



**Salt Lake County  
Local Authority**

**SFY 2016 Area Plan  
for  
Behavioral Health Services**

**April 28, 2015**

## **Area Plan Overview**

In accordance with Utah Code Title 17, the Salt Lake County Department of Human Services, Division of Behavioral Health Services (DBHS) has prepared the following Behavioral Health Area Plan for the County Council who by State statute is defined as the “Local Authority” for Mental Health and Substance Use Disorder Services and for the Mayor who presides over all contract services to review and approve.

This Area Plan has been prepared in the format required by the State Department of Human Services, Division of Substance Abuse and Mental Health Services. To assist users of the document, a table of contents has been added and all new services described in the document are underlined.

As you review this document please contact one of the individuals below, with any questions, suggestions or concerns.

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**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 2016 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.

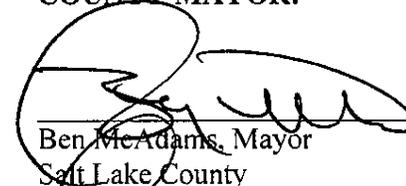
The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 130043 (SUD) and 130044 (MH), the terms and conditions of the Area Plan as approved shall be incorporated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

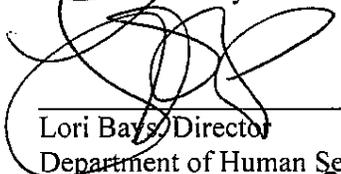
**LOCAL AUTHORITY**

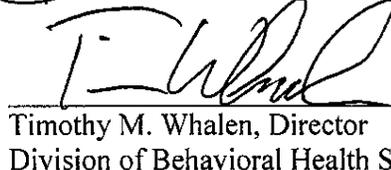
**COUNCIL APPROVAL:**

 \_\_\_\_\_ 4-28-15  
Max Burdick, Vice Chair Date  
Salt Lake County Council

**COUNTY MAYOR:**

 \_\_\_\_\_ 4/28/15  
Ben McAdams, Mayor Date  
Salt Lake County

 \_\_\_\_\_ 4/28/15  
Lori Bays, Director Date  
Department of Human Services

 \_\_\_\_\_ 4/28/15  
Timothy M. Whalen, Director Date  
Division of Behavioral Health Services

# 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 Salt Lake County are eligible for services regardless of their ability to pay. 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 schedules. 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 Optum 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 is received is entirely dependent on medical necessity.

We maintain and adhere to Medicaid Access standards. Access for the Non-Medicaid population is challenging as funding limits availability. However, we do provide interim groups for individuals who are awaiting enrollment in a program.

DBHS will submit their annual PMHP Financial Report (Medicaid Cost Report) to DSAMH annually within 15 days of finalizing the report with the Department of Health Division of Medicaid Financing.

**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. When determining the appropriate fee for services providers are encouraged to take into account other financial responsibilities the client has, such as mortgage or rent, paying of fines, child support, etc., which demonstrate 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.

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 Salt Lake County that need behavioral health services are eligible to receive them based on appropriations. All network providers are required via contract to apply the County's approved sliding fee schedule and explain it adequately to all those Salt Lake County residents seeking care.

When a client first calls 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. DBHS 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 DBHS – mainly our SUD vendors. Optum SLCo monitors its 200+ network providers at least once during the contract cycle. High volume audits are completed on all large providers annually. DBHS monitors/audits Optum 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 UWITS or Optum SLCo's EHR, Netsmart. All contracted network providers are required by contract to keep documentation up to date and accurate.

DBHS requires, through contract language with providers, that the treatment plan and ASAM assessment and mental health assessment be kept current. DBHS determines compliance with this during their annual monitoring visits.

For providers that directly contract with DBHS to provide non-Medicaid services DBHS maintains current copies of insurance certificates, licenses, BCI checks and conflict of interest forms in the contractors file. Optum SLCo is responsible for maintaining this documentation for their contracted Medicaid providers. DBHS verifies this during their annual monitoring visit of Optum SLCo.

## **Form A – Mental Health Budget Narrative**

Instructions:

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

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

*Form A1 - FY15 Amount Budgeted: \$ 7,253,751*

*Form A1 - FY16 Amount Budgeted: \$ 6,462,281*

**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 Jordan Valley West (formerly known as 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Comparing FY 2013 inpatient utilization to FY 2014 and FY 2015 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 the Mobile Crisis Outreach Teams (MCOT) – two adult and one youth teams, the Receiving Center, the Wellness Recovery Center and increased coordination of care. We expect the Peer Navigator program to further reduce inpatient admissions and reduce the average length of stay.

The FY 2014 and the FY 2015 actual (which appear to indicate a growth in inpatient days) days are not a good comparison to SLCo's FY16 projection because State SAMHIS is not capturing all of the data. There is a 90 day lag of inpatient claims submission so a material amount of the inpatient days never get to the state. The state closes the FY year submission shortly after year end. Medicaid allows one year for claim submission.

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

There have not been any significant 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 assigned a new Salt Lake County Mental Health Liaison for the Utah State Hospital to assist with the coordination of care for both admissions and discharges. The Liaison works on-site at the Utah State Hospital four days a week. In addition, there is a Care Advocate who assists the Liaison for discharge planning for adults, and a care advocate who assists the Liaison for children and youth. There is also an internal Optum committee that includes the Liaison, Care Advocates, Clinical Director, Deputy Director, and Peer Support Specialist. This committee meets weekly to coordinate Utah State Hospital admissions and discharges.

Salt Lake County/Optum has contracted as of July 1, 2014, with Volunteers of America (VOA) to implement an Assertive Community Treatment Team (ACT) service delivery model for Salt Lake County residents. The ACT Team is taking on new clients and will serve 50 consumers initially, but could potentially develop to serve 100 Salt Lake County residents. The program by Salt Lake County/Optum is being 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." We anticipate the ACT program will decrease inpatient admissions.

Optum is working with inpatient facilities to authorize an initial "one day" stay for observation and evaluation of clients to determine if the primary focus for treatment will be substance abuse detoxification or mental health treatment.

Optum Peer Navigators - Peer support is a valuable resource for providing member support during critical transitions. Optum SLCo is working to expand Peer Support to provide care transition services for members discharged from inpatient stays. There are two Optum Peer Navigators who work in the community with clients and community providers to facilitate successful transitions of care. The Peer Navigator Team collaborates with the Clinical Team in identifying 8-10 clients each for their case load. The Peer Navigators work with clients transitioning from inpatient levels of care to community providers and other services to support clients in achieving independence.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

*Form A1 - FY15 Amount Budgeted: \$ 2,169,668*

*Form A1 - FY16 Amount Budgeted: \$ 2,149,998*

**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).

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Salt Lake County has experienced a reduction in inpatient cost and a reduction in average length of stay in FY2015 under Salt Lake County/Optum. We anticipate continued reduction in cost 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. 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.**

There have not been any significant changes to the inpatient network.

For informational purposes, the FAST program was developed through a collaborative effort between Optum SLCo and the Salt Lake County Division of Youth Services (DYS) for Medicaid youth ages 12-18 who are at risk of inpatient hospitalization due to issues with their mental health and/or behaviors. The FASTER program provides stabilization services for latency aged children (ages 6-11). With the FASTER model, Youth MCOT responds to the initial crisis call. The team then connects the consumer and family to ongoing services, such as in-home intervention services through Hopeful Beginnings or short-term out-of-home placement at the Division of Youth Services Christmas Box House to assist in stabilizing the situation. Hopeful Beginnings can now also be utilized for youth ages 12-18. The FAST and FASTER programs allow children to remain in their homes and receive the necessary supports to stabilize crisis situations.

Salt Lake County/Optum meets twice a month with DYS and Hopeful Beginnings 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**

**1c) Adult Residential Care**

*Form A1 - FY15 Amount Budgeted: \$ 6,822,772*

*Form A1 - FY16 Amount Budgeted: \$8,898,696*

**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 Valley Behavioral Health (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. CORE 2 an additional 16-bed residential facility for mentally ill adult female clients as described above the adult males will open this fiscal year. These are “Alternatives to Incarceration” residential programs. The overall goal of the CORE programs are 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.

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

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The expected increase will be due to the implementation of the Women’s CORE 2 (see below)

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

Beginning in FY 2106 DBHS will now administer the CORE funds. DBHS will contract directly with the provider. As a result, the administrative cost formerly paid to the MCO for these services will be passed on to the provider.

Current funding has limited the availability of the CORE program to male offenders only. DBHS has heard from the many community stakeholders that there is an overwhelming need to expand this program to female offenders. As a result DBHS intends to expand the CORE program to add 16 beds for female offenders with co-occurring disorders and provide wrap-around services on site and in the community to these individuals.

Avalon Health Care

Optum SLCo has partnered with Avalon Health Care in placing complex clients in an Avalon facility and attaching ACT support services. This model is utilized only for those clients who meet ACT criteria, have medical conditions that require the support of a skilled nursing facility (meets PASSR requirements) and need a more structured housing environment

## Form A – Mental Health Budget Narrative

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

*Form A1 - FY15 Amount Budgeted: \$ 62,258*

*Form A1 - FY16 Amount Budgeted: \$125,000*

**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.

#### **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.

#### **Salt Lake County Division of Youth Services (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.

#### **FAST and FASTER Programs – DYS**

The FAST program was developed through a collaborative effort between Optum and DYS for Medicaid youth ages 12-18 who are at risk of inpatient hospitalization due to issues with their mental health and/or behaviors. The FASTER program provides stabilization services for latency aged children (ages 6-11). With the FASTER model, Youth MCOT responds to the initial crisis call. The team then connects the consumer and family to ongoing services, such as in-home intervention services through Hopeful Beginnings or short-term out-of-home placement at the Division of Youth Services Christmas Box House to assist in stabilizing the situation. Hopeful Beginnings can now also be utilized for youth ages 12-18. The FAST and FASTER programs allow children to have a very brief residential stay (i.e., <30 days), if necessary, so that they may return to their homes with minimal interruption and receive the necessary supports to stabilize crisis situations.

#### **New Beginnings**

New Beginnings is a 16-bed residential facility for adolescent boys, Located on a large campus in West Jordan, the youth have access to school services along with therapeutic services including medication management.

#### **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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

An increase in access to residential services may lead to an increase of youth participating in services. The focus will be short-term stays. Due to the fact that Salt Lake County is now including these additional DYS programs, we expect an increase in services reported

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

There are no significant programmatic changes

## **Form A – Mental Health Budget Narrative**

### **1e) Adult Outpatient Care**

*Form A1 - FY15 Amount Budgeted: \$ 10,123,887*

*Form A1 - FY16 Amount Budgeted: \$11,474,559*

**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 mental health disorders.

Treatment services for refugees are primarily provided by the Asian Association. The Asian Association provides focused and culturally and linguistically appropriate treatment to serve the refugee population located in the valley. The Asian Association also provides interpretive services for their clients and for clients served by other providers in the Salt Lake County Network. VBH's outpatient clinics also serve the refugee population.

In addition to VBH Outpatient Services, Jordan West Valley Hospital has opened an adult outpatient clinic and two more Iasis Clinic sites to provide medication management. Jordan West Valley Outpatient treatment has an emphasis on DBT and trauma-focused care to help individuals and families stabilize and return to functioning in the community.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The increase in budget is due to the fact that during FY 2014 there was a Medicaid overspend of \$4 million dollars. Therefore, in FY 2015 DBHS, in coordination with the Salt Lake County Council and Mayor, worked with the Department of Health (i.e., Medicaid) for an increase of \$4 million to cover the overspend going forward. In addition to this, the state increased our budget an additional \$1.75 million for the CHIP kids that we would now be responsible for. This approximately \$6 million dollar increase was not reflected in the FY 2015 budget that was submitted with that area plan because this increase was not known until several months after the area plan had been submitted.

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

Optum is partnering with The Road Home and Silverado Counseling to provide needed mental health services for the homeless Medicaid population. Silverado Counseling will provide on-site mental health services and support at The Road Home.

Aspen Ridge Counseling has expanded the services provided at its Magna location and now includes medication management services.

Optum SLCo has contracted with Iasis to include the Salt Lake Regional Outpatient Clinic in the provider network. Salt Lake Regional has a focus on geriatric services. In addition, we have included the Iasis Bangerter Clinic in West Jordan in the network.

The Utah Pride Center has also been included in our provider network to provide specialty services for the LGBT community.

## **Form A – Mental Health Budget Narrative**

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

**Form A1 - FY15 Amount Budgeted: \$ 7,596,892**

**Form A1 - FY16 Amount Budgeted: \$ 9,626,941**

**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 mental health 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.

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

Those providers who specialized in providing Abuse and Trauma Treatment provide 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.

Other key providers for children and youth include:

#### **The Children's Center**

The Children's Center provides assessment and evaluation, medication management, family therapy and trauma treatment for children ages 0-8. In addition, the Children's Center provides Therapeutic Preschool Programs and specialty services for children with autism and mental health issues.

#### **Hopeful Beginnings**

Hopeful Beginnings provides in-office and in-home services for children, youth and adults. Services include: individual therapy, family therapy, case management, medication management, skills development and respite care. In addition, Hopeful Beginnings provides in-home crisis stabilization services for Salt Lake County for children, youth and their families.

#### **Youth Empowerment Services**

Youth Empowerment Services offers intensive office-based and in-home therapeutic services for children and youth.

#### **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.

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 DYS, the 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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With the expansion of the FAST and FASTER programs, in combination with the emphasis on increased wrap-around services, we expect to serve more children and youth in crisis situations and with ongoing outpatient care.

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

The FASTER program provides stabilization services for latency aged children (ages 6-11). With the FASTER model, Youth MCOT responds to the initial crisis call. The team then connects the consumer and family to ongoing services, such as in-home intervention services through Hopeful Beginnings or short-term out-of-home placement at the Division of Youth Services Christmas Box House to assist in stabilizing the situation. The FAST and FASTER programs allow children to remain in their homes and receive the necessary supports to stabilize crisis situations.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 4,344,713*

*Form A1 - FY16 Amount Budgeted: \$ 4,491,191*

**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 Crisis Intervention Team (CIT) program, a receiving center, case management, psychotropic medications and, when necessary, access to acute inpatient hospitalization.

**Mobile Crisis Outreach Teams – UNI**

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 Salt Lake County 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 – UNI**

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 individuals 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 154 consumer visits per month. Of these, less than 8% continue on to inpatient stays and less than 1% to the County jail. This facility also operates the crisis line (averaging over 4,000 calls per month) and Warm Line (see below).

**Warm Line – UNI**

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 490 calls per month.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected changes for FY2016.

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

**ACT – Assertive Community Treatment (VOA) –** The ACT program was implemented in FY 2015 providing intensive home and community-based services for clients who are members of the ACT Team. The ACT Team offers a “hospital without walls” by a multi-disciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within their community as opposed to repeated inpatient stays with little to no ongoing success. (We include this program in the crisis section but the cost of the program is attributed in the outpatient and case management services.)

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 1,142,774*

*Form A1 - FY16 Amount Budgeted: \$ 1,378,208*

**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, referrals to the FAST and FASTER programs, 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 (FRF), 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 (i.e., Neutral and Detached Fact Finders).

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

This program provides 24-hours, 7 days a week emergency intake, assessment, interim residential care and 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 manages the nationwide program called “Safe Place in Utah”, which is dedicated to helping youth in trouble with a safe place to go for help and/or shelter.

More than 88 Safe Place sites are spread throughout Salt Lake County in public places such as libraries, fire stations and recreation centers. Locations can be spotted by the yellow Safe Place sign on the building or in the window. Employees at Safe Place sites are trained to call Youth Services if a youth is asking for help. A Youth Services employee will speak with the youth on the phone and if desired transport the youth to our facilities.

Any youth can access this help either by going to a Safe Place site or coming directly to the Youth Services Juvenile Receiving Center, or text SAFE and their location to 69866.

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Due to an increase in the Youth MCOT and the expansion of DYS programs, we expect to see a slight increase in numbers served.

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

The FAST program was expanded and the FASTER Program implemented.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY15 Amount Budgeted: \$ 3,116,422*

*Form A1 - FY16 Amount Budgeted: \$ 3,243,035*

**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, Jordan Valley West, and other providers, to provide medication management. This 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. Salt Lake County/Optum encourages their network of prescribers to stay abreast of the advancements in medication and other technologies. Those who provide this service are licensed psychiatrists, APRNs, and RNs. Where possible, LPNs may provide this intervention.

Salt Lake County/Optum will continue to expand the availability of medication management services in FY2016.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

**Slight increase in funding due to CORE 2 program opening with the additional JRI funds.**

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

**Aging Outreach Program** – Salt Lake County/Optum has created a partnership with the Salt Lake County Aging and Adult Services, Iasis (Salt Lake Regional Outpatient Clinic), and Jewish Family Services to deliver in-home medication management services and therapy for 45-50 aging clients with serious and persistent mental illness (SPMI). This population is immobile and/or unable to leave home for traditional office-based mental health services. Clients in care centers can also be supported through this program.

The APRN providing the medication management services will coordinate care with the Case Manager monitoring care for clients with Salt Lake County Aging and Adult Services. Jewish Family Services will be also available to offer on-site therapy services and caregiver support for Medicaid clients.

**Jordan West Valley Outpatient Clinic (formerly Pioneer Valley Outpatient Clinic)**

Offers medication management, including long-acting injectables and Clozaril treatment for SPMI clients.

**Iasis Salt Lake Regional Outpatient Clinic** – Now included in our provider network. Specialties includes services for the geriatric population.

**Iasis Bangerter Clinic** -- Now included in our provider network for medication management services in West Jordan.

**Aspen Ridge Counseling** – Now offering medication management services in their Magna office.

**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. Psychiatric Behavioral Solutions focuses on clients with complex needs and provides long-acting injectables and Clozaril treatment for SPMI clients.

**Asian Association** – Asian Association has expanded its medication management capacity and is treating more clients.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$691,865*

*Form A1 - FY16 Amount Budgeted: \$ 694,902*

**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 contracts with VBH, Jordan Valley West, and other providers, to provide medication management. This 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. Salt Lake County/Optom encourages their network of prescribers to stay abreast of the advancements in medication and other technologies. Those who provide this service are licensed psychiatrists, APRNs, and RNs. Where possible, LPNs may provide this intervention.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

During FY2015, Salt Lake County/Optom worked to expand the availability of medication management providers available in the network and will continue this effort in FY2016. It is unclear as to whether this will increase service numbers.

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

**Hopeful Beginnings** – Now has two psychiatrists and two APRNs on staff to provide medication management for children and youth.

**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**

*Form A1 - FY15 Amount Budgeted: \$ 2,109,465*

*Form A1 - FY16 Amount Budgeted: \$ 2,424,633*

**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 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 mission of the Alliance House 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 that 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.

In addition, Valley Behavioral Health and Volunteers of America provide Adult Psychoeducation Services.

There are several providers who provide Psychosocial Rehabilitation including: VBH, Volunteers of America, Hopeful Beginnings, Psychiatric Behavioral Solutions, Youth Empowerment Services, Summit Community Counseling, Utah Behavior Services, Utah House, and others.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Due to a small increase in the number of providers this past year, we expect a slight increase in numbers served and cost.

The FY 2014 actual does not reflect the total number of clients served and therefore, it would be misleading to compare it to the FY16 projection. At the end of FY 2014 Optum and Valley Behavioral Health had a difference of over 1 million dollars in services delivered (primarily psychoeducational services) that had not been processed in time to be included the FY14 actuals due to an IT change that Optum had made earlier in that year.

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

None expected.

**Form A – Mental Health Budget Narrative**

**1I) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

*Form A1 - FY15 Amount Budgeted: \$ 5,527,061      Form A1 - FY16 Amount Budgeted: \$ 6,620,295*

**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 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**

These services consist of therapy, case management, and parent/teacher consultation and training. They are currently providing services in 34 schools within 4 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.

