newspaper articles and studies		Program Logs (progress notes) and attendance records			Attendance Records		

Boys & Girls Club of Greater Salt Lake Addendum

Projected number of individuals served per year -491

Program Name: SMART Moves, Boys & Girls Clubs of Greater Salt Lake

LSAA: Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>Prevent or delay the onset of alcohol, tobacco and other drug use by youth. Who are residents of high- drug use, low-income neighborhoods and are therefore deemed to be at risk for the use of abuse of ATOD.</p> <p>Percent reporting 30 day alcohol use will decrease from 18% in all ages in 2011 to 8% by 2021.</p> <p>Increase the disapproval ratings of ATOD from 85% in all ages in 2011 to 95% by 2021.</p>	<p>Reduce early initiation of drug use from 23% in all ages in 2011 to 21% in 2015</p> <p>Percent reporting 30 day alcohol use will decrease from 18% in all ages in 2011 to 13% by 2016.</p> <p>Increase the disapproval ratings of ATOD from 85% in all ages in 2011 to 90% by 2016.</p>	<p>Prevent or delay the onset of alcohol, tobacco and other drug use by youth who are members of the B&amp;G Club, ages 6-18. Who are residents of high- drug use, low-income neighborhoods and are therefore deemed to be at risk for the use of abuse of ATOD.</p> <p>Youth who are members of the Boys &amp; Girls Club, ages 6-18.</p> <p>Parents of youth ages 6-15 who complete the SMART Moves program.</p>	<p>SMART Moves Program:</p> <p>Smart Kids: four to six 12-class sessions at each of the 3 Club sites for a total of 108 kids ages 6-9.</p> <p>Start Smart: Three 12-class sessions at each of the 3 Club sites for 108 total youth ages 10-12.</p> <p>Stay Smart: Two 12-class sessions at each of the 3 Club sites for 108 total youth ages 10-12.</p>	<p>Percent reporting 30 day alcohol use will decrease from 18% in all ages in 2011 to 13% by 2016.</p> <p>Increase the disapproval ratings of ATOD from 85% in all ages in 2011 to 90% by 2016.</p>	<p>Percent reporting 30 day alcohol use will decrease from 18% in all ages in 2011 to 8% by 2021.</p> <p>Increase the disapproval ratings of ATOD from 85% in all ages in 2011 to 95% by 2021.</p>		
Measures & Sources	<p>Pre and post test measures administered to SMART Moves participants</p> <p>SHARP Survey</p>	<p>Pre and post test measures administered to SMART Moves participants</p> <p>SHARP Survey</p>	<p>Program roll sheets</p>	<p>Program roll sheets</p>	<p>Pre and post test measures administered to SMART Moves participants.</p> <p>SHARP Survey</p>	<p>Archival indicators</p> <p>SHARP Survey</p>		

Revised 4-1-13, has been sent to Ben.

Program Name; Selective Population, Community Based Program & School Based Program			Evidence Based: Yes					
Provider Name; Big Brothers Big Sisters of Greater Salt Lake			Projected number of individuals served per year - 72					
LSAA; Salt Lake County updated 6-24-13								
	Goal	Factors	Focus Population			Strategies	Outcomes	
				S			Short	Long
Logic	Decrease youth risk attitudes related to: <ol style="list-style-type: none"> <li>1. Tobacco</li> <li>2. Drugs</li> <li>3. Alcohol</li> </ol>	<ol style="list-style-type: none"> <li>1. Academic Failure (measured as Scholastic Competency on the YOS)</li> <li>2. Family Conflict (measured as Parental trust on the YOS)</li> </ol>	<b>Selective:</b> (36) 18 Youth ages 6-17 matched with 18 volunteer mentors in Salt Lake County schools (36) 18 Youth ages 6-17 residing in Salt Lake County matched with 18 volunteer mentors			Youth will meet 2-4 times per month for 12 months with a mentor in one of Big Brothers Big Sisters of Utah mentoring programs: Community Based or School Based	<ol style="list-style-type: none"> <li>1. Youth reporting improved Scholastic Competency will increase from 53.5% in 2011 to 60% by 2015</li> <li>2. Youth reporting improved Parental Trust will increase from 31.7% in 2011 to 40% by 2015</li> </ol>	Youth reporting decreased risk attitudes related to Tobacco, Drugs, & Alcohol will increase from 31.3% in 2011 to 40% by 2020
Measures & Sources	Big Brothers Big Sisters, Youth Outcome Survey (YOS)	Youth Outcomes Survey (YOS)	Agency Information Management (AIM)			Agency Information Management (AIM)	Agency Information Management (AIM) Youth Outcomes Survey (YOS)	Agency Information Management (AIM) Youth Outcomes Survey (YOS)

