

## 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 mental health 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. In FY 2017 DBHS will introduce a new fee schedule for adult treatment services. The new fee schedule attempts to better align DBHS's fee policy with federal poverty guidelines related to the Affordable Care Act. Additionally, the new fee schedule simplifies and streamlines the fee schedules previously in place. 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 3.5, are available to any qualifying Salt Lake County resident. To qualify for County funded services clients must meet a residency requirement and receive an ASAM assessment to determine the appropriate level of care.

Within the Medicaid program, 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.

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?**

Same response as above.

**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.

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### **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 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, 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 that 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, or an otherwise 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.

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### 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, or other EHR approved by DBHS. 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 Actual Amount: 5,291,017 Form A1 - FY16 Amount Budgeted: 6,462,281 Form A1 - FY17 Amount Budgeted: 5,619,720  
Form A – FY15 Actual Clients Served: 382 Form A – FY16 Projected Clients Served: 560 Form A – FY17 Projected Clients Served: 380*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly high in this category. As Salt Lake County analyzes the year-to-date data for FY16, through February 2016, admission are down slightly (FY15 = 475 vs FY16 = 470). However, total beds days have actually increased, resulting in an increase in the average length of stay (FY15 = 7.3 vs. FY16=7.7). Therefore, while we project a modest decrease in clients served, the amount budgeted compared to FY15 actual amount has increased.

As a reminder from last year's follow-up comment to the Area Plan, DSAMH wrote, "It was discussed that 3 months of inpatient numbers are not included as there is a 90 day lag for inpatient claims and Medicaid allows one year for claim submission. However, these variables have been consistent for all years and should not impact FY16 in any way differently from the other years." Our reply was, "The MHE data submission window ends in July and no inpatient data can be submitted after that date. Frequently, inpatient hospitals submit their claims after this cut off and the related MHE data never makes it to the State. This leaves the state data considerably lower than actual. We have talked about this issue with Jeremy and he understands that it is a data issue based upon MHE closing date. The budget is based upon the actual from the previous year and is closer to reality than the MHE data submitted to the State. Comparing the budget to the actuals will always have this difference."

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

We have increased coordination of care by daily reporting measures of inpatient admissions to the outpatient programs. In FY2016, 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.

Optum currently is providing inpatient facilities an initial authorization for a "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.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

*Form A1 - FY15 Actual Amount: 2,941,515    Form A1 - FY16 Amount Budgeted: 2,149,998    Form A1 - FY17 Amount Budgeted: 2,968,662  
Form A – FY15 Actual Clients Served: 185    Form A – FY16 Projected Clients Served: 205    Form A – FY17 Projected Clients Served: 195*

**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). Should UNI be at capacity, Salt Lake County/Optum has the ability to implement a single case agreement (SCA) with any willing provider.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly low in this category. Comparing our FY17 projection to FY15 actuals, we are not anticipating a significant change.

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

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

Although not a significant change, 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 Actual Amount: 7,282,714    Form A1 - FY16 Amount Budgeted: 8,898,696    Form A1 - FY17 Amount Budgeted: 8,342,959*  
*Form A – FY15 Actual Clients Served: 572    Form A – FY16 Projected Clients Served: 794    Form A – FY17 Projected Clients Served: 680*

**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 continually seek 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.

Co-Occurring Re-entry and Empowerment (CORE 2) – VBH is an additional 16-bed residential facility for mentally ill adult female clients as described above opened this past fiscal year.

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was high in this category. The large increase in our FY17 projection as compared to FY15 actuals is the addition of the JRI CORE 2 residential program at VBH.

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

CORE 2 began accepting clients in September, 2015. This program is funded by Medicaid and non-Medicaid funds.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 417,162    Form A1 - FY16 Amount Budgeted: 125,000    Form A1 - FY17 Amount Budgeted: 430,316*  
*Form A – FY15 Actual Clients Served: 62    Form A – FY16 Projected Clients Served: 21    Form A – FY17 Projected Clients Served: 65*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly low in this category. Comparing our FY17 projection to FY15 actuals, we are not anticipating a significant change.