There are several providers who provide Psychosocial Rehabilitation including: Hopeful Beginnings, Rise Behavioral and Health Services, Utah Youth Village, Youth Empowerment Services, Summit Community Counseling, Utah Behavior Services, Utah House, and others.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The increase in budget is due to the fact that during FY 2014 there was a Medicaid overspend of \$4 million dollars. Therefore, in FY 2015 DBHS, in coordination with the Salt Lake County Council and Mayor, worked with the Department of Health (i.e., Medicaid) for an increase of \$4 million to cover the overspend going forward. In addition to this, the state increased our budget an additional \$1.75 million for the CHIP kids that we would now be responsible for. This approximately \$6 million dollar increase was not reflected in the FY 2015 budget that was submitted with that area plan because this increase was not known until several months after the area plan had been submitted.

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

No significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

*Form A1 - FY15 Amount Budgeted: \$ 2,165,064*

*Form A1 - FY16 Amount Budgeted: \$ 3,324,553*

**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 (AOT) for adult clients with SPMI. The AOT 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, natural support systems, and 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 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.

Hopeful Beginnings provides case management services for adult clients.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The increase in budget is due to the fact that during FY 2014 there was a Medicaid overspend of \$4 million dollars. Therefore, in FY 2015 DBHS, in coordination with the Salt Lake County Council and Mayor, worked with the Department of Health (i.e., Medicaid) for an increase of \$4 million to cover the overspend going forward. In addition to this, the state increased our budget an additional \$1.75 million for the CHIP kids that we would now be responsible for. This approximately \$6 million dollar increase was not reflected in the FY 2015 budget that was submitted with that area plan because this increase was not known until several months after the area plan had been submitted.

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

In FY 2015, Salt Lake County/Optum contracted with Volunteers of America to implement, 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.

Volunteers of America is adding case management services to their service array in April 2015.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 325,733*

*Form A1 - FY16 Amount Budgeted: \$ 337,615*

**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).

**Hopeful Beginnings:** Hopeful Beginnings offers case management services and assertive outreach for children and youth using the i-WRAP model.

**Salt Lake County Division of Youth Services-Safe Place:** Youth Services manages the nationwide program called "Safe Place in Utah", which is dedicated to helping youth in trouble with a safe place to go for help and/or shelter.

More than 88 Safe Place sites are spread throughout Salt Lake County in public places such as libraries, fire stations and recreation centers. Locations can be spotted by the yellow Safe Place sign on the building or in the window. Employees at Safe Place sites are trained to call Youth Services if a youth is asking for help. A Youth Services employee will speak with the youth on the phone and if desired transport the youth to our facilities.

Any youth can access this help either by going to a Safe Place site or coming directly to the Youth Services Juvenile Receiving Center, or text SAFE and their location to 69866.

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With the DYS programs currently in place (FAST and FASTer) as well as Hopeful Beginnings expanding their crisis services to now include adolescents, we expect an increase in the number of youth and their families served in the community.

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

There are no new significant programmatic changes.

## **Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 594,709*

*Form A1 - FY16 Amount Budgeted: \$ 741,060*

**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.**

#### **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.

#### **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. **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.

VBH also offers community-based housing supports. Rents are primarily covered by the clients. These 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

Residents of the above housing 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 section 1x, Unfunded Adult Clients.

Other housing units include:

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Salt Lake County/Optum has increased available slots at Nephi Todd's and Green Gables as it meets an important need for the community. Optum is currently working with other community providers to access more supportive housing options. Due to both of these activities an increase in funding and numbers served is expected in FY 2016.

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

DBHS has signed a contract with the Salt Lake County Housing Authority for the addition of 10 scattered site units in an effort to increase access to housing for clients served by the ACT team. SLCo Housing Authority will work to identify appropriate housing units and sign a master lease agreement with landlords. They will then work with VOA and Salt Lake County/Optum to place ACT clients into these units.

#### **RIO and HARP**

We are currently in the process of transferring administration of the Housing Assistance Rental Program (HARP) and the Right Person In/Right Person Out (RIO) program housing contracts to DBHS. We plan to continue to work with the housing authority to work with properties in the community and to secure leases for HARP clients. Through HARP, SLCo Housing Authority works with VOA and First Step House to provide scattered housing units throughout the county. SLCo Housing Authority signs master lease agreements with landlords and then works to place tenants into these units and provide rental assistance. Currently, there are 9 units assigned to First Step House and an additional 16 to VOA.

The Valley Behavioral Health transitional housing units at Lake Street (8 units for the homeless population), and at Roberta Street (10 units for those involved with the criminal justice system), were closed in FY 2015.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 714,415*

*Form A1 - FY16 Amount Budgeted: \$ 865,568*

**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.

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.

FRFs work on multi-disciplinary teams to provide treatment. Optum/Salt Lake County utilizes Family Resource Facilitators (described in Section 1r) to coordinate and work closely with them in promoting and facilitating available services with our clients.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Due to the ongoing need for the above services, it is anticipated that the numbers of clients seeking/needing these services will increase. The FY16 budgeted amount reflects this increase in services provided.

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

There are no new significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY15 Amount Budgeted: \$ 447,047*

*Form A1 - FY16 Amount Budgeted: \$ 641,324*

**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 50 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 FY 2015, the Salt Lake County/Optum Peer Navigator Program was operationalized. The primary function of the Peer Navigator program is to develop a supportive and trusting relationship between the client and the Peer Bridger Navigator. 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. Peer Navigators provide consumers with support and linkage to mental health, physical health and social services. This service promotes the recovery model and provides tools for coping with and recovering from a mental illness and/or a substance use disorder.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Salt Lake County/Optum will continue to support the expansion of peer support services into its programs throughout the year.

The increase in budget is due to the fact that during FY 2014 there was a Medicaid overspend of \$4 million dollars. Therefore, in FY 2015 DBHS, in coordination with the Salt Lake County Council and Mayor, worked with the Department of Health (i.e., Medicaid) for an increase of \$4 million to cover the overspend going forward. In addition to this, the state increased our budget an additional \$1.75 million for the CHIP kids that we would now be responsible for. This approximately \$6 million dollar increase was not reflected in the FY 2015 budget that was submitted with that area plan because this increase was not known until several months after the area plan had been submitted.

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

To continue expanding our Peer Support Specialist workforce Optum has proposed to provide the trainings for the Division of Substance Abuse and Mental Health to certify Peer Specialists for Salt Lake County and the State of Utah, this. This is expected to expand the peer workforce.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 536,828*

*Form A1 - FY16 Amount Budgeted: \$646,531*

**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. 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 6 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 Valley Behavioral Health
- 1 FTE The Children’s Center
- 2 FTE Utah Support Advocates for Recovery Awareness (USARA)
- 1 FTE National Alliance on Mental Illness (NAMI) Utah
- 1 FTE Hopeful Beginnings

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The increase in budget is due to the fact that during FY 2014 there was a Medicaid overspend of \$4 million dollars. Therefore, in FY 2015 DBHS, in coordination with the Salt Lake County Council and Mayor, worked with the Department of Health (i.e., Medicaid) for an increase of \$4 million to cover the overspend going forward. In addition to this, the state increased our budget an additional \$1.75 million for the CHIP kids that we would now be responsible for. This approximately \$6 million dollar increase was not reflected in the FY 2015 budget that was submitted with that area plan because this increase was not known until several months after the area plan had been submitted.

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

During the most recent RFP process to select a mental health network for Salt Lake County there were no applicants to manage the FRF program. Since DYS currently has two FRFs and they are a governmental entity which eliminates the need for the procurement process, they were approached to discuss their willingness to manage the FRFs. DYS readily agreed. They are currently working with Optum and NAMI to create a transition plan. It is expected that as long as the current FRFs and anchoring agencies are willing and there are no other issues, these same FRFs will just change employment to DYS and still be anchored at the same sites.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 291,716*

*Form A1 - FY16 Amount Budgeted: \$ 433,324*

**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 SLCo 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. A member of this team chairs 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. The team members represent the peer voice on many community committees, workgroups and boards. The team members 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 conduct numerous trainings in the community. In FY 2015:

- 81 people in the community were certified in Mental Health First Aid
- Our team has certified 56 individuals in QPR Suicide Prevention. More trainings are in the process of being schedule.

Other training topics presented by the Optum Recovery and Resiliency Team for community partners, provider trainings, or Optum staff include: Bridging the Gap (Peer Navigators), Bullying, Certified Peer Specialists, Discharge Planning Coordination and Transition into the Community, Stigma, Person-centered Treatment Planning, Psychiatric Advance Directives, Person Centered Treatment Planning, Preparing for Employment, Substance Abuse – The Stigma, The Power of Language, Trauma Informed Person-centered Care, Understanding Self-harm, Recovery, Motivational Interviewing, Crisis Redesign, Certified Peer Support Specialist Jobs, Special Education, Conflict Working with Children and Adolescents, Consumers Guide to Emergency Preparedness, Group Facilitator Training, Improving Outcomes Using Peer Navigators, Peer Support Whole Health, and Self Advocacy.

The University Neuropsychiatric Institute's Crisis Services partners with and supports the Salt Lake City Police Department in providing Crisis Intervention Team Trainings for law enforcement and correctional officers in Salt Lake County.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The increase in budget is due to the fact that during FY 2014 there was a Medicaid overspend of \$4 million dollars. Therefore, in FY 2015 DBHS, in coordination with the Salt Lake County Council and Mayor, worked with the Department of Health (i.e., Medicaid) for an increase of \$4 million to cover the overspend going forward. In addition to this, the state increased our budget an additional \$1.75 million for the CHIP kids that we would now be responsible for. This approximately \$6 million dollar increase was not reflected in the FY 2015 budget that was submitted with that area plan because this increase was not known until several months after the area plan had been submitted.

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

None expected.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$194,478*

*Form A1 - FY16 Amount Budgeted: \$ 206,921*

**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 SLCo 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. A member of this team chairs 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. The team members represent the peer voice on many community committees, workgroups and boards. The team members 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. In FY2015 our Recovery and Resiliency Team:

- Conducted a "Family Community Conversation" in which families were given the opportunity to identify strengths and areas of improvement.
- Has trainings scheduled in April and May 2015 for the Utah Foster Family Foundation for 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 and USARA 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.

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The modest increase in funding is expected to be the result of increased requests to provide training and to educate the public regarding mental health.

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

No significant changes.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

*Form A1 - FY15 Amount Budgeted: \$ 108,798*

*Form A1 - FY16 Amount Budgeted: \$ 105,271*

**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) – VBH**

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.

Cost reflected on the MH budget report is the amount for the CRT case managers only. These case managers are not providing services that can be captured by SAMHIS; therefore we have corrected the budget to reflect zero clients served.

**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 incorporated 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 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. The Salt Lake County Jail has two dedicated units that can address more severe mental health needs – a 17 bed unit for individuals who have been identified as high risk for suicide and a 48 bed unit for individuals with a mental health diagnosis that would benefit from not being with the general population. In addition to these, the Jail team provides group therapy and crisis services for individuals in the general population. This funding is not reported in our budget because the funding is allocated directly to the Jail from the Council. BHS is continuing to develop a strong partnership and relationship with our jail by establishing a formal data sharing agreement. It is our hope that as we do so we will be able to better identify the services received by the individuals in the jail and help with the transition of care for these individuals into the community and our reporting efforts to DSAMH. Salt Lake County continues to focus on alternatives to incarceration. 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.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No significant change is anticipated. Cost reflected on the MH budget report is the amount for the CRT case managers only. These case managers are not providing services that can be captured by SAMHIS; therefore we have corrected the budget to reflect zero clients served. Jail Mental Health Services are provided by the Sheriff with County funds and the Sheriff at this time does not report that data to the State DSAMH. BHS is currently working on establishing a data sharing agreement that will allow that data to be reported.

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

No expected changes.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

*Form A1 - FY15 Amount Budgeted: \$ 324,882*

*Form A1 - FY16 Amount Budgeted: \$337,492*

**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 at VBH housing, or in the community, such as housing support programs like Green Gables and Nephi Todd's 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No anticipated significant increases or decreases.

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

Optum assigned a new Salt Lake County Mental Health Liaison for the Utah State Hospital to assist with the coordination of care for those clients and their community providers. One Care Advocate specializing in children and youth and one Care Advocate specializing in adults assists the Liaison.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

*Form A1 - FY15 Amount Budgeted: \$60,156*

*Form A1 - FY16 Amount Budgeted: \$60,000*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No anticipated increases or decreases.

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

Optum assigned a new Salt Lake County Mental Health Liaison for the Utah State Hospital to assist with the coordination of care for those clients and their community providers. One Care Advocate specializing in children and youth and one Care Advocate specializing in adults assists the Liaison.

Optum/Salt Lake County meets twice a month with the Division of Youth Services and Hopeful Beginnings, 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**

*Form A1 - FY15 Amount Budgeted: \$3,448,177*

*Form A1 - FY16 Amount Budgeted: \$ 3,673,462*

**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 mental health 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There appears that the funding for non-Medicaid for adults will increase slightly. This change is a difference in Presentation methodology. The State asks us to include the total of the non-Medicaid matching State and County funds and the Federal Block Grant in this category. This is misleading, as much of the administrative cost that is pulled into this category pertains to the much larger Medicaid program. To make this clearer as to exactly what the County is purchasing, the administrative dollars were stripped away from the “unfunded category”.

The direct service dollars are actually increasing. Effective July 1, DBHS will administer directly the non-Medicaid services, increasing the available direct service funding. Optum will only administer the Medicaid system. Services will only appear to increase moderately as many of these programs produce services that are not compatible with the State’s Mental Health data collection process (e.g. MCOT).

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

Beginning in FY 2016 DBHS will now administer these funds. DBHS will contract directly with the providers. As a result, the administrative cost formerly paid to the MCO for these services will be passed on to the providers.

Local Authority: Salt Lake County Division of Behavioral Health Services

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 1,835,745*

*Form A1 - FY16 Amount Budgeted: \$ 633,829*

**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:

- Medication management
- Psychotherapy services
- Case management
- Skills development

The above services are provided by Division of Youth Services and The Children's Center.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

In FY 2016 DSAMHS informed us to not include the early intervention budget in this area; in FY 2015 we did include the early intervention budget of approximately 1.1 million in this category. For this reason, there is a significant drop in the budget and the number of clients served.

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

Beginning in FY 2016 DBHS will now administer these funds. DBHS will contract directly with the providers. As a result, the administrative cost formerly paid to the MCO for these services will be passed on to the providers.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$ 377,374*

*Form A1 - FY16 Amount Budgeted: \$ 361,948*

**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 350 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No anticipated significant increases or decreases.

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

No significant programmatic changes. However, during FY 2015 Salt Lake County has undertaken a project to compile a comprehensive list of all civilly committed adults. This has been difficult as no such list has existed previously. Due to the nature of the minimum number of times a civilly committed person must appear in court, it is expected that this list will be completed on or about July 1, 2015.

**Form A – Mental Health Budget Narrative**

**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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First 62A-15-105.2** 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, Hopeful Beginnings, USARA, and NAMI. Additionally, Valley Services provides employment opportunities for consumers with mental health issues. Advantage Services provides preferential hiring for VBH consumers through a competitive hiring process. Advantage Services employees are trained and work in areas including: catering, lawn services, custodial, construction and a number of other fields. The ACT Team has a Vocational Rehabilitation Specialist as part of the multi- disciplinary team that works with the clients to focus on education and employment goals.

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

Salt Lake County/Optum supports and collaborates with Utah State Division of Substance Abuse and Mental Health 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.

Though not all Alliance House members will go on to employed as staff for a behavioral health provider, the Alliance House does prepare them to be able to work within the behavioral health system should they have this interest.

Another important mechanism for employment of consumers as staff in Salt Lake County is the State of Utah Certified Peer Support Specialist (CPSS) program.

In FY2015 Optum SLCO saw the attachment of CPSS with some In-Network providers, and /or Salt Lake County agencies/organizations. Among them: 2 CPSS- Optum SLCO (Peer Navigators); 2 CPSS-Drug Court; 2 CPSS- USARA - Recovery Support; 1 CPSS-VOA ACT Team; and 2 CPSS-The Road Home .

In FY2016 based on interest from the following In-Network providers, agencies and organizations, it is anticipated that the following will add CPSS: 3<sup>rd</sup> District Mental Health Court; Trauma Awareness Center; Sandy Counseling; Psychiatric Behavioral Solutions; and, VOA Cornerstone.

**2. Client Employment (cont.)**

**• Peer Specialists/Family Resource Facilitators providing Peer Support Services**

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. Training for certified peer specialists had been on hold at DSAMH but is set to resume in June 2015. With the trainings resuming, we would expect an increase in numbers and training opportunities for peer specialists across Salt Lake County. Salt Lake County/Optum works 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.

**• Evidence-Based Supported Employment**

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. However, the new PIP which is being adopted state-wide is scheduled to begin July 1, 2015 will focus on Suicide Prevention. Because of the new PIP, the current PIP will cease as of June 30, 2015.
- **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):** Was 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.
- **Increased service capacity**  
In the past year, the Assertive Community Treatment (ACT) and Aging/SPMI Outreach Program were implemented.
- **Increased access for Medicaid and Non-Medicaid funded individuals**  
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 community conversations, which are consumer meetings, to determine need. The Recovery and Resiliency team have been working to address these identified 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.

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

- **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.

- **Describe process for monitoring subcontractors**

The Optum Quality Assurance Team monitors the quality of services provided utilizing standardized audit tools. Quality audits are routinely conducted via onsite visits that also include chart reviews. Six site reviews per quarter will be completed. Additionally, Optum SLCo will co-participate in annual monitoring visits with Salt Lake County Division of Behavioral Health Services. Optum SLCo will provide quality feedback during the visits. Optum SLCo also receives annual support from the National Optum Auditing Team. This team conducts audits of high volume providers within Salt Lake County. The same standardized tools mentioned above are also utilized during these audits. In addition, the Optum Clinical Operations Team will periodically request clinical records when completing concurrent reviews for care. During the review, the Optum Clinical Care Advocate will also conduct a quality review of the chart as well as the services offered and provide feedback. Finally, Optum conducts reviews of specific incidents that occur within the Provider Network and are described as either Quality of Care issues or Sentinel Events. Reports are received and reviewed by the Optum SLCo team. If this team determines a more extensive review is needed, Optum SLCo will refer the incident to the National Sentinel Event Committee. This committee will then discuss and determine if an audit is warranted. That National Optum Auditing Team will then conduct an onsite review of the incident and determine the most appropriate action steps to address the issue.

- **In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.**

Optum SLCo has developed an extensive geo-access map. This map identifies the current geographic location of all providers based the ten mandated services. In addition, the map cross references these providers to Medicaid consumer density within zip codes. A GAP analysis will be completed on the current data and a plan will be designed to enhance access to services in those areas where an expansion of services will improve access.

- **Other Quality and Access Improvements (if not included above)**

All quality and access improvements have been described above.

## **Form A – Mental Health Budget Narrative**

### **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 expanded their services to become a dual diagnosis enhanced program.

In October of 2014 the State Division of Substance Abuse and Mental Health (DSAMH) was awarded the Cooperative Agreements to Benefit Homeless Individuals for States (CABHI) award by the Substance Abuse and Mental Health Services Agency (SAMHSA). Salt Lake County was a key partner in DSAMH's proposal and DBHS received \$561,000 (\$293,291 for MH and \$267,709 for SUD) to provide services to homeless individuals with co-occurring mental health and substance use disorders in Salt Lake County. DBHS is working with Volunteers of America (VOA) to effectively coordinate housing and behavioral health programming using evidence based practice and increase housing stability and recovery among those who are newly placed in permanent supportive housing. The program targets adults (18 years and older) with a mental illness and co-occurring substance use disorder or substance use disorder only that are homeless, chronically homeless, and/or veterans that are not already receiving services.

VOA is conducting outreach in the jail, shelters, meal sites, and other known areas where the population is known to congregate to provide screenings and assessments of individuals to determine eligibility for services. Once an individual is determined eligible VOA works on engaging those individuals into services and when appropriate coordinating with the Utah Department of Veteran Affairs. Individuals who are willing to engage will be enrolled in an appropriate level of care. Services provided through CABHI include screening and diagnostic treatment services, habilitation and rehabilitation services, mental health treatment, substance use disorder treatment, case management, supportive and supervisory services in residential settings, referral services, housing services, and recovery support.