Program Name; Indicated Population, Voices program	Evidence Based: Yes
Provider Name; Big Brothers Big Sisters of Greater Salt Lake	Projected number of individuals served per year - 64

LSAA; Salt Lake County updated 6-24-13

	Goal	Factors	Focus Population			Strategies	Outcomes	
							Short	Long
Logic	Decrease youth risk attitudes related to: <ol style="list-style-type: none"> <li>1. Tobacco</li> <li>2. Drugs</li> <li>3. Alcohol</li> </ol>	<ol style="list-style-type: none"> <li>1. Academic Failure (measured as Scholastic Competency on the YOS)</li> <li>2. Family Conflict (measured as Parental trust on the YOS)</li> </ol>	<b>Indicative:</b> (64) 32 Youth ages 10-17 residing in Salt Lake County matched with 32 volunteer mentors			Youth will meet 2-4 times per month for 12 months with a mentor in Big Brothers Big Sisters of Utah Community Based mentoring program	<ol style="list-style-type: none"> <li>1. Youth reporting improved Scholastic Competency will increase from 54.3% in 2011 to 60% by 2015</li> <li>2. Youth reporting improved Parental Trust will increase from 43.2% in 2011 to 50% by 2015</li> </ol>	Youth reporting decreased risk attitudes related to Tobacco, Drugs, & Alcohol will increase from 31.4% in 2011 to 40% by 2020
Measures & Sources	Big Brothers Big Sisters, Youth Outcome Survey (YOS)	Agency Information Management (AIM)  Youth Outcomes Survey (YOS)	Agency Information Management (AIM)			Agency Information Management (AIM)	Agency Information Management (AIM)  Youth Outcomes Survey (YOS)	Agency Information Management (AIM)  Youth Outcomes Survey (YOS)

Asian Association Addendum

Projected number of individuals served per year -1096

Program Name: Active Aging Program

LSAA: Salt Lake County

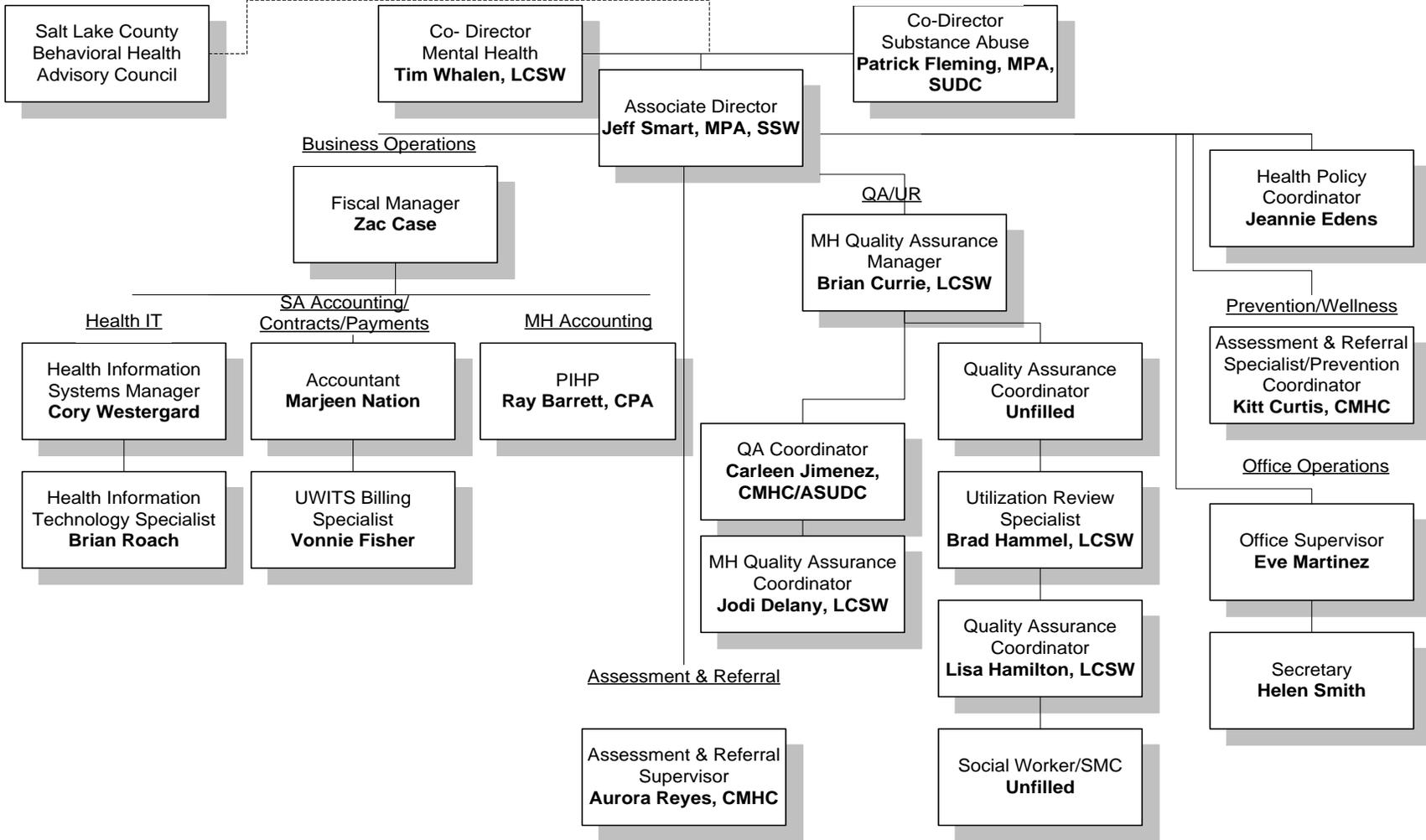
Projected number of individuals served per year -40