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

In January of 2016, New Beginnings expanded their residential services to include female adolescents.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

*Form AI - FY15 Actual Amount: 10,331,017    Form AI - FY16 Amount Budgeted: 11,474,559    Form AI - FY17 Amount Budgeted: 12,107,830*  
*Form A – FY15 Actual Clients Served: 7,796    Form A – FY16 Projected Clients Served: 8,198    Form A – FY17 Projected Clients Served: 8,501*

**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 appropriate treatment to serve the refugee population located in the valley. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Though the increase from FY17 to FY16 does not meet the 15% significance threshold to require an explanation, the FY17 as compared to FY15 actuals does need an explanation. In FY14 and FY15 Optum operated at a significant loss. Optum indemnifies the County of risk. The Medicaid benefit exceeded the actual Medicaid services provided by over \$2 million. This underfunding challenge was corrected in FY16. In addition, at the same time general demand for adult outpatient services was increasing. The combined effect explains the significant increase.

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

Valley Behavioral Health closed their South Valley Office in Midvale and relocated to their new location in West Valley. The majority of their members have followed their therapist and/or prescriber to the new location. For the few who did not, they have been referred to other in network providers.

## Form A – Mental Health Budget Narrative

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

*Form A1 - FY15 Actual Amount: 11,884,749 Form A1 - FY16 Amount Budgeted: 9,626,941 Form A1 - FY17 Amount Budgeted: 12,469,092  
Form A – FY15 Actual Clients Served: 5,838 Form A – FY16 Projected Clients Served: 5,823 Form A – FY17 Projected Clients Served: 6,400*

**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

The network also consists of providers who specialize in providing Abuse and Trauma 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.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care (cont)**

*Form A1 - FY15 Actual Amount: 11,884,749 Form A1 - FY16 Amount Budgeted: 9,626,941 Form A1 - FY17 Amount Budgeted: 12,469,092  
Form A – FY15 Actual Clients Served: 5,838 Form A – FY16 Projected Clients Served: 5,823 Form A – FY17 Projected Clients Served: 6,400*

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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly low in this category. When comparing FY17 to the FY15 actuals, the difference is consistent with the adult outpatient services explanation in 1e.

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

There were no significant programmatic changes

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

*Form A1 - FY15 Actual Amount: 4,613,917 Form A1 - FY16 Amount Budgeted: 4,491,191 Form A1 - FY17 Amount Budgeted: 4,113,963  
Form A - FY15 Actual Clients Served: 2,273 Form A - FY16 Projected Clients Served: 2,240 Form A - FY17 Projected Clients Served: 2,350*

**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, 90% of those receiving an outreach visit were diverted from inpatient and emergency room visits. The UNI MCOT averages over 300 contacts per month, of which an average of 287 result in a direct outreach by the MCOT team.

### **Receiving Center – UNI**

The Receiving Center (operating 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 152 consumer visits per month. Of these, only 8% continue on to inpatient stays and less than 1% to the County jail. This facility also operates the crisis line and warm line (see below).

### **Crisis Line – UNI**

The crisis line is a phone line answered by licensed mental health therapists. Staff will triage the call to determine if an immediate referral to the MCOT is needed. If immediate referral to MCOT is not necessary, staff work with the caller in an attempt to deescalate the client. If not truly a crisis, staff can also immediately connect the caller with the Warm Line (see below). The crisis line receives an average of 4,360 calls per month.

### **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 569 calls per month.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 4,613,917 Form A1 - FY16 Amount Budgeted: 4,491,191 Form A1 - FY17 Amount Budgeted: 4,113,963  
Form A – FY15 Actual Clients Served: 2,273 Form A – FY16 Projected Clients Served: 2,240 Form A – FY17 Projected Clients Served: 2,350*

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No expected changes for FY2017

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

There were no significant programmatic changes

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

Form A1 - FY15 Actual Amount: 1,821,305 Form A1 - FY16 Amount Budgeted: 1,378,208 Form A1 - FY17 Amount Budgeted: 1,623,953  
Form A - FY15 Actual Clients Served: 706 Form A - FY16 Projected Clients Served: 650 Form A - FY17 Projected Clients Served: 720

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly low in this category. When comparing FY 17 to the FY15 actuals, the reason for the projected change is that there was a contract rate decrease for these services with UNI which is the reason for the lower FY17 budgeted amount. We believe amount of clients served should not be significantly impacted.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY15 Actual Amount: 2,708,363 Form A1 - FY16 Amount Budgeted: 3,243,035 Form A1 - FY17 Amount Budgeted: 2,916,334  
Form A – FY15 Actual Clients Served: 5,724 Form A – FY16 Projected Clients Served: 6,331 Form A – FY17 Projected Clients Served: 5,850*

**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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was high in this category. When comparing the FY17 to the FY15 actuals, the difference is insignificant.