#### **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, 4<sup>th</sup> 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 psychotherapy, 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 a new office in Salt Lake County. 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 continue 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 are coordinating care with all four ACOs and have written agreements with two of the four. We have been pursuing agreements with the remaining two during FY 2015 without any definitive outcome. We will continue these efforts during FY 2016.

**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.

**Odyssey House – Martindale Clinic** - Odyssey House operates its Martindale Clinic in order 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.

**Volunteers of America – Health Clinic** – Volunteers of America opened its integrated health clinic in FY 15 on-site for Medicaid and non-Medicaid clients. VOA’s clinic integrates care for mental health, substance use disorders, and medical health.

**4. Integrated Care (cont.)**

**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. The Optum Clinical Operations Team has hired two Care Advocates who specialize in working with the ACOs to coordinate mental health care, substance use disorder treatment and health care for clients who are in need.

**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 all 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.

**Form A – Mental Health Budget Narrative**

**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 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.

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 6 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 Valley Behavioral Health
- 1 FTE The Children’s Center
- 2 FTE Utah Support Advocates for Recovery Awareness (USARA)
- 1 FTE NAMI Utah
- 1 FTE Hopeful Beginnings

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

While the overall funding has not increased to DBHS for this service, due to DBHS administering these services as of FY 2016 the amount of funding previously withheld by our MCO for administrative costs will be passed on to each provider.

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

During the most recent RFP process to select a mental health network for Salt Lake County there were no applicants to manage the FRF program. Since DYS currently has two FRFs and they are a governmental entity which eliminates the need for the procurement process, they were approached to discuss their willingness to manage the FRFs. DYS readily agreed. They are currently working with Optum and NAMI to create a transition plan. It is expected that as long as the current FRFs and anchoring agencies are willing and there are no other issues, these same FRFs will just change employment to DYS and still be anchored at the same sites.

**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.

**Form A – Mental Health Budget Narrative**

**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 who specialize in child and family issues including DYS and Hopeful Beginnings. 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.

**Form A – Mental Health Budget Narrative**

**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.**

Beginning in FY 2106 DBHS will now administer these funds. DBHS will contract directly with the provider. As a result, the administrative cost formerly paid to the MCO for these services will be passed on the provider.

**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.)**

Sent separately to Children's Team.

**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, grade point average, and absenteeism will be reported.

## **Form A – Mental Health Budget Narrative**

### **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.

- Certified 81 individuals in Mental Health First Aid.
- Certified 56 individuals in QPR Suicide Prevention. More trainings are in the process of being scheduled.
- Crisis Prevention /Intervention WRAP certified 45 individuals.
- Youth Mental Health First Aid is scheduled in April and May 2015 with the Utah Foster Family Foundation.
- Seeking Safety trainings for The Road Home case managers will take place in May 2015.

In addition to the above, the clinical operations/care advocacy teams manage/pre-certify IP acute admissions and concurrent reviews which are post ED, coordinating stabilization and safety. An Optum Discharge Specialist attends weekly staffings at the in-network hospitals to assist in coordination and work with the provider Network to align on going services including follow-up. An additional measure required by Medicaid is to track all those who have been hospitalized for how soon the consumer has their first behavioral health appointment post-discharge. For the year ending December 31, 2014, Optum SLCO demonstrated that 83% attended an appointment within seven days post-discharge and an additional 7% attended an appointment within 30 days, for a total of 90% attending an appointment post-charge from a hospital.

If a consumer is not admitted and there is a clear mental health presentation Optum SLCo will refer and follow up with Network provider (existing or new). The level of care can be routine OP or sub-acute, such as the WRC-RTC. If the ED presented or notified Optum of the presentation we would always recommend the appropriate level of care and follow up.

#### **Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.**

Optum SLCo has notified the Provider Network of the Suicide Prevention initiative. The Columbia-Suicide Severity Rating Scale (C-SSRS) has been introduced along with the Stanley Brown Safety Plan. The following action plan pertains to the suicide prevention behavioral healthcare assessment:

- By 04/30/2015, Optum will notify all Network Providers requesting completion of the above-mentioned assessment. Approximately 200 Providers that will be required to respond.
- Optum will require the assessment be completed and returned to Optum by 05/15/2015.
- By 06/05/2015, Optum will provide the data to Salt Lake County for review and submission to the State of Utah.

By 06/15/2015, Optum and Salt Lake County will develop a plan to notify the Provider Network of the requirement to utilize the C-SSRS. By 07/01/2015, all Audit Tools will be modified to ensure that the use of the C-SSRS is monitored.

All upcoming trainings for the Provider Network will include a discussion about this initiative, access to resources, and any support needed to ensure implementation.

#### **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, case management, psychotropic medications and, when necessary, access to acute inpatient hospitalization.

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.

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 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 using the Columbia Suicide Severity Rating Scale or get the provider the needed tools and/or education to begin assessing for suicidality.

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

This program provides 24-hours, 7 days a week emergency intake, assessment, and interim residential 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 A – Mental Health Budget Narrative

### 7. Justice Reinvestment Initiative

#### **Identify the members of your local JRI Implementation Team.**

DBHS recognizes that JRI is a county wide initiative that affects multiple stakeholders including the county jail, courts, and the district attorney's office. As a result DBHS is committed to implementing a strategy for JRI that has broad support of county stakeholders. DBHS will seek approval from the following stakeholders prior to implementing any programming with JRI community based treatment funding:

SLCo Sherriff, Jim Winder	SLCo Mayor, Ben McAdams
SLCo District Attorney, Sim Gill	SLCo County Council ( <a href="http://www.slco.org/council/">http://www.slco.org/council/</a> )
SLCo Criminal Justice Advisory Council (CJAC)	

CJAC is chaired by the SLCo Mayor and the membership is as follows:

Two members of the Salt Lake County Council as appointed by the Council

Salt Lake County Sherriff, Jim Winder

Salt Lake County District Attorney, Sim Gill

Salt Lake County Chief Deputy Sherriff for Correctional Services, Pamela Lofgreen

Salt Lake County Human Services Director, Lori Bays

Salt Lake Legal Defender Association Director, Patrick Anderson

Salt Lake County Criminal Justice Services Director, Kele Griffone

Municipal Prosecutor, Padma Veeru-Collings

LEADS Chair, Chief Russo

Third District Court Presiding Judge, Royal Hansen

Justice Court Judges, Brendan McCullagh & John Baxter

Midvale Mayor, JoAnn Seghini

Administrative Office of the Courts, Rick Schwermer

Multiple stakeholder meetings have been held to date, culminating with a formal presentation to the county council June 2, 2015. The council was supportive of the current planning process, and will hear additional details at a later date. The proposed pilots will be presented to the Criminal Justice Advisory Council June 10, 2015.

#### **Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

DBHS currently operates Alternatives to Incarceration Programs (ATI) designed to reduce the use of criminal justice system for those with serious mental illness or co-occurring mental illness and substance use disorders.

ATI includes the Jail Diversion Outreach Team (JDOT), Co-Occurring Reentry & Empowerment (CORE) for men,

Community Response Team (CRT), ATI Transport (see section 1u Services to Incarcerated Persons for additional detail on these programs), and other programs.

Current funding has limited the availability of the CORE program to male offenders only. DBHS has heard from the many community stakeholders that there is an overwhelming need to expand this program to female offenders. As a result DBHS intends to expand the CORE program to add 16 beds for female offenders with co-occurring disorders and provide wrap-around services on site and in the community to these individuals.

#### **Identify your proposed outcome measures.**

DBHS, in coordination with the Salt Lake County Jail, VBH, Optum, and CJAC, have been participating in a three year outcomes study of the ATI service line. This study currently measures a number of outcomes for the ATI population. Outcomes that are measured include- Recidivism (measured by total number of new charge bookings, total bookings, and associated length of stay), engagement in treatment services 30 days after release from Jail for ATI transport, number served, and reductions in bookings as related to housing. Results are pre-post enrollment-one year before/after, two years before/after, and three years before/after. A full copy of the most recent ATI report can be found in our attachments.

To track recidivism data for justice involved individuals, DBHS is developing a data-sharing agreement with our county jail. This will allow us to access jail data as it relates to new charge bookings and length of stay for clients enrolled in a DBHS funded program. To do this we will pull information from our electronic health record as well as work with partnering providers to develop program rosters that allow us to match against jail data and identify if clients have had new charges filed against them since enrollment in a program. Additional outcomes that we intend to track for this population includes—treatment and discharge status, numbers served, costs/client, and housing status.

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

Instructions:

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

**1) Screening and Assessment**

***FY15 Amount Budgeted: \$1,678,011      FY16 Amount Budgeted: \$1,683,344***

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

Over the past ten years Salt Lake County Division of Behavioral Health Services (DBHS) 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. Adults can receive an assessment through the University of Utah’s Assessment and Referral Services (ARS) or with any of the providers in DBHS’ Substance Use Disorder network. The latter reflects a policy change implemented in SFY 2013 designed to improve a client’s connection to treatment providers after assessment. Since all of DBHS’ 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, DBHS’ 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 Adult Probation and Parole (AP&P), Family Dependency Drug Court clients, and other referral sources that rely on ARS for assessments for legal matters. In addition to this ARS maintains a website that indicates treatment availability within Salt Lake County’s network, although it is the responsibility to accurately report availability to ARS.

Youth assessments are provided at any contracted DBHS network members where children and their families were referred by the courts, DCFS, DJJS or other referral sources.

DBHS contracts with ARS to operate Interim Group Services (IGS), a program ARS has been operating since December of 2001. IGS is available to any Salt Lake County resident free of charge who is need of treatment and awaiting a treatment slot with one of DBHS SUD providers. The cost of the program is fully covered by DBHS. IGS meets for one hour, six days per week. 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We expect no appreciable change in assessments.

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

DBHS has revised its provider contract language and monitoring tool to reflect changes to the Division Directives in SFY 2015 for assessments and will monitor our SFY 2015 and future contracts to ensure compliance.

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

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

*FY15 Amount Budgeted: \$1,842,928*

*FY16 Amount Budgeted: \$1,415,064*

**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.**

DBHS has 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.

In addition to this, we contract to provide social detoxification services for youth and adults, including women and mothers with dependent children, in two sites within the county. These two sites are:

1. Volunteers of America (VOA) Social Detoxification Center: A 60 - bed facility in Salt Lake for men and women.
2. Salt Lake County’s Division of Youth Services (DYS) program located in South Salt Lake provides detoxification services on an “as needed” basis for adolescents.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There was no use of UNI inpatient detoxification contract in SFY2014 but we continue to budget for this service in similar fashion to prior years as a contingency.

After the conclusion of the most recent RFP DBHS has reduced the amount of direct detox services purchased by approximately \$50,000. The majority of the change reflected in the “FY16 Amount Budgeted” is the result of an error found in the SFY2015 budget where a larger than reasonable share of the funding was allocated to detox services. Therefore, despite the significant reduction in cost, services are not decreasing as significantly.

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

No significant programmatic changes are expected.

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

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

***FY15 Amount Budgeted: \$6,307,480***

***FY16 Amount Budgeted: \$6,036,546***

**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.**

DBHS currently contracts with 6 providers through which ASAM 3.1, 3.3, and/or 3.5 residential services can be accessed. Two years ago (SFY2013) we began a process of pre-authorization and utilization review on a shorter cycle in order to utilize ASAM 3.5 residential services appropriately. The following agencies perform this pre-authorization function: Salt Lake County/Optum for Medicaid clients, ARS for DORA, juvenile drug court, and family dependency drug court clients, and DBHS for all other adults and youth.

Please see attached list of providers by LOC and population.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

We anticipate a modest decrease in residential clients served due to continued efforts by the County and Salt Lake County/Optum to review residential levels of care on regular intervals to ensure clients are served at the most appropriate level of care.

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

During the most recent RFP process to select an outpatient SUD network for Salt Lake County the decision was made to cut funding to The Haven and Catholic Community Services for residential substance abuse treatment services. The Haven has informed us in writing that any County client admitted to their facility prior to July 1, 2015 will be allowed to continue their treatment at The Haven through a scholarship. Therefore, no transition will be needed. DBHS is working on creating a transition of care plan for Catholic Community Services, if necessary, for clients currently being served at these locations to another County provider to ensure continuity of care.

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

**4) Outpatient (Methadone - ASAM 1.0)**

*FY15 Amount Budgeted: \$1,229,751*

*FY16 Amount Budgeted: \$1,135,182*

**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 individuals who are not eligible for Medicaid, DBHS contracts 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 the VOA Detox. They will also provide other off-site dosing as needed.

Additionally, Fourth Street and Project Reality have begun discussions to develop an additional off-site Methadone delivery site that would be fully integrated within Fourth Street. The agencies have also discussed taking this partnership one step further and allowing for the sharing of clinical information to improve coordination of care between the two agencies for those clients receiving Methadone from Project Reality at the Fourth Street location.

For Medicaid clients, Salt Lake County/Optum has added Fourth Street Clinic as a provider for opioid treatment and withdrawal services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Despite the decrease in funding budgeted for this category, likely a result of separating out Drug Testing as its own category, the dollars for direct services are not decreasing and we anticipate serving approximately the same number of clients.

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

It is the goal of DBHS to support the discussion and implementation of the above-described collaboration between Fourth Street and Project Reality. While it looks like this will come to fruition, at this time we cannot guarantee that it will occur.

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

**5) Outpatient (Non-methadone – ASAM 1.0)**

***FY15 Amount Budgeted: \$6,116,707***

***FY16 Amount Budgeted: \$7,148,080***

**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.**

DBHS contracts with 13 agencies, which between them provide the full continuum of outpatient ASAM LOCs. These programs provide services 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 Family Counseling Center, Asian Association, Odyssey House, and VOA, for all levels of care (see attached list of services and providers).

Salt Lake County/Optum contracts with all of DBHS' providers to provide SUD services to Medicaid clients.

DBHS continues to work on implementing a trauma-informed approach among our providers. To do this we continue to partner with Salt Lake County/Optum to conduct training internally and to the network of providers—both Medicaid and non-Medicaid—on trauma-informed care. Additional resources used include <http://beta.samhsa.gov/nctic> and <http://www.nasmhpd.org/TA/nctic.aspx>, as well as articles, webinars, and seminars that are shared with us through DSAMH. Language from the FY 2015 Division Directives requiring assessments specifically addressing the history of traumatic experiences was incorporated into DBHS' contract language with providers beginning with FY2015. We have also provided the UBHC approved 2014 Service Manual for Evaluations to all providers that discusses collecting a trauma history. As a result, this was included as one of the monitoring criteria for FY 2015. We continue to encourage participation in webinars, and trainings regarding a trauma-informed approach, and we continue to look for opportunities to share this information with our providers.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget change here reflects data from our 2014 actual report where DBHS observed a shift from intensive outpatient services (ASAM 2.1 and 2.5) to standard outpatient services (1.0). In addition to this DBHS observed an increase in outpatient clients while observing a decline in intensive outpatient clients. DBHS believe this is the result of DBHS and Optum SLC's efforts to manage levels of care above 1.0 with regular reviews to ensure clients are being treated at the most appropriate level of care.

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

During the most recent RFP process to select an outpatient SUD network for Salt Lake County it was determined that Catholic Community Services and Sandy Counseling Center would no longer be part of the provider network. DBHS is working on creating a transition of care plan for clients currently being served at these locations to another county provider to ensure continuity of care. In addition, we are pleased to have added Fourth Street Clinic as a new provider to our outpatient network.

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

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

*FY15 Amount Budgeted: \$4,958,737*

*FY16 Amount Budgeted: \$4,090,301*

**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.**

Of those 13 agencies in number 5 above, 11 of them provide ASAM 2.1 and/or 2.5 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 Family Counseling Center, Asian Association, Odyssey House, and VOA, for all levels of care.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The budget change here reflects data from our 2014 actual report where DBHS observed a shift from intensive outpatient services (ASAM 2.1 and 2.5) to outpatient services (1.0). In addition to this DBHS observed an increase in outpatient clients while observing a decline in intensive outpatient clients. DBHS believe this is the result of DBHS and Optum SLCo's efforts to manage levels of care above 1.0 with regular reviews to ensure clients are being treated at the most appropriate level of care.

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

No significant programmatic changes are expected.

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

**7) Recovery Support Services**

*FY15 Amount Budgeted: \$115,500*

*FY16 Amount Budgeted: \$115,500*

**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.**

DBHS supports 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 (ATR) 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 recovery community and the community at large.

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

DBHS is working on developing a methodology to track engagement in Recovery Support Services through our electronic health record, UWITS. Many of our ASAM 1.0 clients would qualify as recovery support but we are just not able to track it at this time.

**Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.**

We are currently in the process of transferring administration of the Housing Assistance Rental Program (HARP) and the Right Person In/Right Person Out (RIO) program housing contracts to DBHS. We plan to continue to work with the housing authority to work with properties in the community and to secure leases for HARP clients. Through HARP, SLCo Housing Authority works with VOA and First Step House to provide scattered housing units throughout the county. SLCo Housing Authority signs master lease agreements with landlords and then works to place tenants into these units and provide rental assistance. Currently, there are 9 units assigned to First Step House and an additional 16 to VOA.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The only decreases would be if the 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. Federal ATR funds are not reflected in this budget plan. In prior years as directed by the State we have not included the ATR funding in the Area Plan budget apart from the Drug Court funding. We felt it would be even more difficult to do so in the coming year as we have very little clear information as to ATR funding in SFY2016.

We also have not included the HARP and RIO housing dollars that we will be managing as we are in active discussion with the SLCo Office of Resource and Development to transfer the management of those services to our division and do not yet have firm dollar figures.

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

As ATR funding shifts from federal funding to other funding sources –Department of Corrections, TANF, and drug court funding— it is likely that we will see a shift in the population within the program to individuals that meet the eligibility criteria specific to those funding sources.

DBHS is currently in the process of transferring administration of the HARP and RIO contracts. Please see above for an explanation of this process.

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

**8) Drug Testing**

*FY15 Amount Budgeted: N/A*

*FY16 Amount Budgeted: \$510,211*

**Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.**

Since DBHS has a contracted system, each provider must have their own written drug testing policy. The individual agency identifies who is required to drug test and how frequently individuals are tested. Some providers contract with a laboratory for drug testing. This may be for just the evaluation of the sample collected by the provider or they may contract for the collection and evaluation of the sample. Other providers conduct their own drug collection and evaluation.

Regardless of LOC, all participants are randomly tested. Though most testing is random, various circumstances are taken into consideration. These include but are not limited to, the client's history, current length of sobriety, drug of choice, and progress in treatment. Additionally, if there is cause to suspect drug use, any given individual would be tested for drugs. Cause for suspicion may come from staff observation or third party report. Before any test is administered, the participant receives an explanation of why he or she is being tested. In most situations the reason is due to random selection. However, if it is due to suspicion of drug use, the client is notified of this and given a chance to discuss any substance use. Should the client admit to substance use, in general, the drug test is not performed unless there is reason to believe that the client has not been entirely forthcoming.

For those that do their own testing and there is a positive result, the client is first approached and the results are processed with the client. If the client admits to drug use then an appropriate plan of action is created with the input of the client. If the client denies that there is any reason for there to be a positive test, then the sample is sent to a SAMSHA certified laboratory for confirmation. If the confirmation returns as a negative result (i.e., it was a false positive), no further action is taken. However, if the confirmation returns as a positive result then a plan of action is created. For those that contract with a laboratory, the client is also approached with the opportunity to discuss any substance use. If the client admits to drug use then an appropriate plan of action is created with the input of the client. However, if the client denies substance use despite the results (and the client is shown the results and given a chance to explain him/herself), then the end result will be dependent on if the client is still willing to engage in treatment and/or any sanctions the court may impose, if court-involved.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

DBHS never previously budgeted for this specific service but our budget reflects our current spend. DBHS also expects no change in the number of individuals served.

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

No significant programmatic changes are expected.