	Goal	Risk/Protective Factor(s)	Focus			Strategies (includes dosages)	Outcomes	
			Univ	x Sol	Ind		Short (factors - with how much change)	Long (goal- with how much change)
Logic	To address misuse of prescribed and over-the-counter drugs and/or substance abuse related to chronic health conditions among older adults.	<p>Risk Factors Health Distress, Fatigue, Chronic Pain, Social limitations</p> <p>Protective Factor(s): Enhance Self-efficacy for Managing Chronic Disease, Self-Related Health, Exercise Behaviors, Communication with physicians, Health Care Utilization</p>	Persons 60 years of age and older			<p>Chronic Disease Self-Management Program (CDSMP) called Living Well with Chronic Conditions in Utah. Conducted in community settings such as: churches, senior centers, housing units, hospitals and libraries. Workshops are 6 weeks long, meet once a week for 2-2.5 hours.</p>	<p>After establishing a base line data during the first week of the workshop it is expected that the post survey workshop should show a decrease in health distress, fatigue, chronic pain and social limitations in 60% of our participants.</p> <p>Post workshop survey should show an increase in self-efficacy for managing chronic disease, self-related health, exercise behaviors, communication with physicians, and health care utilization by 60% of our participants.</p>	To address the expected increase in misuse of prescribed and over-the-counter drugs and/or substance abuse related to chronic health conditions among older adults in particular the baby boomers. It is intended that we will implement the 6 month follow up, creating baseline data in the year 2013. We hope to increase the number of those completing 4 of 6 weeks, from a 67% (2012) completion rate to a 77% (2017) completion rate for the English Version and a 60% (2012) completion rate to a 70% (2017) completion rate for the Spanish version, By providing better support and one on one training for our facilitators. And by increasing our outreach with improved marketing.
Measure & Sources	Quick Guide For Clinicians Based on TIP 26, Substance Abuse Among Older Adults	Chronic Disease Self-Management Program Questionnaire Code Book, Stanford University 2007	Attendance records with demographic data - age, gender, race, and ethnicity.			Pre and post "tool" surveys; participant evaluation and satisfaction survey.	Chronic Disease Self-Management Program Questionnaire Code Book, Stanford University 2007, pre and post survey	Survey administered at a 6 month follow-up of completion of workshop. Data for the completion rate is gathered at the end of each workshop.

Asian Association Addendum

Projected number of individuals served per year -1096

**DIVISION OF BEHAVIORAL HEALTH SERVICES**



**ATR Case Managers**  
(6 temps)

**Treatment Contracts**  
(18 Contractors)

**Prevention Contracts**  
(20 Contractors )

**Mental Health Contract**  
**Optum Health**  
**(400+ Contractors)**