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

Valley Behavioral Health closed their South Valley Office in Midvale and relocated to their new location in West Valley. The majority of their members have followed their therapist and/or prescriber to the new location. For the few who did not, they have been referred to other in network providers.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 553,976   Form A1 - FY16 Amount Budgeted: 694,902   Form A1 - FY17 Amount Budgeted: 596,515  
Form A – FY15 Actual Clients Served: 1,392   Form A – FY16 Projected Clients Served: 1,390   Form A – FY17 Projected Clients Served: 1,400*

**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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The change was insignificant.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 1,464,778 Form A1 - FY16 Amount Budgeted: 2,424,633 Form A1 - FY17 Amount Budgeted: 1,499,878  
Form A – FY15 Actual Clients Served: 1,389 Form A – FY16 Projected Clients Served: 2,120 Form A – FY17 Projected Clients Served: 1,420*

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

Salt Lake County/Optum contracts with VBH to provide skills development programs for adults through the Alliance House in Salt Lake City, an International Certified Clubhouse model program. The mission of the Alliance House is to help those with a severe and persistent mental illness (SPMI) 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly high in this category. When comparing FY17 to the FY15 actuals, the difference is insignificant.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 5,429,498 Form A1 - FY16 Amount Budgeted: 6,620,295 Form A1 - FY17 Amount Budgeted: 5,559,602  
Form A – FY15 Actual Clients Served: 1,087 Form A – FY16 Projected Clients Served: 1,580 Form A – FY17 Projected Clients Served: 1,115*

**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, provides 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 51 schools within 4 school districts in Salt Lake County.

**ACES, an after-school partial day treatment program**, serving 24 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. The KIDS program has a capacity of 36 clients.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly high in this category. When comparing FY17 to the FY15 actuals, the difference is insignificant.

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

There were no significant programmatic changes.

## Form A – Mental Health Budget Narrative

### **1m) Adult Case Management**

*Form AI - FY15 Actual Amount: 3,912,920 Form AI - FY16 Amount Budgeted: 3,324,553 Form AI - FY17 Amount Budgeted: 4,046,438  
Form A – FY15 Actual Clients Served: 2,134 Form A – FY16 Projected Clients Served: 2,408 Form A – FY17 Projected Clients Served: 2,200*

**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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was low in this category. When comparing FY17 to the FY15 actuals, the difference is insignificant.

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

There were no significant programmatic changes.

## Form A – Mental Health Budget Narrative

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

*Form A1 - FY15 Actual Amount: 303,988    Form A1 - FY16 Amount Budgeted: 337,615    Form A1 - FY17 Amount Budgeted: 314,361*  
*Form A – FY15 Actual Clients Served: 1,114    Form A – FY16 Projected Clients Served: 1,392    Form A – FY17 Projected Clients Served: 1,150*

**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 a DYS facility.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 projected client count was high in this category. When comparing FY17 to the FY15 actuals, the difference is insignificant.

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

In March 2016, DYS Milestone Transitional Living Program opened up a second facility with five additional units for youth aging out of foster care.

## Form A – Mental Health Budget Narrative

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

*Form A1 - FY15 Actual Amount: 509,657    Form A1 - FY16 Amount Budgeted: 741,060    Form A1 - FY17 Amount Budgeted: 898,635*  
*Form A – FY15 Actual Clients Served: 163    Form A – FY16 Projected Clients Served: 544    Form A – FY17 Projected Clients Served: 340*

**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.

In 2015, Alliance House opened the Eccles House (which consists of 10 ADA accessible studio apartments) to provide housing for individuals with serious mental illness. Alliance House now provides 39 subsidized, residential apartments for its members through the Eccles House, 1805 House, and Valley Villa Apartments. All three housing developments are all located within a block of the clubhouse. This housing is made possible through a collaboration with Valley Behavioral Health and the United States Department of Housing and Urban Development (HUD). To qualify for housing, the members must regularly participate in programs at the clubhouse. The clubhouse provides education, job training and support for 315 members.