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

**9) Quality and Access Improvements**

**Describe your Quality and Access Improvements**

DBHS has created a system whereby all ASAM LOCs 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 place the client in the most appropriate LOC according to the most recent ASAM assessment within the treatment plan review. No client is immediately discharged. Should a client be assessed as needing 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 LOCs, 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 according to the most recent ASAM assessment. 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 corrective 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 Cognitive Behavioral Therapy (CBT), 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**

**10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility**

*FY15 Amount Budgeted: \$773,280*

*FY16 Amount Budgeted: \$751,800*

*FY16 SAPT Funds Budgeted: \$0*

**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 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. In 2007, DBHS expanded CATS with the 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).

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.

These services are funded entirely with State and County funds.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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.**

As a result of the most recent RFP for the CATS program, it was determined that the current provider, VBH, would no longer hold the contract to deliver this line of service. The new provider for CATS will be Odyssey House. DBHS, Odyssey House, VBH, and the county jail are currently establishing a process to transition this program in the most seamless way possible and minimize any potential for a disruption in service for clients.

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

### **11) Integrated Care**

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

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.

Starting on July 1<sup>st</sup> all providers using the County's EHR, UWITs, will have the ability to address clients with a co-occurring disorder in a single EHR.

In October of 2014 the State Division of Substance Abuse and Mental Health (DSAMH) was awarded the Cooperative Agreements to Benefit Homeless Individuals for Sates (CABHI) award by the Substance Abuse and Mental Health Services Agency (SAMHSA). Salt Lake County was a key partner in DSAMH's proposal and DBHS received \$561,000 (\$293,291 for MH and \$267,709 for SUD) to provide services to homeless individuals with co-occurring mental health and substance use disorders in Salt Lake County. DBHS is working with Volunteers of America (VOA) to effectively coordinate housing and behavioral health programming using evidence based practice and increase housing stability and recovery among those who are newly placed in permanent supportive housing. The program targets adults (18 years and older) with a mental illness and co-occurring substance use disorder or substance use disorder only that are homeless, chronically homeless, and/or veterans that are not already receiving services.

VOA is conducting outreach in the jail, shelters, meal sites, and other known areas where the population is known to congregate to provide screenings and assessments of individuals to determine eligibility for services. Once an individual is determined eligible VOA works on engaging those individuals into services and when appropriate coordinating with the Utah Department of Veteran Affairs. Individuals who are willing engage will be enrolled in an appropriate level of care. Services provided through CABHI include screening and diagnostic treatment services, habilitation and rehabilitation services, mental health treatment, substance use disorder treatment, case management, supportive and supervisory services in residential settings, referral services, housing services, and recovery support.

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

We will be adding Fourth Street Clinic to our network of SUD outpatient providers in FY 16 (see attached list of services and providers).

#### **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 Street Clinic for our homeless population, Odyssey House's Martindale Clinic, and Midtown Community Health Center located on State Street in Salt Lake City. In addition, Intermountain Health Care provides quite a bit of charity care for our clients.

#### **Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.**

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**

**12) Women’s Treatment**

***FY15 Amount Budgeted: \$8,891,828***

***FY16 Amount Budgeted: \$8,731,323***

**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.**

DBHS contracts to provide women’s treatment with six providers located between Salt Lake and Midvale. Providers include Catholic Community Services, House of Hope, Odyssey House, VBH, VOA/Cornerstone, and Project Reality. Services include 6 outpatient sites, 5 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 1 location for Medication Assisted Treatment (MAT) services.

Additionally, DBHS contracts to provide gender specific treatment for parenting and/or pregnant women and accompanying children with five providers located between Salt Lake and Midvale. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, and Project Reality. Services include 5 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 1 location for MAT services.

Some of the specific specialized services provided to women include:

- Women on Methadone can receive treatment at House of Hope, VBH and Odyssey House while pregnant. VBH 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The difference is primarily due to a change in methodology that does not affect the number of women served. In the SFY15 budget we included FFS SUD Medicaid but had no view to who was served. We are obligated to make the match but have no view to these services. In the past we have simply allocated it assuming it would be similar to our capitated plan but we do not know. We are trying to get some reporting to better understand it, especially due to its steady increase. This year we budgeted the match but did not budget the federal portion and we have never had the services. The result should be more accurate cost per individual served figures.

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

During the most recent RFP process to select an outpatient SUD network for Salt Lake County it was determined that Catholic Community Services would no longer be part of the provider network. DBHS is working on creating a transition of care plan for clients currently being served at these locations to another county provider to ensure continuity of care.

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

**13) Adolescent (Youth) Treatment**

***FY15 Amount Budgeted: \$3,953,099***

***FY16 Amount Budgeted: \$3,842,906***

**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 treatment for adolescents through five providers located between Salt Lake and Riverton. Providers include VBH, 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.

**Describe efforts to provide co-occurring services to adolescent clients.**

The Salt Lake County/ Salt Lake County/Optom 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. Additionally, Asian Association recently expanded their services to become a dual diagnosis enhanced program.

Additionally, all contracted vendors are required to have relationships with primary care systems. All contractors are encouraged to work with the primary care system, when appropriate. This is one area that is audited during DBHS’ monitoring visits.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The difference is primarily due to a change in methodology that does not affect the number of youth served. In the SFY15 budget we included FFS SUD Medicaid but had no view to who was served. We are obligated to make the match but have no view to these services. In the past we have simply allocated it assuming it would be similar to our capitated plan but we do not know. We are trying to get some reporting to better understand it, especially due to its steady increase. This year we budgeted the match but did not budget the federal portion and we have never had the services. The result should be more accurate cost per individual served figures.

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

No significant programmatic changes are expected.

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

### **14) Drug Court**

***FY15 Amount Budgeted: \$5,927,904***

***FY16 Amount Budgeted: \$6,046,722***

***FY15 Recovery Support Budgeted: \$115,500***

***FY16 Recovery Support Budgeted: \$115,500***

**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.**

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 has one staff member that conducts substance abuse assessments, makes referrals to contracted substance abuse treatment providers, attends drug court hearings, and acts as a liaison between the court and the contract treatment providers and resolve problems as they occur. In addition to this, DBHS has begun contracting with ARS to provide these services and ease the caseload of our current staff member. Currently, JDC is using the Pre-Screen Risk Assessment to identify high-risk/high need clients. FDDC is using the ASAM to assess the needs of clients and then working with DCFS to determine if an individual is high risk such indicators of high risk would include DCFS involvement, reunification, and failure to succeed at a higher level of care. ARS has begun using the RANT and intends to administer it to individuals they screen for FDDC; these results will be shared with the FDDC coordinator at the same time that the assessment results are shared. The FDDC team has expressed an interest in learning about appropriate Risk Screening tools for FDDC clients.

All FDDC and JDC clients are tested randomly two times a week. Testing is administered by the treatment provider. Both programs are covering the cost of confirmations.

Adult Felony Drug Court (FDC) – DBHS works with Criminal Justice Services (CJS) to provide treatment, case management, and peer support services for FDC clients. CJS provides all services for ASAM 1.0 and 2.1. The clinical services are provided by CJS in-house clinicians who are trained in SUD/MH services and well versed in using the ASAM and the DSM-IV-TR. Staff are trained in using evidenced-based practices (EBP), and in how to address the criminogenic needs of the High Risk/High Need clients. Drug Court clients assessed to need higher LOC are referred to County community providers (ASAM 3.1 and 3.5).

For ASAM 2.1, CJS currently offers three tracks of intensive outpatient services to accommodate client schedules. Drug Court key components suggest work is an important facet of staying and remaining drug free and CJS continues to support employment as a key factor of reducing recidivism. The three IOP tracks run throughout the day with a Morning, Mid-day, and Evening Track. During times when CJS is operating at capacity clients are referred to another provider in the community.

CJS also offers a variety of psycho-educational workshops which include; Thinking Errors, Communication, Parenting, Grief and Loss, Art Therapy, Yoga, Mapping, Living in Balance, Boundary Setting, etc.

Criminal Justice Services contracts with TASC© for all drug testing. Drug Court clients are on a randomized schedule, and are tested 1 time every three days. All clients are drug tested on weekends two times a month— one Sunday and one Saturday. Also, random holidays are chosen and clients are drug tested on those days throughout the year. The budget for drug testing has a contingency to help clients coming straight from jail, or those who are on indigent. We do not pay for drug confirmations.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

CJS has informed DBHS that they will be reducing the funding available for ASAM 3.5 or 3.1 levels of care by \$8,297, which will result in a reduction of 3-4 drug court participants in that level of care. They have also informed DBHS that they will be taking \$5,000 out of their drug testing budget, having an impact on approximately 400 clients who would have otherwise been covered for drug screens.

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

CJS added two more tracks of Intensive Outpatient Treatment for FDC clients. One of the tracks is being funded by the BJA grant, and two by County funding. We also have started Moral Recognition Therapy, which is designed for clients in the criminal justice setting. It is also being funded by the BJA grant; however, the need for this EBP is boundless for this population and ongoing funding will become a necessity after 2016.

**Describe the Recovery Support Services you will provide with Drug Court RS funding.**

RS funding for drug court clients is administered through the DBHS's ATR program. Through this program clients are provided vouchers for a wide variety of services that are meaningful in assisting with their recovery. Services include bus passes, bus tokens, partial pay for rent for three months, pay for drug testing, or any other need to promote recovery.

In addition to this CJS has 2 peer mentors on site to offer support and guidance that carry a cell phone 24/7. During business hours CJS has an on call therapist who carries a "crisis phone" to address any substance use or mental health crisis. CJS also has an in house DWS Worker who helps with Resume's and job placement. CJS works with a dentist who offers low cost services to our Drug Court clients. Finally, CJS has a robust Drug Court Alumni who have ongoing sober activities for clients to participate in each month.

## Form B – Substance Abuse Treatment Budget Narrative

### 15) Justice Reinvestment Initiative

#### **Identify the members of your local JRI Implementation Team.**

DBHS recognizes that JRI is a county wide initiative that affects multiple stakeholders including the county jail, courts, and the district attorney's office. As a result DBHS is committed to implementing a strategy for JRI that has broad support of county stakeholders. DBHS will seek approval from the following stakeholders prior to implementing any programming with JRI community based treatment funding:

SLCo Sherriff, <b>Jim Winder</b>	SLCo Mayor, <b>Ben McAdams</b>
SLCo District Attorney, <b>Sim Gill</b>	SLCo County Council, ( <a href="http://www.slco.org/council/">http://www.slco.org/council/</a> )
SLCo Criminal Justice Advisory Council (CJAC)	

CJAC is chaired by the SLCo Mayor and the membership is as follows:

Two members of the Salt Lake County Council as appointed by the Council

Salt Lake County Sherriff, **Jim Winder**

Salt Lake County District Attorney, **Sim Gill**

Salt Lake County Chief Deputy Sherriff for Correctional Services, **Pamela Lofgreen**

Salt Lake County Human Services Director, **Lori Bays**

Salt Lake Legal Defender Association Director, **Patrick Anderson**

Salt Lake County Criminal Justice Services Director, **Kele Griffone**

Municipal Prosecutor, **Padma Veru-Collings**

LEADS Chair, **Chief Russo**

Third District Court Presiding Judge, **Roya Hansen**

Justice Court Judges **Brendan McCullagh & John Baxter**

Administrative Office of the Courts, **Rick Schwermer**

Midvale Mayor **JoAnn Seghini**

Multiple stakeholder meetings have been held to date, culminating with a formal presentation to the county council June 2, 2015. The council was supportive of the current planning process, and will hear additional details at a later date. The proposed pilots will be presented to the Criminal Justice Advisory Council June 10, 2015.

#### **Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

In addition to the expansion of our ATI program that is discussed in the MH section, DBHS is currently working with our District Attorney to develop a pre-diversion pilot program that would serve low risk individuals with low to high substance use disorder needs. The pilot, as it is currently proposed, would divert newly charged individuals that are screened as low risk into immediate ASAM appropriate level treatment. We envision that for low risk individuals' referral to a Prime for Life course or other indicated prevention intervention could meet those needs. For others with higher needs we would work with a minimum of three providers to ensure client choice and referral into an immediate continuum of care, ASAM level of care 1.0 to 3.5. Our county District Attorney has agreed to hold on filing charges against the individual until they receive notification of treatment compliance for a minimum of six months or that the client is not compliant with treatment. If an individual receives a new charge during their time in treatment, or if they are not compliant with treatment, it would be grounds for the DA to file charges (new and old). See attached graphic for a depiction of the process as we currently envision it.

Lastly, DBHS is currently working with the Sheriff's Office and Criminal Justice Services (CJS) to develop an intensive supervision pilot targeting high risk individuals with low to high need, currently on probation. Through this program individuals determined to be high risk through an assessment will be dually supervised by a CJS case manager and a Sheriff's Office probation officer. Those with a SUD will receive immediate referral to a treatment provider. Multidisciplinary team staffings will occur regularly.

#### **Identify your proposed outcome measures.**

To track recidivism data for justice involved individuals, DBHS is developing a data-sharing agreement with our county jail. This will allow us to access jail data as it relates to new charge bookings and length of stay for clients enrolled in a DBHS funded program. To do this we will pull information from our electronic health record as well as work with partnering providers to develop program rosters that allow us to match against jail data and identify if clients have had new charges filed against them since enrollment in a program. Additional outcomes that we intend to track for this population includes—treatment and discharge status, numbers served, costs/client, and housing status.

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

**16) Drug Offender Reform Act**

*FY15 Amount Budgeted: \$1,366,433*

*FY16 Amount Budgeted: \$1,343,598*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:**

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

Peyton Smith, Third District Court Executive  
James Duckworth, AP&P DORA Administrator  
Mitch Park/Blake Nakamura, SLCo District Attorney  
Janida Emerson/Jeanne Edens, SLCo Division of Behavioral Health Services  
Mark Augustine, Salt Lake Legal Defender's Association  
Pamela Lofgreen, Chief Deputy, SLCo Sheriff's Department  
Kelly Lundberg, PhD, Director University of Utah/Assessment and Referral Services  
Others as necessary depending on issues.

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

We served 199 DORA clients in SFY 2014. It is estimated that we will serve a similar number of DORA clients in SFY 2016. We anticipate that approximately fifty percent of the clients being served in FY 2015 need continued services in FY 2016.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

The full continuum of SUD treatment and recovery services are available to DORA clients as described in the attachment.

## 16) Drug Offender Reform Act (Cont.)

- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

All DBHS DORA treatment providers must go through a rigorous selection process to ensure they have the capacity and experience to work with offenders in the DORA program. In the selection process for contracted providers, all agencies must demonstrate that they adhere to evidenced-based practices that are appropriate for a forensics population. All of the DORA treatment agencies have great collegial relationships with Region III AP&P, and use appropriate treatment intervention suited to the needs of the offenders (MI, CBT, MAT, etc.).

ARS has been contracted to perform the assessment services and case coordination with AP&P. ARS' DORA assessor is Aaron Bryant, LCSW, working under the clinical supervision of Donna Didas, LCSW, and Kelly Lundberg, PhD. ARS has a 10 year history of working with court/criminal justice involved individuals, has a great working relationship with the courts and AP&P, and has access to both the PSI and BCI information in order to assess the criminogenic needs of each DORA client. Additionally, ARS is very familiar with the DBHS DORA treatment system and knows all the agencies very well and can make a decision of the "right fit" for each offender.

All of the DBHS DORA Treatment agencies have a very good level of experience working with those with criminal backgrounds. Several of the DORA agencies either have or will this next year go through the CPC program under a pilot project administered through SLCo's Criminal Justice Advisory Council (CJAC) in cooperation with the University of Utah's Criminal Justice Center.

- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan.

Local Authority: Salt Lake County Division of Behavioral Health Services (DBHS)

## Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

Personnel	
<b>Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.</b>	
<b>Total Personnel Costs</b>	<b>\$ 0</b>

All services will be purchased through contract and the County does not anticipate billing the State for any administrative cost.

Contract Services	
<b>Briefly describe the Contract Services you will pay for with DORA funding.</b>	
<b>Total Contract Costs</b>	<b>\$ 1,343,598</b>

We currently contract with Clinical Consultants, First Step House, House of Hope, Odyssey House, Valley Behavioral Health, Volunteers of America, and IGS (for assessments only) to provide treatment services to DORA clients. We pass all DORA funding through for services.

Salt Lake County anticipates spending 100% of the DORA funds to purchase contracted SUD services, including a full continuum of care from outpatient ASAM 1.0 to high intensity residential ASAM 3.5. DBHS will spend County funds to purchase assessment and coordinator services from the University of Utah (Assessment and Referral Services). DBHS will further use a combination of County and State general funds for Medicaid match to ensure that DORA clients eligible for Medicaid receive those services administered by our contracted MCO Salt Lake County/Optum. All providers are required to taxpayer dollars as payment of last resort and bill third party payers first.

Equipment, Supplies and Operating (ESO)	
<b>Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.</b>	
<b>Total ESO Costs</b>	<b>\$ 0</b>

All services will be purchased through contract and the County does not anticipate billing the State for any administrative cost.

Travel/Transportation	
<b>Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.</b>	
<b>Total Travel/Training Costs</b>	<b>\$ 0</b>

All services will be purchased through contract and the County does not anticipate billing the State for any administrative cost.

<b>Total Grant</b>	<b>\$ 1,343,598</b>
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Local Authority: Salt Lake County Division of Behavioral Health Services (DBHS)

## 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).**

Salt Lake County's assessment involves the gathering and examination of data related to substance abuse and associated problems, as well as related conditions and consequences in the community. Assessing the problems means pinpointing what the problems are in the county, as well as the populations that are affected. It also means examining the conditions that put the county at risk and identifying conditions that can protect against those problems.

SL County Department of Health (DOH) assesses needs and gaps on a continual basis, but follows a formal process every three or four years in conjunction with contract cycles. The last assessment was done in 2015, and it is anticipated that a more comprehensive and integrated community needs assessment will be done in conjunction with the County Health Department in the next two years.

The process included

- Understanding that services and outcomes are based on good data
- Identifying and collecting data
  - Including, but not limited to the following data sources:
    - Utah SHARP survey, both 2013 and trending years
    - National Use Rate Surveys (Monitoring The Future, National Survey on Drug Use and Health)
    - Salt Lake County Community Health Assessment 2013 (County Health Department)
    - SLCo Community Resource Development 2013 needs assessment
    - Archival data and Social Indicators
      - Utah State Epidemiological Outcomes Workgroup Online Data System
    - County Health Rankings 2015
    - Salt Lake County SUD prevention network of care
    - National Prevention Strategy
- Assessing relevant gaps
- Addressing gaps
- Attention to special or sub-populations
  - Examples of populations identified
    - Aging and elderly
    - Refugees
    - Prevention-ready communities
    - Services on location, within population(s)
- Assess readiness and resources
- Monitor emerging trends

Since DBHS SUD Prevention Services are merging with the County Health Department, it is our goal to start gathering more community-specific data within SLCo, and collaborate with more community-specific stakeholders. The prevention assessment process will not change, but in years to come, we do expect to collect and use more local data, which will modify our identified gaps, sub-populations, priorities, and available resources.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

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

The Risk and Protective Factors prioritized for the purpose of this grant are:

Risk Factors identified that need to be reduced:

1. Parental Attitudes Favorable to Antisocial Behavior (Family Domain)
2. Attitudes Favorable to Antisocial Behavior (Peer Individual Domain)
3. Early Initiation of Drug Use (Peer Individual Domain)
4. Perceived Risk of Drug Use (Peer Individual Domain)

Protective Factors identified that need to be strengthened:

1. Rewards for Prosocial Involvement (Community Domain)
2. Opportunities for Prosocial Involvement (Family Domain)
3. Family Attachment (Family Domain)
4. Rewards for Prosocial Involvement (Family Domain)

The above factors are specific to Salt Lake County. While many of our communities inside the county share these same risk and protective factors, we have not conducted a thorough enough needs assessment to prioritize these factors for each community. It is our plan over the next couple of years to collect enough data to provide more community-based or population-based planning. The Partnership For Success grant and its Regional Director will assist us in creating a strategic plan and identifying which communities to prioritize.

## Form C – Substance Abuse Prevention Narrative

### 3) **Prevention Capacity and Capacity Planning**

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

Salt Lake County strives to have the capacity, meaning the resources and readiness, to support the prevention programs, policies, and strategies prioritized in our prevention plan.

Key components of our capacity planning include:

1. Outreach to build understanding of effective prevention processes
2. Maintain skills to conduct and sustain community planning,
  - Required SAPST
  - Annual Question -Persuade- Refer (QPR) training and Mental Health First Aid Training
  - Supporting Utah Certified Prevention Specialist credentials
    - Providing continuing education credits for professional certifications
  - Provide for and support CTC training and technical assistance
  - Provide monthly meetings to discuss prevention needs, effective programming, legislative discussions, access to services, linking resources, diversity training etc.
3. Foster relationships to sustain planning processes
  - SLCo will develop and sustain more than 30 formal relationships with community-based prevention providers and communities- including schools, community non-profits, community coalitions, townships and other SUD prevention focused agencies
4. Support community-based coalitions
  - We are supporting an increasing number of community-based strategies, and working with coalitions in fiscal and organizational collaboration
5. Advocate for, and implement effective prevention programs
  - All of our prevention programs are evidence-based, as defined by the State DSAMH. Our goal is to increase fidelity to these programs. At least 80% of prevention programming will provide services to fidelity, with the goal of increasing that percentage through audits and technical assistance.
6. Match priorities to efficacious prevention interventions
7. Provide for the complete continuum of care for prevention

Action Plan to work with public health, community health. This includes increasing fiscal, human and organizational resources. Raising awareness, and readiness, strengthening collaboration and developing a better work force.

With this year's move into Community Health, we are linking with many new prevention-based organizations and programming. For example, the Health Department has assessed and prioritized child health and early child development in the county. Through several grants and county funding, they have provided the Nurse Family Partnership (NFP) to 506 families. The NFP program is an evidence-based program that SUD prevention recognizes as exemplary. The NFP program also addresses one of SUD prevention's prioritized risk factors- Parental Attitudes Favorable Toward Antisocial Behavior. SUD prevention staff has been assigned to the county's NFP board, and is scheduled to train the NFP nurses in prevention science and current resources. This partnership is an example of increasing capacity through all 7 components.

Another area for continued capacity building is increased collaboration with the local Healthy Community's network, and other coalitions of interest.

Salt Lake County (SLCo) has supported coalitions on an ongoing basis for several years. Using the PFS grant as a catalyst, it is the intent of the SLCO Prevention Division to enhance and institutionalize ongoing support of community-centered coalition efforts throughout the county. It is exciting to know that this will greatly enhance the current public-private partnership model being used through enriching SLCo's understanding of localized community needs, while simultaneously increasing the ability to effectively address those needs in meaningful ways.

Historically, SLCo substance abuse prevention has been an active member of multiple coalition efforts throughout the county. This participation was based primarily on direct invites from the coalitions and the interactions were focused on requests so as to allow the community to own the process. It became apparent that most of these coalition groups were in need of technical assistance.

However, these needs varied greatly across the groups. Through the PFS project, SLCo will use a portion of the staff support as well as additional funding to facilitate ongoing discussions with existing coalitions to encourage them to align with evidence-based community processes such as the Communities that Care (CTC), and the Community Anti-Drug Coalitions of America (CADCA) models. The county believes that these evidence-based, community-centered prevention models are critical pieces toward the goal of reducing substance use and improving the quality of life for the citizens of Salt Lake County.

The County will do two things this fiscal year to address this piece of the puzzle. First, SLCo will ensure that technical assistance for coalitions is available as needed for coalitions to engage in evidence-based prevention practices. Second, SLCo, will actively seek out communities, entities, and individuals that are on the continuum of prevention readiness and provide support, encouragement, technical assistance and infrastructure support to facilitate movement towards community-centered, evidence-based prevention practices.

As prescribed by the Division Directives, Salt Lake County is participating with our local law enforcement with EASY compliant checks. In calendar year 2014, Salt Lake County had a compliance rate better than 91%. Salt Lake County will provide more staff time this next year to maintain or increase, not only the percentage of compliance, but the percentage of law enforcement agencies turning in compliance data. Salt Lake County is planning to hire an SUD prevention community liaison that will work with local communities to provide support for their respective enforcement agencies.

## Form C – Substance Abuse Prevention Narrative

### 4) Planning Process

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

Planning increases the effectiveness of prevention efforts—by focusing energy, ensuring that programs are working toward the same overall goals, and providing the means for assessing and adjusting programmatic direction, as needed.

In alignment with the SPF process, our planning includes:

**1. Identify or prioritize risk and protective factors**

- These are supported by data, and use rates

**2. Develop a strategic prevention plan**

- We call ours the “Prevention Services Plan”

**3. Select evidence-based strategies/practices**

- All county funded programs are contractually required to be evidence-based, using the criteria established by the State. It is our goal that at least 80% of our programs and strategies are implemented to fidelity, with the plan to increase adherence to fidelity through audits and technical assistance.

**4. Develop a funding model and guidance for sub-recipients** (currently a private / public partnership model)

The SLCo behavioral health system is one of the largest in the Intermountain West. SLCo, like many large urban counties and governmental agencies, deliver services with the help of 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 led to greater growth of the public dollar, and sustainability in services.

This funding model 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:

1. Target Population
2. Program Goals and Objectives
3. Program Design
4. Performance & Outcomes
5. Community/Coalition Support and Collaboration
6. And Competitively Priced

The result of the chosen RFPs (and their scopes of work and logic models) become the basis our action plan

**5. Align process with other behavioral health efforts**

One of the main reasons to align our process with others is to plan for sustainability. Processes can be aligned and continued after funding or other priorities change.

The public/private partnership provides the opportunity for the Division to align with many of the community-based prevention providers. Working with communities and coalitions, we are committed to provide technical assistance and support in following the SPF planning process. Working with county agencies, and within the county system, we have championed our process, and continue to align ourselves with other community health systems of care.

**6. And, Identify outcomes and process measures**

See the section 5 and 6

**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 biannual program site visits and reports that evaluate what is working, and how programs are improving fidelity and outcomes.

The site visits include 3 areas of attention.

1. Contract compliance (insured, ADA compliant, county logos, grievance procedures, Workers Comp, employee eligibility, etc.)
2. Process data, billing and utilization (numbers served vs. numbers projected to serve, billing timeliness and accuracy, files to back-up billing, etc.)
3. Fidelity and program quality improvement (logic models, short-term outcomes, program adaptations, logs or files of program implementation, technical assistance needs, etc.)
  - o Program fidelity is an increasing priority for prevention services, and may include more site visits, data justifications and technical assistance.

The Year-end report is done at the end of the State Fiscal contract year and is due in August. Each provider 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 Year-end 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 will be submitted to the State DSAMH as a part of the Division Directives.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

Salt Lake County has Logic Models for each of the programs that are provided by our contractors. Our current contracts end on June 30, 2015. We are a few weeks away from awarding the new FY2016 contracts. The new contracts will have a new set of Logic Models. We have reviewed all of the Logic Models from these new proposals and many of them will need to be particularly updated.

This issue has been discussed with Susannah Burt with the Utah Division of Substance Abuse & Mental Health. Susannah recommended we not turn in Logic Models that will be rewritten. She said it would be alright to have Logic Models revised and turned into the State by July 1<sup>st</sup>, 2015. **All rewritten Logic Models will be turned in by July 1<sup>st</sup>, 2015.**

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2015 and describe why they were discontinued.**

Salt Lake County will be ending the current contract cycle and entering into a new cycle July 1<sup>st</sup> 2015. Some providers have decided to discontinue some programs and provide new programming.

**Asian Association of Utah** has discontinued Academic Assistance and Family Crisis, Peer Leadership and Case Management and replaced these programs with Parenting Wisely, Life Skills, Yell, and Dare to Be You.

- These programs are more evidence-based and a better fit for this population

**Boys and Girls Club Greater Salt Lake** has discontinued Smart Moves and Smart Parents and replaced these programs with Protecting You Protecting Me, and Keepin' it Real.

- Even though Smart Moves and Smart Parents are in-house prevention programs, BGC of GSL have chosen programs that are a better resource for the population they see on their 3 campuses in SLCo

**Urban Indian Center** has discontinued Life Skills and replaced this program with Strengthening Families.

- To implement a more evidence-based program

**Volunteers of America Cornerstone Counseling Center** has discontinued Sixth Sense and replaced this program with All Stars.

- Although both Sixth Sense and All Stars are evidence-based, All Stars has more evidence for the population and the modality of the services (inside the school health classes)

**Valley Behavioral Health, Volunteers of America Cornerstone Counseling Center, and Project Reality** are no longer doing a Strengthening Families collaboration.

- One agency provided the parenting section, one the youth life skills (multiple age groups), and one the combined activities
- Collaborating 3 agency programs made it difficult to provide services to fidelity, and the interdependency made it a challenge for billing out the contract
- VOA and Project Reality continue to collaborate in a smaller and less formal way

**Form C – Substance Abuse Prevention Narrative**

**8) Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

DBHS recognizes that JRI is a county wide initiative that affects multiple stakeholders including the county jail, courts, and the district attorney’s office. As a result DBHS is committed to implementing a strategy for JRI that has broad support of county stakeholders. DBHS will seek approval from the following stakeholders prior to implementing any programming with JRI community based treatment funding:

SLCo Sherriff, <b>Jim Winder</b>	SLCo Mayor, <b>Ben McAdams</b>
SLCo District Attorney, <b>Sim Gill</b>	SLCo County Council, ( <a href="http://www.slco.org/council/">http://www.slco.org/council/</a> )
SLCo Criminal Justice Advisory Council (CJAC)	

CJAC is chaired by the SLCo Mayor and the membership is as follows:

Two members of the Salt Lake County Council as appointed by the Council

Salt Lake County Sherriff, **Jim Winder**

Salt Lake County District Attorney, **Pamela Lofgreen**

Salt Lake County Chief Deputy Sherriff for Correctional Services, **Pamela Lofgreen**

Salt Lake County Human Services Director, **Lori Bays**

Salt Lake Legal Defender Association Director, **Patrick Anderson**

Salt Lake County Criminal Justice Services Director, **Kele Griffone**

Municipal Prosecutor, **Padma Veeru-Collings**

LEADS Chair, **Chief Russo**

Third District Court Presiding Judge, **Royal Hansen**

Justice Court Judges, **Brendan McCullagh & John Baxter**

Midvale Mayor, **JoAnn Seghini**

Administrative Office of the Courts, **Rick Schwermer**

**Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.**

In addition to the expansion of our ATI program that is discussed in the MH section, DBHS is currently working with our District Attorney to develop a pre-diversion pilot program that would serve low risk individuals with low to high substance use disorder needs. The pilot, as it is currently proposed, would divert newly charged individuals that are screened as low risk into immediate ASAM appropriate level treatment. We envision that for low risk individuals’ referral to a Prime for Life course or other indicated prevention intervention would meet those needs. For others with higher needs we would work with a minimum of three providers to ensure client choice and referral into an immediate continuum of care, ASAM level of care 1.0 to 3.5. Our county District Attorney has agreed to hold on filing charges against the individual until they receive notification of treatment compliance for a minimum of six months or that the client is not compliant with treatment. If an individual receives a new charge during their time in treatment, or if they are not compliant with treatment, it would be grounds for the DA to file charges (new and old). See attached graphic for a depiction of the process as we currently envision it.

**Identify your proposed outcome measures.**

To track recidivism data for justice involved individuals, DBHS is developing a data-sharing agreement with our county jail. This will allow us to access jail data as it relates to new charge bookings and length of stay for clients enrolled in a DBHS funded program. To do this we will pull information from our electronic health record as well as work with partnering providers to develop program rosters that allow us to match against jail data and identify if clients have had new charges filed against them since enrollment in a program. Additional outcomes that we intend to track for this population includes—treatment and discharge status, numbers served, costs/client, and housing status.

**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> <p><b>Enhance Wellness</b> Personal health coaching for adults 60 years of age or older</p>
<b>ASIAN ASSOCIATION OF UTAH</b>	S&I	<p><b>PARENTING WISELY</b> This program is designed to increase parents’ skills in working with children’s problem behaviors, negotiate with children on conflict situations to achieve satisfactory results for both parties, mediate sibling rivalry, learn constructive skills that would reduce children’s involvement with drugs, and increase parental confidence.</p> <p><b>LIFE SKILLS</b> The LST program addresses many risk and protective factors one of the most important being the skills to resist pro drug influences which can help perceived risk of drug use while curbing early initiation of drug use.</p> <p><b>YELL</b> The YELL program has lessons on teamwork, decision making, and what makes a good leader.</p> <p><b>DARE TO BE YOU</b> The DTBY program consists of separate curriculums for parents and the 2-5 year old age groups. The concepts learned by the parents include the developmental stages of children, problem-solving, communicative alternative to punishment, role modeling, decision-making, empathy, and esteem for self and others. Parents are taught the drawbacks of “laissez-faire” and “authoritarian” parenting models, which many have used in their own countries; they are taught how to parent intelligently and warmly while complying with US laws, and playful and positive interaction is superior to being a harsh rule enforcer.</p> <p><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> <p><b>MENTORING AT-RISK YOUTH REFUGEE POPULATIONS</b> Same as above but focused on Refugee populations</p>

<b>BOYS AND GIRLS CLUB GREATER SALT LAKE</b>	S	<p><b>PROTECTING YOU, PROTECTING, ME:</b> An evidence-based alcohol use prevention curriculum that provides a series of science and health-based lessons that teach children how to protect themselves and make informed decisions. <i>PY/PM</i> helps reach children before they have fully shaped their attitudes and opinions about alcohol use by youth, and focuses on the effects of alcohol on the developing brain during the first 21 years of life.</p> <p><b>KEEPIN' IT REAL:</b> An evidence-based, multicultural substance use prevention program designed to help students assess the risks associated with substance abuse, enhanced decision making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use.</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>
<b>CORNERSTONE COUNSELING CENTER (VOLUNTEERS OF AMERICA)</b>	U,S&I	<p><b>ALL STARS</b> Provides social skills training and drug prevention education for high risk classrooms in grades six, seven, and eight.</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</b> The VOICES 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>
<b>GRANDFAMILIES</b>	S	<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>
<b>GRANITE SCHOOL DISTRICT</b>	I	<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>
<b>HOUSING AUTHORITY</b>	S&I	<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. <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>
<b>URBAN INDIAN CENTER</b>	S	<p><b>STRENGTHENING FAMILIES</b> For parents and youth from American Indian descent.</p>
<b>NEIGHBORHOOD ACTION COALITION</b>	S	<p><b>MIDVALE UNITED-</b> coalition in Midvale that implements an active youth program called SPORT and Botvin Life Skills.</p>

<b>NEIGHBORHOOD HOUSING SERVICES</b>	S	<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 & job application skills), etc.
<b>PROJECT REALITY</b>	S&I	<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.
<b>SALT LAKE SCHOOL DISTRICT</b>	I	<b>PRIME FOR LIFE:</b> Focuses on teaching children the power of choice and how they can prevent problems by making low-risk choices. The program also focuses on education around the physical and psychological risks of substance use.
<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>TOO GOOD FOR DRUGS &amp; VIOLENCE</b> A school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. <b>POSITIVE ACTION PROGRAM</b> A comprehensive coherent program that has components for all parts of the school, the family, and the community. It works on many levels of the school—from the individual to the classroom to the entire school system. It addresses all areas of the self: the physical, intellectual, and social/emotional. It is both a content area and a teaching method. Within its curriculum, it teaches standards of achievement in every content subject area directly and applied
<b>VALLEY MENTAL HEALTH</b>	U,S&I	<b>TOO GOOD FOR DRUGS AND VIOLENCE</b> Builds skills with the intention of prevention ATOD use and promoting healthy decision-making and positive, healthy youth development. <b>123 MAGIC</b> Prevention practice that combines elements of family systems theory, cognitive therapy, behavior modification, and some elements that are unique to the program. <b>PARTNERS FOR A HEALTHY BABY</b> Comprehensively addresses issues of child development within the context of the multifaceted needs of expecting and parenting families.

<p><b>YOUTH SERVICES</b></p>	<p>U,S&amp;I</p>	<p><b>TOO SMART TO START</b>  Teach refusal skills and techniques, with attention to social incentives, attitudes, and underlying perceptions, and positive decision making skills, as well as other life skills to youth.</p> <p><b>STRENGTHENING FAMILIES</b>  Parenting and family skills training program to parents and their youth that will consist of weekly skill-building sessions.</p> <p><b>TOO GOOD FOR DRUGS AND VIOLENCE</b>  Teach refusal skills and techniques, with attention to social incentives, attitudes, and underlying perceptions, and positive decision making skills, as well as other life skills to youth.</p> <p><b>DISCOVERING POSSIBILITIES (GIRLS CIRCLE)</b>  Stimulates critical thinking and moral reasoning through experiential activities and guided discussions. Based in the principals of motivational interviewing and strengths-based approaches that target resiliency and protective factors.</p>
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# Salt Lake County Division of Behavioral Health

## Treatment Fee Policy

**(Does not apply to Adult Drug Court Outpatient Services – See the Criminal Justice Division Fee Policy on page 94)**

**This policy language is an extract from our treatment contract boilerplate and all contracted behavioral health substance abuse treatment providers are held to this policy. Each contracted provider has an individual fee policy that must at a minimum meet these guidelines.**

### **FEES**

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).

## **Salt Lake County Behavioral Health Services Fee Schedule Methodology and Use** **(Does not apply to Adult Drug Court Outpatient Services – See Criminal Justice Services Fee Policy on page 94)**

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, 2015**

**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>
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,  
2015**

**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>
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, 2015**

**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, 2015**

**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, 2015**

**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, 2015**

**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, 2015**

**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, 2015**

**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, 2015**

**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, 2015**

**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

## **Salt Lake County Criminal Justice Services**

### **Drug Court Outpatient Payment Plan (independent of the Behavioral Health Services fee schedules)**

All Medicaid eligible clients are billed to Medicaid at the Medicaid approved rates. Non-Medicaid eligible clients are charged \$100 per month for services received not to exceed \$1,200 for the duration of the Drug Court Program.

Clients can receive consideration for a reduction in fees. The case manager must receive supervisor approval and provide explanation/documentation for the reason the client cannot make payment.

Criminal Justice Services purchases residential services for its adult drug court client via the Behavioral Health Services Division's provider network. For those residential services the Behavioral Health Services residential fee schedule and methodology applies.