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. Salt Lake County/Optum has increased available slots at Nephi Todd's as it meets an important need for the community. Optum is currently working with other community providers such as the ACT team with their 20 scattered sites to access more supportive housing options.

Other housing units which are utilized include:

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

In FY16 DBHS began managing the Right Person In/Right Person Out (RIO), SLCo's permanent supportive housing program. RIO provides funding for 30 housing units throughout scattered throughout the Salt Lake Valley. RIO units are specifically utilized for severely and persistently mentally ill (SPMI) individuals.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Beginning in FY16, DBHS began managing the RIO housing program, expanded funding to house VOA ACT team participants, and utilized JRI funds to expand housing to support the new CORE 2 women's program. Being very new to managing these services in FY16, the number of clients projected to be served was overstated and the budget was under-stated. Due to the factors explained above, we do expect an increase in numbers served in FY 2017 as compared to FY15 actuals.

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

Salt Lake County/Optum increased available slots at Nephi Todd's. Additionally, we will increase the number of scattered site rental assistance units for ACT clients from 10 to 20 in FY 2017.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 1,177,073    Form A1 - FY16 Amount Budgeted: 865,568    Form A1 - FY17 Amount Budgeted: 893,830*  
*Form A – FY15 Actual Clients Served: 284    Form A – FY16 Projected Clients Served: 570    Form A – FY17 Projected Clients Served: 305*

**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. There are no geographical limits within Salt Lake County for a consumer to receive respite. Hopeful Beginnings considers the family's address, among other criteria, when assigning the youth to a specific respite provider. Hopeful Beginnings provides transportation for the youth for any activities.

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.

Since the FY16 DSAMH Audit, Optum has collaborated with Hopeful Beginnings and Valley Behavioral Health to support their efforts to better collaborate on consumers' treatment progress and the on-going need for respite services. Due to the large number of referrals from Valley Behavioral Health, a formal plan was appropriate. They have developed a workflow which includes specific steps for providing referrals, sharing necessary clinical and safety information, exchanging details related to treatment progress, as well as coordinating discharge from respite services.

We will continue to emphasize a need for collaboration with Hopeful Beginnings with any agency involved in the child's treatment. However, should other agencies be identified as larger referral sources for respite, meetings will be scheduled with those agencies to develop a plan to ensure collaboration.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 projected client count was high in this category. The higher FY15 actual amount is due to a portion of the FRF cost mistakenly being allocated to the Youth Community Supports instead of Youth Peer Support Services.

In order to accurately reflect numbers served, Optum is currently collaborating with DYS to establish reimbursement for temporary host-home respite services, to better capture respite encounters for these youth.

The volume of respite services is determined by each consumer's need. In order to increase numbers served, Optum will revisit the criteria for respite services with Mary Gully to relay the information to Family Resource Facilitators throughout the Network, who are most likely to encounter families in need of the additional support.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY15 Actual Amount: 177,207    Form A1 - FY16 Amount Budgeted: 641,324    Form A1 - FY17 Amount Budgeted: 426,524*  
*Form A – FY15 Actual Clients Served: 1,217    Form A – FY16 Projected Clients Served: 1,384    Form A – FY17 Projected Clients Served: 2,100*

**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 continues to work to expand the peer workforce in Salt Lake County. Peer Support Specialists are critical to the Salt Lake County Behavioral Health System. There are currently more than 50 Peer Support Specialists who 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.

In FY2016, the Optum SLCO Recovery and Resiliency team in conjunction with the State of Utah Division of Substance Abuse and Mental Health provided training and certified 26 individuals living a life of recovery from serious mental illness and/or substance use disorders. The Optum training covered topics such as stigma and labels, discovering strengths, motivational interviewing, the role of trauma, and professional ethics and boundaries among others.