# 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.

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

### Attachment 5 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		X			
University of Utah Hospital (UNI)									X
Valley Behavioral Health Youth		X		X				X	
VOA/Comerstone 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/Comerstone 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/Comerstone 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/Comerstone 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	
Fourth Street Clinic		X							
Haven*								X	
House of Hope		X	X	X				X	
Odyssey House/Jail**	X	X	X	X	X		X	X	
Project Reality		X							
Sandy Counseling Centers*		X	X						
Valley Behavioral Health A&D		X	X						
Valley Behavioral Health Forensic/Jai	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>33</b>	<b>24</b>	<b>16</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>15</b>	<b>2</b>

\* These agencies were cut in the recent RFP and will not be part of the provider network effective July 1, 2015

\*\* The jail services provider will be switching from Valley Behavioral Health to Odyssey House effective July 1, 2015

**SL CO. DIV. OF SUBSTANCE ABUSE SERVICES  
Quality Assurance (CQI)/Contract Compliance (CC) Supplemental Tool**

**FY15 Review**

EPISODE START:  
EPISODE END:  
REVIEW DATE:  
REVIEWER:

CLIENT ID:  
TX PROGRAM:

EPISODE START:  
REVIEW DATE:

	<p>Site Visit: Ask about Recovery Plus, MAT services, 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.</p> <p>Ask what other insurances or agencies they bill and what system is used, and how they bill and receive payments.</p> <p>Ask about supervision records.</p> <p>Ask about version of Windows being used.</p>
<b>COMMENTS/ACTION REQUIRED</b>	<p><b>CLIENT RECORD REVIEW – PAPER CHART</b></p> <ol style="list-style-type: none"> <li>Signed and dated <b>Release of Information</b>, including 42CFR &amp; 45 CFR (HIPAA) reference - check expiration date</li> <li><b>Release of information</b> recognizes the conflict that exists between HIPAA and 42CFR when <b>client is connected with the courts</b></li> <li>Signed and dated <b>Client Consent for Treatment</b> form is present</li> <li>TB test status is present for clients in residential treatment facility</li> <li>Client is a Salt Lake County resident (proof of residency was verified and obtained)</li> <li>Proof of ID established by valid driver's license, state identification card, or student/employer ID</li> <li>Proof of income was obtained (every time it changed)</li> <li>Fee agreement is based on the SLCO sliding fee schedule, is completed, includes income amount (including food stamps, vocational income, etc.), number of dependents, insurance information (or none), co-pay amount, waived/reduced reason (if applicable) and is dated and signed by both provider and client</li> <li>Fee agreement was reviewed at least quarterly</li> <li>Insurance Eligibility documentation is present (If has insurance, proof of billing insurance is present)</li> <li>County Medicaid Eligibility Checklist is present &amp; completed</li> <li>Medicaid eligibility checks completed monthly (Agency must show how they are documenting this)</li> <li>Medicaid spend down hardship documented (if applicable)</li> </ol> <p><b>CLIENT RECORD REVIEW - EHR ASSESSMENT/ASADMINISTRATIONAL SUMMARY</b></p> <ol style="list-style-type: none"> <li>Bridge Note (new episode not attached to an assessment)</li> </ol>
<b>COMMENTS/ACTION REQUIRED</b>	

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	
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	
3. Assessment is on-going and considers safety needs, culture, and is focused on strengths and supports. The assessment is current.	
4. If in currently in treatment, assessment is updated annually	
5. Initial assessment used for admission was completed within six months of admission	
<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.	Treatment Plan is kept current	
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 evident	
5.	Progress on Dimension 6/NOMS goals is timely (employment, school, support group participation, housing)	
	<b>TREATMENT DOCUMENTATION</b>	<b>COMMENTS/ACTION REQUIRED</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.	Documentation in the Encounter Narrative lists the number of clients and the names of staff present for group services	
6.	Signatures including credentials are present and legible (electronic signature in UWITS, legible if written in paper file)	
7.	When needed, clinical supervision is noted with appropriate signature and credential(s)	
8.	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>	
9.	Provided the client with information and additional resources for recovery during treatment	
10.	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> </ul>	

<ul style="list-style-type: none"> <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>FISCAL</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>	
1. If fund code, client reports sent to funding agencies are in the electronic record or paper record	
<b>DATA INTEGRITY</b>	
Please note any data integrity issues.	
<b>COMMENTS/ACTION REQUIRED</b>	

**SL CO. DIV. OF BEHAVIORAL HEALTH SERVICES Mental  
Health OUTPATIENT Clinical Quality Assurance Audit Tool FY15  
Review**

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

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

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

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

<b>SECTION A ADMINISTRATIVE</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
Signed Consent to Treatment	Yes No	
Signed and dated <b>Release of Information</b> , 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	
<b>SECTION B ASSESSMENT</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
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>		
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>		
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>		
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 with appropriate signature and credential(s)	Yes	No	
Service codes are congruent with the service rendered	Yes	No	

(90801/90806/G...)			
Case management is used appropriately	Yes	No	
A current version of the OQ/YOQ 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>
<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 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



**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	Yes	No	
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	Yes	No	
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	Yes	No	
Evidence that there was follow-up to confirm that the patient has connected with continuing care	Yes	No	
<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	Yes	No	
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  
FY2012 Site Monitoring Report of OptumHealth's Contracted Mental Health Services

**SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**MCO Administrative Quality Assurance Audit Tool**  
**FY15 Review**

REVIEW DATE:            REVIE            WER:

FACILITY: OptumHealth

<b>SECTION A ADMINISTRATIVE</b>	<b>Present?</b>	<b>COMMENTS/ACTION REQUIRED</b>
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] 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	
Contracts meet contractor assurances found in Section A 5 A 1-7 and Tobacco-Free Policy and Section 8 C 6 a-f	Yes No	(Contract template to be reviewed)
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 instructional materials in a manner and format that may be easily understood (i.e. whenever possible at the sixth-grade level)	Yes No	

<p>[Section A 6 A 1]  [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>(Member handbook to be reviewed)</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>(In Contract?)</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 [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>3) the CONTRACTOR's policies and procedures for detecting and preventing Fraud, Waste, and Abuse.</p>		

Optum's screening of LEIE and SAMs [Section A 9 B 2] Provider's screening of LEIE and SAMs [Section A 9 B 2]	Yes No Yes No		COMMENTS/ACTION REQUIRED
QAPI POLICIES, PROCEDURES, PLAN	Present?	Yes No	COMMENTS/ACTION REQUIRED
<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		
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		
POLICIES AND PROCEDURES	Present?	Yes No	COMMENTS/ACTION REQUIRED
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 services in Enrollees' preferred languages from providers fluent in the language.	Yes No		

The CONTRACTOR will educate Subcontractors and other staff regarding these policies and procedures [Section A 5 D]	Yes No	
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]	Yes No	
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] (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)	Yes No	
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	Yes No	
CONTRACTOR will have written policies and procedures for credentialing potential providers and for re-credentialing Subcontractors [Section A 8 B 3]	Yes No	
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]	Yes No	
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]	Yes No	
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]	Yes No	
CONTRACTOR has written policies and procedures to address and carry out all of the requirements for authorization of services contained in this Section 11		
<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 and continuing authorization of Covered Services [Section A 11 C]</li> </ul>		

<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>		<p>Yes No</p>	

# Behavioral Health Alternatives to Incarceration: RESULTS

(7/1/12 to 12/31/14)

## Alternatives to Incarceration Programs (ATI)

Programs designed to reduce use of the criminal justice system for those with serious mental illness or co-occurring mental illness and substance use disorders to improve opportunities for these individuals.

- Jail Diversion Outreach Team (JDOT)—an assertive community outreach team offering a 1:10 staff/patient ratio and 24/7 availability.
- Co-Occurring Reentry & Empowerment (CORE) – This team serves adult male criminal offenders with co-occurring disorders in a 16-bed facility providing wrap-around services on site and in the community.
- Community Response Team (CRT)—The team reaches into the jail to support inmates with serious and persistent mental illness to provide resources, advocacy and support in discharge planning. Services are coordinated across an array of agencies to support the consumer.
- ATI Transportation: Valley Mental Health picks up SPMI inmates released from the jail at a specific time and transports them to a community-based treatment provider for assessment and services.

## What are we working to achieve?

- Reduced criminal activity and involvement with the criminal justice system;
- Increased participation in housing; and
- Increased participation in behavioral health treatment for those needing it

## Study Design

The outcomes data presented follow the group who participated in services in FY2012 (July 1, 2011-June 30, 2012). Results are pre and post program enrollment one year before/after, two years before/after and three years before/after. Year 3 reflects the 57% of participants for whom 3 years have passed since program intake. Because the ATI transport is a single encounter, the outcomes focus on whether participants were engaged in treatment services 30 days after release from jail. Housing data show those involved in Salt Lake County Housing.

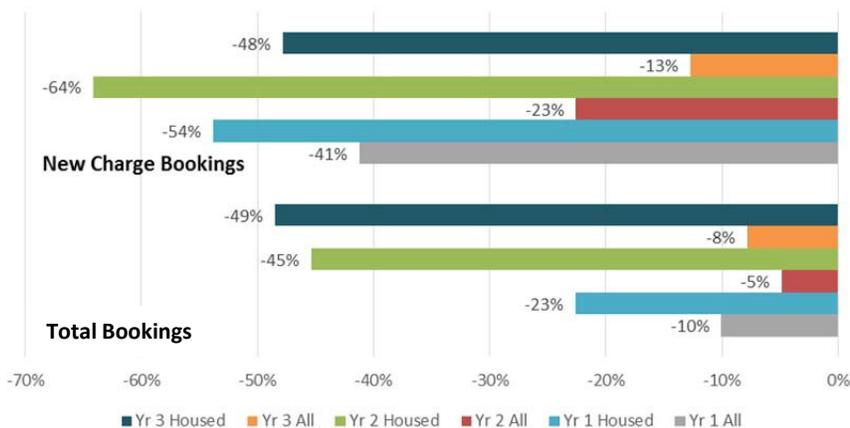
# Evidence of Success: CORE & JDOT

Both the CORE and JDOT programs have a clear positive impact in the three years after engagement in services, including:

- reduced involvement with the jail;
- reduced criminal activity;
- reduced length of the time in jail; and
- increased number of newly housed.

Participation in JDOT and CORE reflect significant reductions in bookings and length of stay. Individuals housed in County Housing programs continue to show stronger results than those not in Housing. In the three-year period, those in SLCO housing programs experienced a 48% decline in new charge bookings (see table 1) and a 70% decrease in length of stay (see table 2).

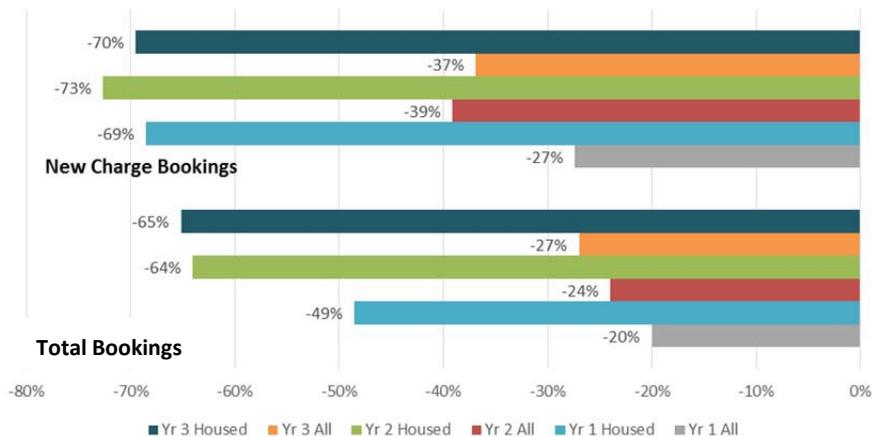
**Table 1 Percent Reduction in Bookings (All v. SLCo Housed)**



New Charge Bookings reflect bookings for new crimes.

Total Bookings include those for probation violations, warrants, other administrative violations and new charge bookings.

**Table 2 Percent Reduction in Length of Stay (All v. SLCo Housed)**



Additionally, analysis of the data show that new charge bookings in the JDOT program were primarily from a few participants who had a large number of new bookings. Only 18% of JDOT clients have remained active after three years. This shows that most of these bookings occurred after leaving the program. For CORE, 17% of New Charge Bookings occurred while in the program.

For all participants, there is a 27% reduction in Length of Stay for Total Bookings and a 37% reduction in length of stay for New Charge Bookings in the 3 years before and after program participation (see table 2). Both programs saw a greater reduction in length of stay for new charge bookings than for total bookings.

## BOOKINGS

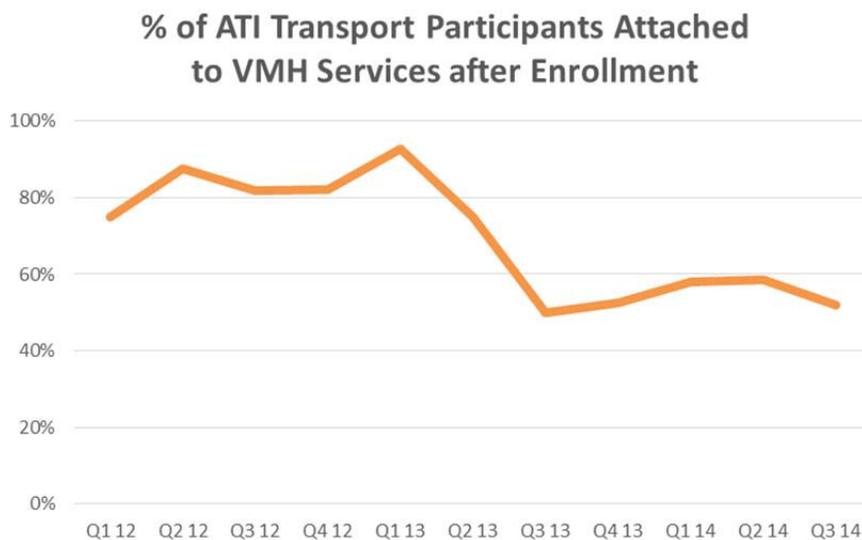
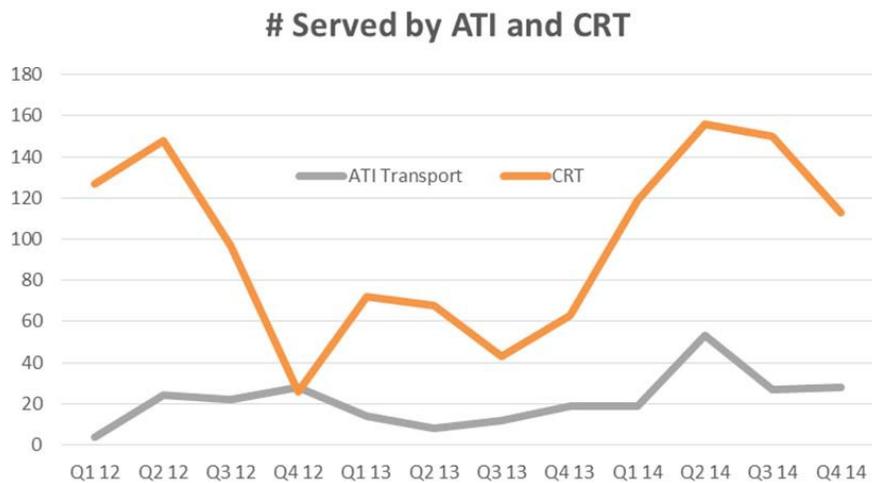
Both CORE and JDOT showed reductions in the percent of participants who had bookings before and after participation. The percentage of individuals with bookings due to new charges decreased by 22% in the 3 years after program participation (see table 3).

Table 3  
Percent of People who had Bookings Before and After Participation

	CORE			JDOT			TOTAL		
	1 Yr	2 Yrs	3 Yrs	1 Yr	2 Yrs	3 Yrs	1 Yr	2 Yrs	3 Yrs
Total Bookings (% Booked)									
Before Program	64%	84%	92%	54%	69%	80%	57%	73%	84%
After Program	58%	66%	74%	54%	63%	68%	56%	64%	70%
Reduction	-6%	-18%	-18%	0%	-6%	-12%	-1%	-9%	-14%
New Charge Bookings (% Booked)									
Before Program	38%	74%	80%	35%	51%	63%	36%	58%	68%
After Program	20%	30%	48%	25%	38%	46%	23%	36%	46%
Reduction	-18%	-44%	-32%	-10%	-13%	-17%	-13%	-22%	-22%

# Evidence of Success: ATI Transport & CRT

The total number of CRT in-reach visits to the jail has varied significantly, ranging from 146 in 2012 to 26 later that year and increasing to its high of 157 in the 2014. In-reach has decreased in the past two quarters. ATI Transport experienced declines in Q2 of 2013, increased in early 2014 and then stabilized at 2013 levels.



The ATI Transport program has seen reduced effectiveness at engaging people in service upon arriving at Valley Behavioral Health upon leaving incarceration. While the engagement rate began at 75% in Q1 2012, it has been under 60% for the past year. Analysis is underway to determine the reasons for the reduced numbers.

# Additional Data

The table below provides overall information for JDOT and CORE clients during the three year time period. It outlines information on total bookings, new charge bookings, and length-of-stay for each.

	CORE			JDOT			Total		
	1 year	2 years	3 years*	1 year	2 years	3 years*	1 year	2 years	3 years *
# of Participants	50	50	50	112	112	112	162	162	162
% Active After Stated Time	4%	0%	0%	56%	31%	18%	40%	22%	12%
% Stated Time has Lapsed	100%	100%	62%	100%	100%	54%	100%	100%	57%
Avg Days in Program	113	117	117	292	443	550	203	280	334
<b>Total Bookings</b>									
Before Program	66	134	180	143	280	399	209	414	579
After Program	55	104	160	133	290	374	188	394	534
% Reduction	-17%	-22%	-11%	-7%	4%	-6%	-10%	-5%	-8%
After Program (By Year)	55	49	56	133	157	84	188	206	140
% Change From Year Before		-12%	13%		15%	-87%		9%	-47%
% While in Program	20%	0%	0%	80%	46%	27%	62%	35%	16%
<b>Length of Stay (Total)</b>									
Days Before Program	4,337	8,429	10,650	6,157	11,213	14,796	10,494	19,642	25,446
Days After Program	2,785	4,644	5,592	5,639	10,260	12,868	8,424	14,904	18,460
%Reduction	-36%	-45%	-47%	-8%	-8%	-13%	-20%	-24%	-27%
Days After Program (by year)	2,785	1,859	948	5,639	4,621	2,608	8,424	6,480	3,556
% Change From Year Before		-50%	-96%		-22%	-77%		-30%	-82%
<b>% Booked Before</b>									
Program After Program	64%	84%	92%	54%	69%	80%	57%	73%	84%
Reduction After	58%	66%	74%	54%	63%	68%	56%	64%	70%
Program (By Year)	-6%	-18%	-18%	1%	-5%	-13%	-1%	-9%	-14%
Change From Year Before	58%	44%	34%	54%	43%	31%	56%	43%	32%
		-14%	-10%		-12%	-12%		-12%	-11%
<b>New Charge Bookings</b>									
Before Program	30	72	93	67	114	166	97	186	259
After Program	12	36	77	45	108	149	57	144	226
% Reduction	-60%	-50%	-17%	-33%	-5%	-10%	-41%	-23%	-13%
After Program (By Year)	12	24	41	45	63	41	57	87	82
% Change From Year Before		50%	41%		29%	-54%		34%	-6%
% While in Program	17%	0%	0%	71%	24%	17%	60%	17%	9%
<b>Length of Stay (Total)</b>									
Days Before Program	1,647	4,206	5,425	2,904	5,006	6,155	4,551	9,212	11,580
Days After Program	924	1,696	2,210	2,381	3,909	5,095	3,305	5,605	7,305
%Reduction	-36%	-60%	-59%	-18%	-22%	-17%	-27%	-39%	-37%
Days After Program (by year)	924	772	514	2,381	1,528	1,186	3,305	2,300	1,700
% Change From Year Before		-20%	-50%		-56%	-29%		-44%	-35%
<b>% Booked</b>									
Before Program	38%	74%	80%	35%	51%	63%	36%	58%	68%
After Program	20%	30%	48%	25%	38%	46%	23%	36%	46%
Reduction	-18%	-44%	-32%	-10%	-13%	-17%	-12%	-22%	-22%
After Program (By Year)	20%	20%	28%	25%	21%	22%	23%	20%	24%
Change From Year Before		0%	8%		-4%	2%		-3%	4%

# **SERVICES AVAILABLE TO DORA PARTICIPANTS**

Something applicable to all providers is that DBHS continues to work on implementing a trauma-informed approach among our providers. To do this we continue to partner with Salt Lake County/Optom to conduct training internally and to the network of providers—both Medicaid and non-Medicaid—on trauma-informed care. Additional resources used include <http://beta.samhsa.gov/nctic> and <http://www.nasmhpd.org/TA/nctic.aspx>, as well as articles, webinars, and seminars that are shared with us through DSAMH. Language from the FY 2015 Division Directives requiring assessments specifically addressing the history of traumatic experiences was incorporated into DBHS' contract language with providers beginning with FY2015. We have also provided the UBHC approved 2014 Service Manual for Evaluations to all providers that discusses collecting a trauma history. As a result, this was included as one of the monitoring criteria for FY 2015. We continue to encourage participation in webinars, and trainings regarding a trauma-informed approach, and we continue to look for opportunities to share this information with our providers.

Additionally, though DBHS does not dictate how treatment services are delivered, we strongly encouraged the use of evidence-based practices as was evidence during our recent Request for Proposal (RFP) process.

## **Screening and Assessment**

Any adult can receive an assessment through the University of Utah's Assessment and Referral Services (ARS) or with any of the providers in DBHS' Substance Use Disorder network. The latter reflects a policy change implemented in SFY 2013 designed to improve a client's connection to treatment providers after assessment. Since all of DBHS' 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, DBHS' 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 Adult Probation and Parole (AP&P), Family Dependency Drug Court clients, and other referral sources that rely on ARS for assessments for legal matters. In addition to this ARS maintains a website that indicates treatment availability within Salt Lake County's network, although it is the responsibility of the treatment provider to accurately report availability to ARS.

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

DBHS contracts with Volunteers of America (VOA) Social Detoxification Center, a 60 - bed facility in Salt Lake for men and women, to provide social detoxification services for adults, including women and mothers with dependent children.

In addition to this, DBHS has 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.

## **Outpatient (ASAM 1.0)**

DBHS contracts with 13 agencies, of which 6 of these receive DORA funds, which between them provide the full continuum of outpatient ASAM LOCs. These programs provide services for women, mothers and fathers with dependent children, and general adult patients, in multiple sites from downtown Salt Lake to West Jordan. Psychiatric medication evaluation services will also be provided to all providers by Odyssey House and VOA for all levels of care (see attached list of services and providers).

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

Of those 13 agencies in mentioned above, 6 of them receive DORA funds provide ASAM 2.1 and/or 2.5 for women, mothers with dependent children, and general adult patients in multiple sites from downtown Salt Lake to West Jordan. Psychiatric medication evaluation services will also be provided to all providers by Odyssey House and VOA for all levels of care (see attached list of services and providers).

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

DBHS currently contracts with 6 providers, of which 3 of these receive DORA funds, through which ASAM 3.1, 3.3, and/or 3.5 residential services can be accessed. Two years ago (SFY2013) we began a process of pre-authorization and utilization review on a shorter cycle in order to utilize ASAM 3.5 residential services appropriately.

Please see attached list of providers by LOC and population.

### **Drug Testing**

Since DBHS has a contracted system, each provider must have their own written drug testing policy. The individual agency identifies who is required to drug test and how frequently individuals are tested. Some providers contract with a laboratory for drug testing. This may be for just the evaluation of the sample collected by the provider or they may contract for the collection and evaluation of the sample. Other providers conduct their own drug collection and evaluation.

Regardless of LOC, all participants are randomly tested. Though most testing is random, due to the nature of the client's history and resulting involvement with DORA, most of these clients are tested more than once per week with three times not being uncommon. Additionally, if there is cause to suspect drug use, any given individual would be tested for drugs. Cause for suspicion may come from staff observation or third party report. Before any test is administered, the participant receives an explanation of why he or she is being tested. In most situations the reason is due to random selection. However, if it is due to suspicion of drug use, the client is notified of this and given a chance to discuss any substance use. Should the client admit to substance use, in general, the drug test is not performed unless there is reason to believe that the client has not been entirely forthcoming.

For those that do their own testing and there is a positive result, the client is first approached and the results are processed with the client. If the client admits to drug use then an appropriate plan of action is created with the input of the client. If the client denies that there is any reason for there to be a positive test, then the sample is sent to a SAMSHA certified laboratory for confirmation. If the confirmation returns as a negative result (i.e., it was a false positive), no further action is taken. However, if the confirmation returns as a positive result then a plan of action is created. For those that contract with a laboratory, the client is also approached with the opportunity to discuss any substance use. If the client admits to drug use then an appropriate plan of action is created with the input of the client. However, if the client denies substance use despite the results (and the client is shown the results and given a chance to explain him/herself), then the end result will be dependent on if the client is still willing to engage in treatment and/or any sanctions the court may impose, if court-involved.

# Justice Reinvestment Initiative (JRI) Funding

SLCo Implementation Plan

## **Justice Reinvestment Initiative**

- **HB348 (JRI) was passed by the Utah State Legislature during the 2015 General Session**
- **JRI is statewide, criminal justice reform with the following focus:**
  - **Reduce incarceration**
  - **Reduce recidivism**
  - **Support evidence-based practices and programs**
  - **Promote substance abuse and mental health treatment as an alternative to incarceration**
- **Appropriated approximately \$14 M statewide**

## Justice Reinvestment Initiative

- JRI offers an opportunity to move forward on building an evidence-based criminal and social justice system in SLCo
- No other County is as ‘shovel ready’
- JRI does not provide enough funding to meet all our needs – but we can make progress
- Comprehensive risk & need screening for all jail bookings is the foundation for an evidence-based approach; we hope to utilize JRI funding to implement this critical element
- All stakeholders are united behind this approach

# Justice Reinvestment Initiative

## County Funding Sources

- **Funding for Substance Abuse & Mental Health Community Treatment**
  - **Distributed based on need and population**
    - **\$1.4 M to SLCo**
    - **\$945,000 ongoing**
    - **\$483,000 one-time**
- **County Incentive Grant**
  - **Competitive grant administered by the Commission on Criminal & Juvenile Justice (CCJJ)**
    - **\$3.2 M (\$2.2 M ongoing / \$1 M JAG)**

# Justice Reinvestment Initiative

## SLCo's Proposed Implementation Plan

- **Community Treatment Funding**
  - **CORE II for Women**
    - \$750,000 ongoing
  - **Prosecutorial Pre-Diversion Pilot (*Substance Abuse Treatment*)**
    - \$339,000
  - **Intensive Supervision Pilot (*Substance Abuse Treatment*)**
    - \$339,000
- **County Incentive Grant**
  - **Risk & Need Screen at the Jail**
    - \$500,000
  - **Intensive Supervision Pilot**
    - \$800,000

**\$4.5 Million**

(3 M One-time / 1.5 M On-going)

## Legislature

**\$3.2 Million**

\$2.2 M On-going / \$1 M JAG (Federal Funding)

**Utah Department of Human Services**  
Division of Substance Abuse & Mental Health

**Local Authorities for Community Treatment Formula based on need & population**  
(\$1.4 M to SL County - \$945,000 ongoing / \$483,000 one-time)

**Commission on Criminal & Juvenile Justice (CCJJ)**

**Correctional Program Incentive Grants Screening, Assessment & Supervision**  
(\$1.3M to SL County?)

## Treatment and supervision levels determined through evidence based risk & need assessments

**CORE II**  
Community TX Dollars \$750,000

Serious & Persistent Mental Illness  
Possible Co-occurring SUD

**Prosecutorial Diversion Pilot**  
Community TX Dollars \$339,000

L Risk /L-H Need  
SUD

**Intensive Supervision Pilot**  
Comm Tx Dollars \$339,000  
CCJJ \$800,000

M-H Risk /L-H Need  
SUD

**Risk & Need Screen at the Jail**  
CCJJ \$500,000

**Assessments at CJS**  
Funded through DRC reorganization

Pay for Success recidivism project supports this effort



# CORE II

## (Co-Occurring Reentry & Empowerment)

### Building on the success of CORE to serve women

- Male pilot proves model
  - In a 3 yr period, CORE I participants housed in county programs experienced a 48% decline in new charge bookings and a 70% reduction in length of stay.
- Program
  - SAMHSA supported evidence-based treatment
  - 16 bed facility for adult female offenders with co-occurring disorders (serious mental illness / substance use)
- Goal
  - Successful reentry
  - Reduction in recidivism

- Services:
  - Coordinated discharge
  - Alternatives to Incarceration transport to facility
  - Assertive community outreach team program
    - 1:10 staff/patient ratio and 24/7 availability.
    - Multidisciplinary team :LCSW, APRN, RN, case managers and NAMI mentors
  - Access to new supportive housing units with dedicated case management and home visits
- Additional Features:
  - Leverages Medicaid
  - Highly requested by stakeholders

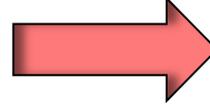
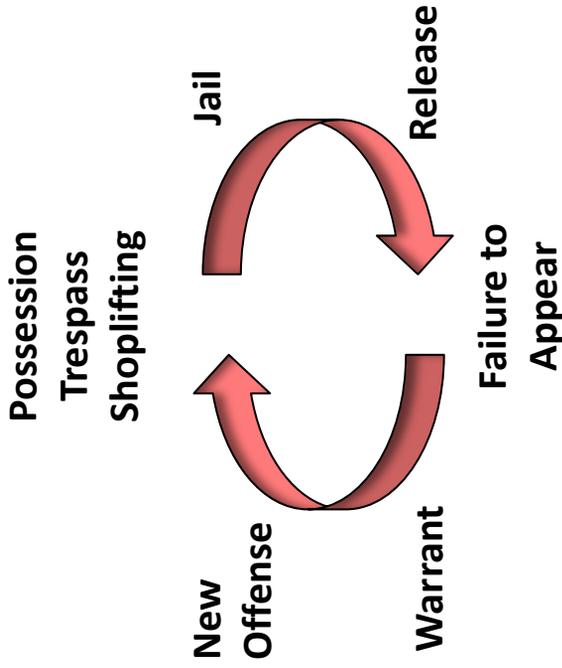
# Potential CORE II Client

## Sarah

Homeless  
Schizophrenia  
Off medications  
Self-medicating

*Sarah has cost  
SLCo more than  
\$120,000 in jail  
costs alone at  
\$92/day in jail*

### Typical Offenses



23 bookings  
1300 days in jail\*  
(1996 – 2015)

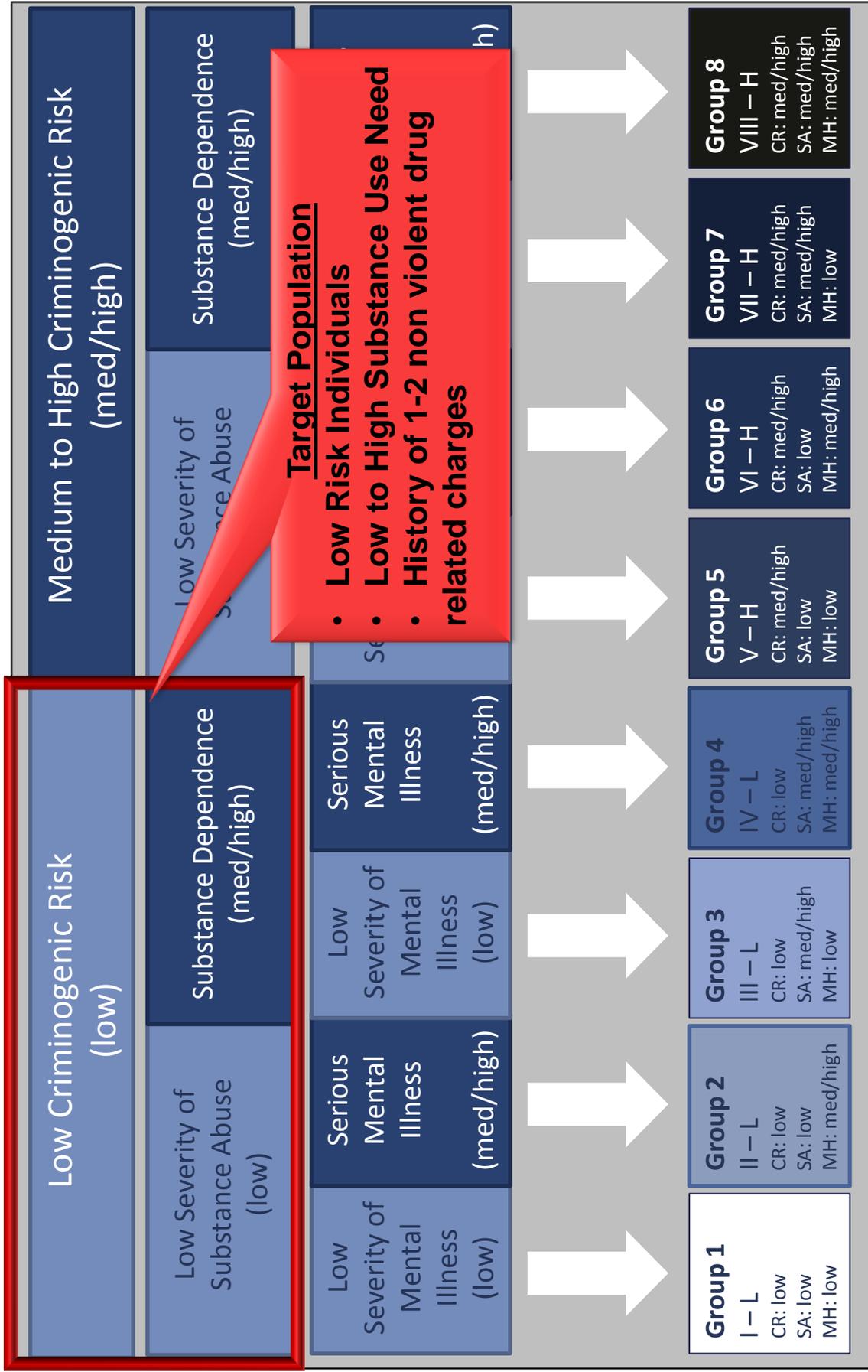
# UNIVERSAL RISK & NEED SCREEN AT BOOKING

- **SLCo Sheriff's Office will implement a validated risk and need screening instrument – the LSI-R (SV) – to screen all individuals booked at the Salt Lake County Jail.**
- **Critical to many efficiency initiatives**
- **Benefits to the system and individuals include:**
  - **Identify low-risk individuals eligible for Prosecutorial Pre-Diversion Pilot**
  - **Support risk & need informed decision-making for Jail programming**
  - **Support a more efficient use of risk and need assessments throughout the system**
  - **Provide effective criminal and social justice system planning**

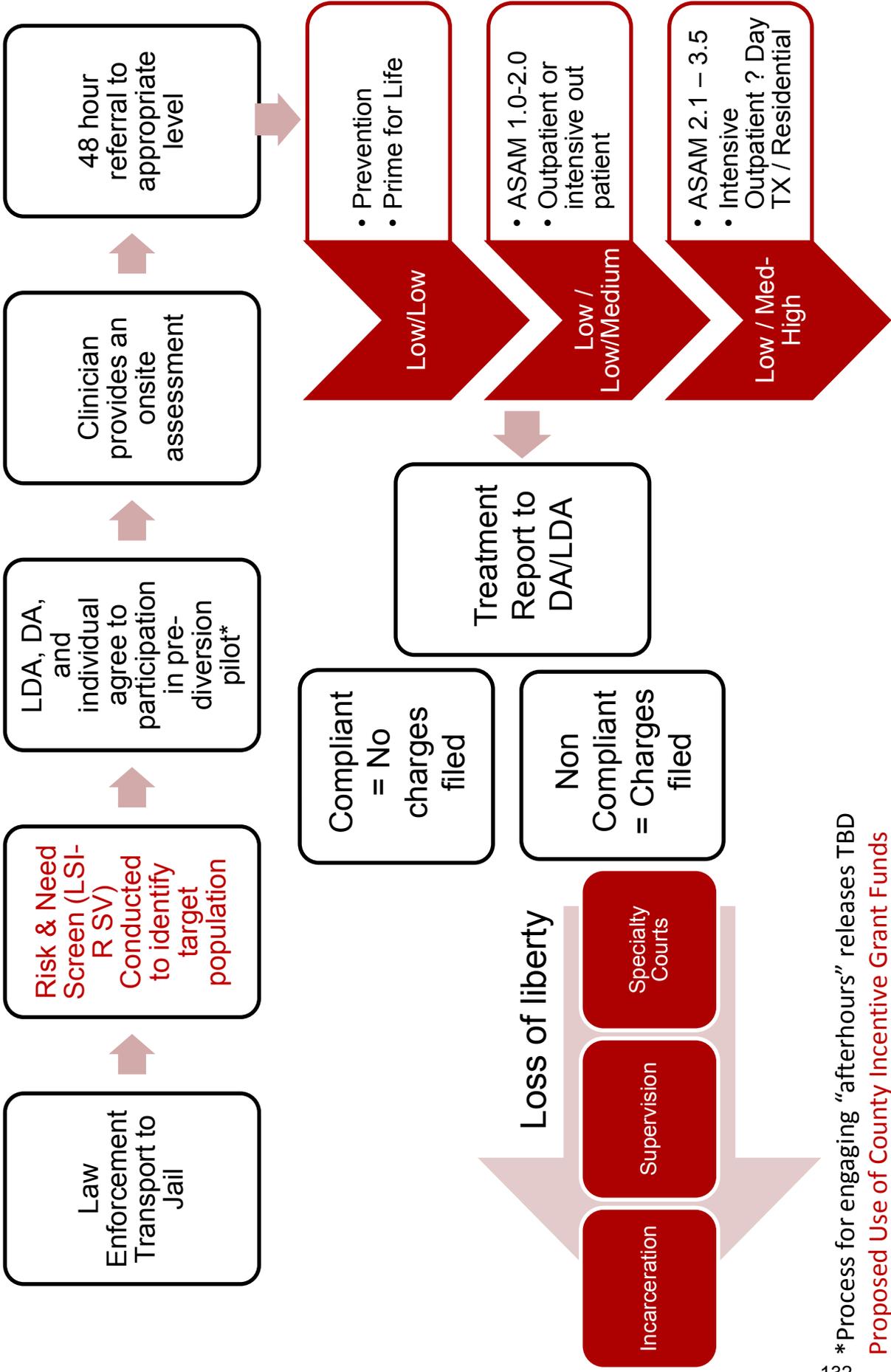
# Prosecutorial Pre-Diversion Pilot

Target Population: Low Risk / Low-High SUD Need

- **An innovative pilot targeting individuals identified as Low Risk at booking through Risk & Need Screen**
- **Establishes a front end diversion program to slow the growth of the criminal justice population, and decrease long term demand for criminal justice related services.**
- **Goals:**
  - **Maintain public safety**
  - **Reduce the criminalization of substance use disorders**
  - **Reduce cost**
  - **Reduce stigma**
  - **Establish a treatment first model for working with low risk offenders that utilizes evidence based practices**
  - **Does not compromise traditional law enforcement objectives**



# Prosecutorial Pre-Diversion Process



132 \*Process for engaging “afterhours” releases TBD  
Proposed Use of County Incentive Grant Funds

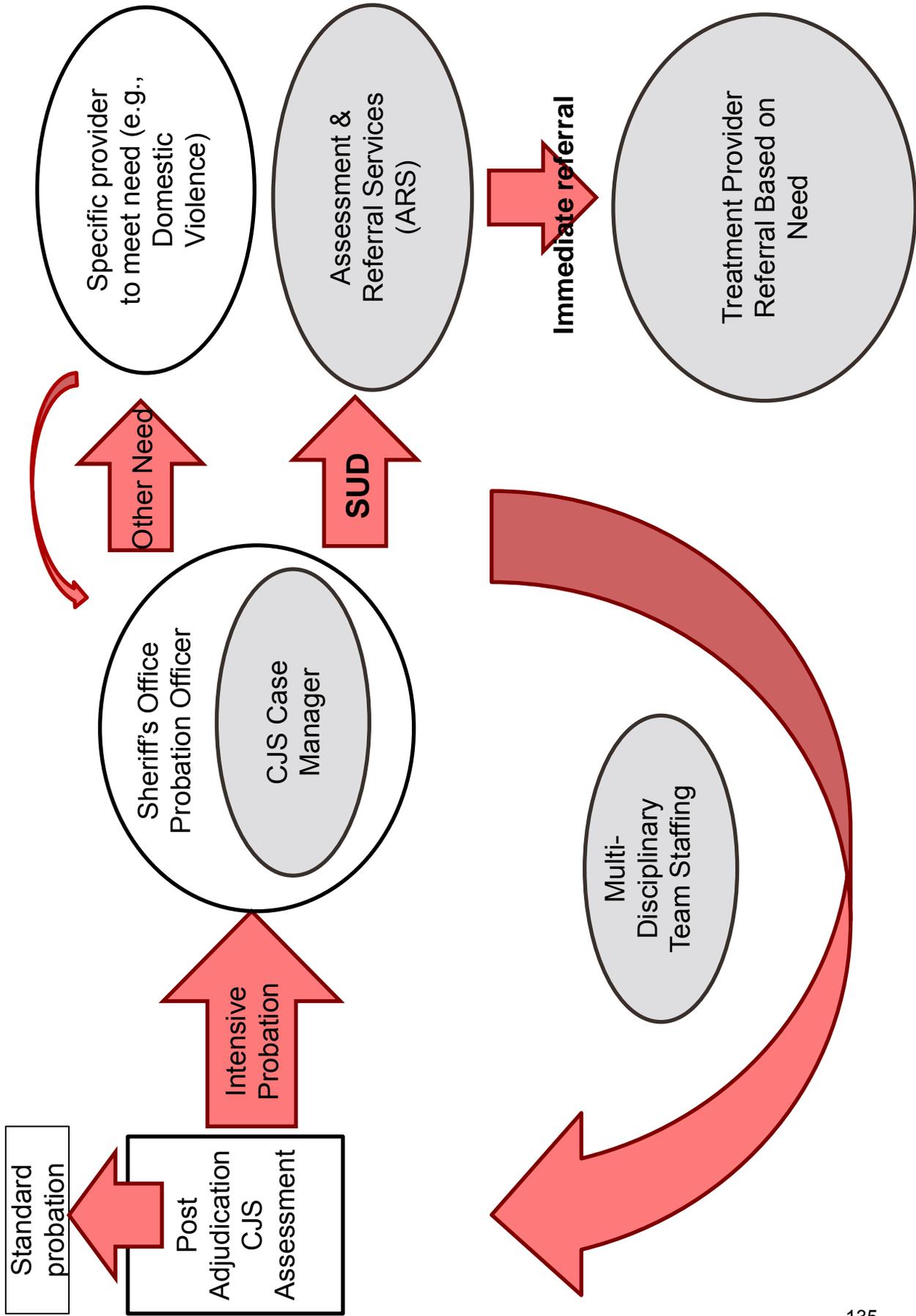
# Intensive Supervision Pilot

Target Population: High Risk / Low–High Need

- **Targets post adjudicated, high risk individuals as identified by a risk & need assessment with enhanced supervision provided through the Sheriff’s Office**
  - Regular collaborative meetings with multi agency staff
  - Immediate access to assessments, referrals and SUD treatment
  - A shared electronic health record to assist with funding codes and program outcome measures for the SUD population
- **Goals:**
  - Maintain Public Safety
  - Reduce Recidivism
  - Hold Offender Accountable
  - Individual Success in the Community



# Intensive Post Adjudication Supervision Pilot



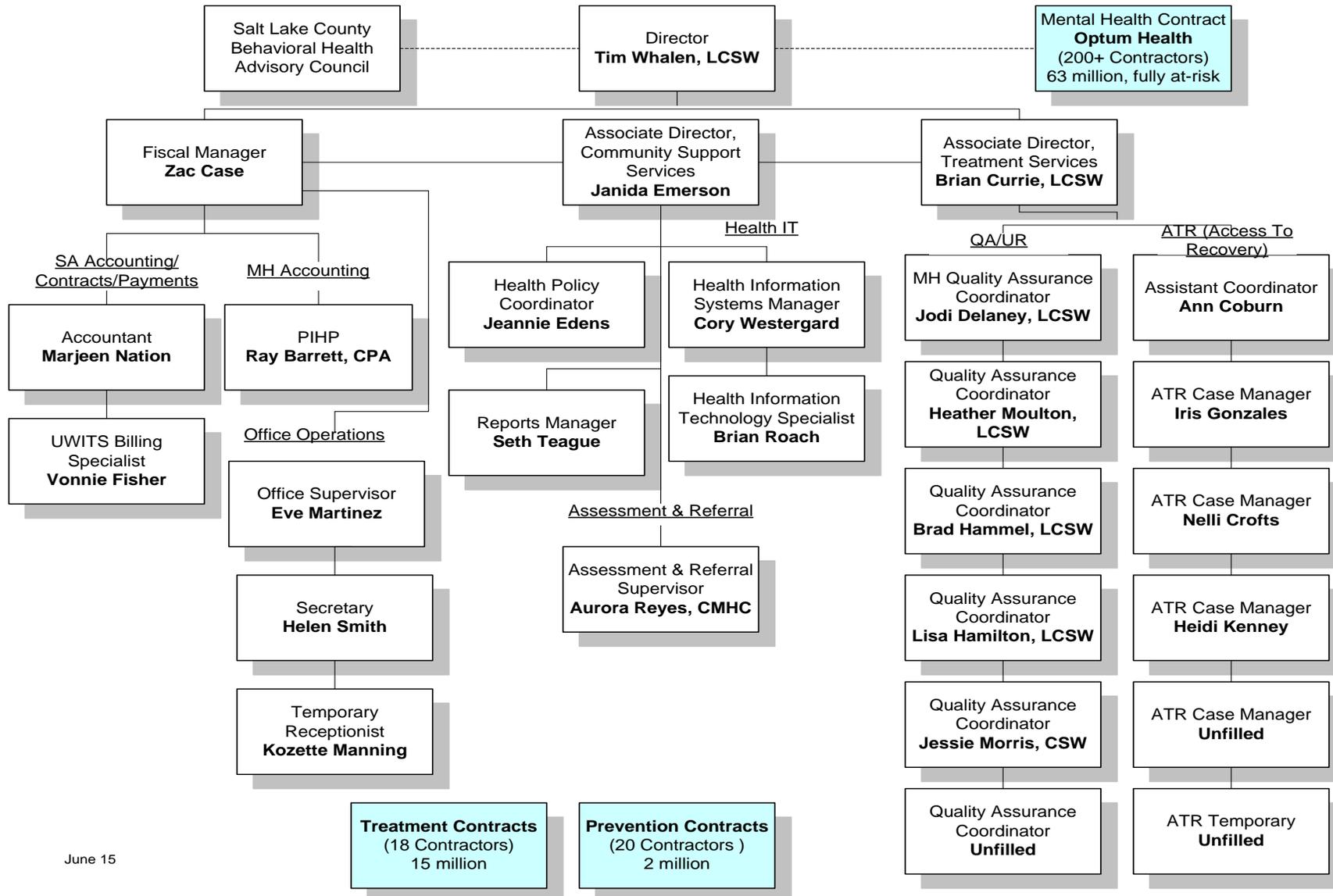
## Pilot Partners

- Salt Lake County District Attorney's office
- Salt Lake County Sheriff's Office
- Salt Lake County Human Services
- Salt Lake County Criminal Justice Services
- Salt Lake County Behavioral Health Services
- Salt Lake Legal Defender's Association
- Salt Lake County Criminal Justice Advisory Council

## **SLCo is Ready!**

- **June General Fund request for approximately \$250,000 to initiate Universal Risk & Need Screen**
- **Proposal to utilize existing resources to initiate Intensive Supervision Pilot**
- **Intent is to supplement initial County investment with the County Incentive Grant**

## DIVISION OF BEHAVIORAL HEALTH SERVICES



FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 1,211,528	\$ 10,749,242	\$ 750,000	\$ 809,942	\$ 2,979,435	\$ 5,482,670	\$ 41,085,156	\$ 835,082		\$ 60,000	\$ 1,387,000		\$ 301,291	\$ 65,651,346

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		1,654,218			158,282	690,722	5,934,318				174,739			\$ 8,612,279	765
Residential Care (171 & 173)		1,484,851	102,000	294,073	416,850	757,351	5,734,587				191,594			\$ 8,981,306	815
Outpatient Care (22-24 and 30-50)		3,799,813	326,498	153,113	479,190	2,091,117	12,453,822	581,071			940,474	293,291		\$ 21,118,389	14,021
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	415,513	482,159			397,770	245,926	4,328,031							\$ 5,869,399	2,890
Psychotropic Medication Management (61 & 62)		673,837	51,000	229,138	69,408	302,888	2,487,473				80,193			\$ 3,893,937	7,721
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		1,640,607	65,500	54,656	191,756	836,794	6,220,114							\$ 9,009,427	3,700
Case Management (120 & 130)		636,686	55,000	78,962	83,767	365,546	2,497,207							\$ 3,717,168	3,800
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		193,501	100,000		480,800	98,696	733,631							\$ 1,606,628	1,114
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	550,055	110,800	5,500		142,407	56,514	420,079					8,000		\$ 1,293,355	1,850
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	245,960	72,770	44,502		8,505	37,116	275,894							\$ 684,747	
Services to persons incarcerated in a county jail or other county correctional facility					105,271									\$ 105,271	-
Adult Outplacement (USH Liaison)					83,481			254,011						\$ 337,492	120
Other Non-mandated MH Services					361,948					60,000				\$ 421,948	320
<b>FY2016 Mental Health Expenditures Budget</b>	<b>\$ 1,211,528</b>	<b>\$ 10,749,242</b>	<b>\$ 750,000</b>	<b>\$ 809,942</b>	<b>\$ 2,979,435</b>	<b>\$ 5,482,670</b>	<b>\$ 41,085,156</b>	<b>\$ 835,082</b>	<b>\$ -</b>	<b>\$ 60,000</b>	<b>\$ 1,387,000</b>	<b>\$ -</b>	<b>\$ 301,291</b>	<b>\$ 65,651,346</b>	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT		7,989,286	750,000	709,185	2,026,394	3,360,877	26,314,250	645,853			850,231		293,291	\$ 42,939,367	9,400
YOUTH/CHILDREN	1,211,528	2,759,956		100,757	953,041	2,121,793	14,770,906	189,229		60,000	536,769		8,000	\$ 22,711,979	5,600
<b>Total FY2016 Mental Health Expenditures</b>	<b>\$ 1,211,528</b>	<b>\$ 10,749,242</b>	<b>\$ 750,000</b>	<b>\$ 809,942</b>	<b>\$ 2,979,435</b>	<b>\$ 5,482,670</b>	<b>\$ 41,085,156</b>	<b>\$ 835,082</b>	<b>\$ -</b>	<b>\$ 60,000</b>	<b>\$ 1,387,000</b>	<b>\$ -</b>	<b>\$ 301,291</b>	<b>\$ 65,651,346</b>	<b>15,000</b>

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue									
FY2016 Mental Health Revenue by Source	\$ 745,528	\$ 166,000			\$ 519,399			\$ 300,000	\$ 1,730,927

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2016 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL	233,190	140,104			438,373				\$ 811,667	725	\$ 1,120
MCOT 24-Hour Crisis Care-ADMIN	16,323	25,896			81,026				\$ 123,245		
FRF-CLINICAL	227,323						272,727		\$ 500,050	275	\$ 1,818
FRF-ADMIN	22,732						27,273		\$ 50,005		
School Based Behavioral Health-CLINICAL	223,600		-						\$ 223,600	200	\$ 1,118
School Based Behavioral Health-ADMIN	22,360			911,528					\$ 933,888		
FY2016 Mental Health Expenditures Budget	\$ 745,528	\$ 166,000	\$ -	\$ 911,528	\$ 519,399	\$ -	\$ -	\$ 300,000	\$ 2,642,455	1,200	\$ 2,202

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

**FY2016 Form A (1) - Proposed Cost and Clients Served by Population**

Salt Lake County  
Local Authority

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

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2016 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 6,462,281	ADULT	560	\$ 11,540
\$ 2,149,998	CHILD/YOUTH	205	\$ 10,488
\$ (8,612,279)		8,611,514	
<b>Residential Care Budget</b>			
\$ 8,898,696	ADULT	794	\$ 11,207
\$ 125,000	CHILD/YOUTH	21	\$ 5,952
\$ (9,023,696)		8,980,491	
<b>Outpatient Care Budget</b>			
\$ 11,474,559	ADULT	8,198	\$ 1,400
\$ 9,626,941	CHILD/YOUTH	5,823	\$ 1,653
\$ (20,808,209)		21,104,368	
<b>24-Hour Crisis Care Budget</b>			
\$ 4,491,191	ADULT	2,240	\$ 2,005
\$ 1,378,208	CHILD/YOUTH	650	\$ 2,120
\$ (5,869,399)		5,866,509	
<b>Psychotropic Medication Management Budget</b>			
\$ 3,243,035	ADULT	6,331	\$ 512
\$ 694,902	CHILD/YOUTH	1,390	\$ 500
\$ (3,937,937)		3,886,216	
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 2,424,633	ADULT	2,120	\$ 1,144
\$ 6,620,295	CHILD/YOUTH	1,580	\$ 4,190
\$ (9,044,928)		9,005,727	
<b>Case Management Budget</b>			
\$ 3,324,553	ADULT	2,408	\$ 1,381
\$ 337,615	CHILD/YOUTH	1,392	\$ 243
\$ (3,662,168)		3,713,368	
<b>Community Supports Budget (including Respite)</b>			
\$ 741,060	ADULT (Housing)	544	\$ 1,362
\$ 865,568	CHILD/YOUTH (Respite)	570	\$ 1,519
\$ (1,606,628)		1,605,514	
<b>Peer Support Services Budget</b>			
\$ 641,324	ADULT	1,384	\$ 463
\$ 646,531	CHILD/YOUTH (includes FRF)	466	\$ 1,387
\$ (1,279,855)		1,291,505	
<b>Consultation &amp; Education Services Budget</b>			
\$ 433,324	ADULT		
\$ 206,921	CHILD/YOUTH		
\$ (640,245)			
<b>Services to Incarcerated Persons Budget</b>			
\$ 105,271	ADULT Jail Services	-	#DIV/0!
\$ (105,271)			
<b>Outplacement Budget</b>			
\$ 337,492	ADULT	120	\$ 2,812
<b>Other Non-mandated Services Budget</b>			
\$ 361,948	ADULT	271	\$ 1,336
\$ 60,000	CHILD/YOUTH	49	\$ 1,224
\$ (421,948)		421,628	

Summary

<b>Totals</b>	
\$ 42,939,367	Total Adult
\$ 42,646,076	
\$ 22,711,979	Total Children/Youth
\$ 22,703,979	

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>			
\$ 709,185	ADULT	640	\$ 1,108
\$ 100,757	CHILD/YOUTH	85	\$ 1,185
<b>Unfunded (all other)</b>			
\$ 2,964,277	ADULT	2,620	\$ 1,131
\$ 533,072	CHILD/YOUTH	900	\$ 592

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Salt Lake County

Form B

Local Authority													
FY2016 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	1,885,344	93,253		1,462,194	93,253	435,181	1,500,461	417,120	0	4,444	155,472		\$6,046,722
Drug Offender Reform Act	1,062,390	20,767		70,000	20,767	96,914	0	0		0	72,760		\$1,343,598
Local Treatment Services	2,597,127	935,980	677,930	2,401,364	935,980	3,667,905	1,507,058	422,989	267,709	120,556	627,240	1,260,000	\$15,421,839
<b>Total FY2016 Substance Use Disorder Treatment Revenue</b>	<b>\$5,544,861</b>	<b>\$1,050,000</b>	<b>\$677,930</b>	<b>\$3,933,558</b>	<b>\$1,050,000</b>	<b>\$4,200,000</b>	<b>\$3,007,519</b>	<b>\$840,109</b>	<b>\$267,709</b>	<b>\$125,000</b>	<b>\$855,472</b>	<b>\$1,260,000</b>	<b>\$22,812,158</b>

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	Total FY2016 Client Served	Total FY2016 Cost/ Client Served
Assessment Only	558,587	44,189	28,531	175,502	44,189	206,218	453,131	116,828		21,087	30,946	76,525	\$1,755,733	3,300	\$532
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	327,427	0	0	213,832	0	0	247,789	126,016				500,000	\$1,415,064	1,833	\$772
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	1,722,653	362,091	233,783	693,870	362,091	1,437,762	714,968	185,633		18,251	406,211	140,451	\$6,277,764	804	\$7,808
Outpatient (Methadone: ASAM I)	256,660	38,340	24,754	184,154	38,340	152,234	220,742	56,921		0	125,516	37,521	\$1,135,182	600	\$1,892
Outpatient (Non-Methadone: ASAM I)	1,537,551	353,927	228,512	2,013,137	353,927	1,405,342	682,812	177,278	133,855	72,413	272,939	134,133	\$7,365,826	4,415	\$1,668
Intensive Outpatient (ASAM II.5 or II.1)	757,278	251,453	162,350	568,375	251,453	998,444	555,799	143,329	133,854	13,249	19,071	349,031	\$4,203,686	1,815	\$2,316
Recovery Support (includes housing, peer support, case management and other non-clinical )	115,500	0	0	0	0	0							\$115,500	147	\$786
Drug testing	269,205	0	0	84,688	0	0	132,278	34,104		0	789	22,339	\$543,403	2,228	\$244
<b>FY2016 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$5,544,861</b>	<b>\$1,050,000</b>	<b>\$677,930</b>	<b>\$3,933,558</b>	<b>\$1,050,000</b>	<b>\$4,200,000</b>	<b>\$3,007,519</b>	<b>\$840,109</b>	<b>\$267,709</b>	<b>\$125,000</b>	<b>\$855,472</b>	<b>\$1,260,000</b>	<b>\$22,812,158</b>	<b>15,142</b>	<b>\$1,506.54</b>

FY2016 Substance Use Disorder Treatment Expenditures Budget by Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	1,100,174	495,427	161,643	796,676	495,426	1,981,704	0	840,109		5,775	132,085	289,800	\$6,298,819
All Other Women (18+)	711,960	120,118	83,877	413,399	120,118	480,471	396,348	0	66,927	39,025	73,228	151,200	\$2,656,671
Men (18+)	2,908,868	116,026	432,410	2,131,176	116,027	464,109	2,043,289	0	200,782	44,388	647,934	819,000	\$9,924,009
Youth (12- 17) (Not Including pregnant women or women with dependent children)	823,859	318,429		592,308	318,429	1,273,715	567,882	0		35,812	2,225	0	\$3,932,659
<b>Total FY2016 Substance Use Disorder Expenditures Budget by Population Served</b>	<b>\$5,544,861</b>	<b>\$1,050,000</b>	<b>\$677,930</b>	<b>\$3,933,558</b>	<b>\$1,050,000</b>	<b>\$4,200,000</b>	<b>\$3,007,519</b>	<b>\$840,109</b>	<b>\$267,709</b>	<b>\$125,000</b>	<b>\$855,472</b>	<b>\$1,260,000</b>	<b>\$22,812,158</b>

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Salt Lake County

Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act( DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only	41,526	0	2,291	1,791	45,607
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	20,000	0	0	0	20,000
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	424,084	185,600	276,192	3,113	888,989
Outpatient (Methadone: ASAM I)	9,790	0	0	0	9,790
Outpatient (Non-Methadone: ASAM I)	204,982	515,545	11,185	27,369	759,081
Intensive Outpatient (ASAM II.5 or II.1)	299,800	21,494	59,500	61,538	442,332
Recovery Support (includes housing, peer support, case management and other non-clinical )	0	86,625	28,875	0	115,500
Drug testing	62,208	25,000	10,422	1,545	99,175
<b>FY2016 DORA and Drug Court Expenditures Budget</b>	<b>1,062,390</b>	<b>834,264</b>	<b>388,465</b>	<b>95,356</b>	<b>2,380,475</b>

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue	\$ 168,978		\$ -	\$ 240,778			\$ 1,648,984	\$ 105,000					\$ 2,163,740

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	8,449			10,539			82,449	105,000					4,000	\$ 206,437	\$ 206,437
Universal Indirect														\$ -	
Selective Services	113,621			141,727			1,108,777						13,000	\$ 1,364,125	\$ 1,364,125
Indicated Services	46,908			88,512			457,758						3,000	\$ 593,178	\$ 593,178
FY2016 Substance Abuse Prevention Expenditures Budget	\$ 168,978	\$ -	\$ -	\$ 240,778	\$ -	\$ -	\$ 1,648,984	\$ 105,000	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 2,163,740	\$ 2,163,740

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 49,470	\$ 1,352,167	\$ 32,980	\$ 164,898	\$ 49,470		\$ 1,648,984