Of the 26 individuals that were certified by DSAMH, seven have secured paid positions/or volunteer position with Optum SLCO in network providers. In SLCO there are more than 50 Certified Peer Support Specialist working with individuals in Drug Court, Mental Health Court, outpatient treatment programs, at the UNI Receiving Center, UNI Wellness Recovery Center, and in the substance use disorder programs.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Though Peer support services were approved in FY12 as a Medicaid service, due to the need for administrative rules to be finalized and training issues, no training was offered for approximately two years. Therefore, FY15 was the first year that Peer Support services began to be set up within the treatment community, and was a start-up year without the full efficacy of the service being able to be realized. Without having the actual expenditures for FY 15 available when the FY16 Area Plan was prepared, and due to FY15 being a start-up year, the FY16 budget was overstated and the projected number of clients served was incorrectly calculated. Beginning in FY2017, the rate for Peer Support services will increase from \$7.35 to \$8.19 per unit. With the increase in the number of Peer Support Specialists within the community and the interest in developing this role within several agencies, it is anticipated that the number of individuals served will increase.

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

Optum will continue 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 is expected to continue to expand the peer workforce.

## Form A – Mental Health Budget Narrative

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

*Form A1 - FY15 Actual Amount: 249,974 Form A1 - FY16 Amount Budgeted: 646,531*  
*Form A – FY15 Actual Clients Served: 232 Form A – FY16 Projected Clients Served: 466*

*Form A1 - FY17 Amount Budgeted: 601,669*  
*Form A – FY17 Projected Clients Served: 450*

**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 is providing peer support offered to the parents and/or caregivers of children and youth receiving services. Salt Lake County Division of Youth Services (DYS) 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 7 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
- 1 FTE Utah Support Advocates for Recovery Awareness (USARA)
- 1 FTE National Alliance on Mental Illness (NAMI) Utah
- 1 FTE State of Utah Division of Child and Family Services (DCFS)
- 1 FTE 3<sup>rd</sup> District Juvenile Court

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The difference between FY16 and FY17 is not significant. The difference between FY17 and the FY15 actual is that a portion of the FRF funding was mistakenly captured in Community Supports in FY15.

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

As part of the overall procurement process and contracting beginning in FY2016, Salt Lake County is administering all non-Medicaid dollars. Therefore, Salt Lake County DBHS is contracting directly with Salt Lake County DYS for FRF program services. Optum SLCO continues to refer families with youth that are most at-risk and in need of resources and services for outreach by an FRF. Families with youth that have received services in inpatient levels of care, or who are at-risk for needing higher levels of care, are prioritize by Optum SLCO family support specialist for referral. To-date in FY16, 23 families have been referred for wraparound services. All coordination is done through Mary Gully, FRF SLCO DYS.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 640,028    Form A1 - FY16 Amount Budgeted: 433,324    Form A1 - FY17 Amount Budgeted: 651,452*  
*Form A – FY15 Actual Clients Served: NA    Form A – FY16 Projected Clients Served: NA    Form A – FY17 Projected Clients Served: NA*

**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 2016:

- 65 people in the community were certified in Mental Health First Aid (MHFA) with more trainings scheduled.
- Our team has certified 39 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: Mental Health Awareness and Suicide Prevention, Suicide Prevention, Recovery, Peer Navigator Program, Engagement vs. Activation, and the Columbia Suicide Severity Rating Scale.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly low in this category. When comparing FY17 to the FY15 actuals, the difference is insignificant.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: N/A Form A1 - FY16 Amount Budgeted: 206,921*

*Form A1 - FY17 Amount Budgeted: 183,495*

*Form A – FY15 Actual Clients Served: NA Form A – FY16 Projected Clients Served: NA*

*Form A – FY17 Projected Clients Served: NA*

**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 FY2016 our Recovery and Resiliency Team:

- 30 people were certified in Youth Mental Health First Aid
- Continued to provide QPR trainings with Optum SLCO., providers, and allied partners
- Continued to provide training on the Recovery Model and recovery supports with APRN students at the University of Utah School of Nursing.
- Conducted in conjunction with the State of Utah Division of Substance Abuse and Mental Health the Optum Certified Peer Support Specialist training.
- 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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

For FY15, Optum utilized a different methodology which made it difficult to ascertain the costs. Beginning in FY16, DBHS requested specific reporting parameters so that we could correctly report these costs. There are no expected changes for FY 17.

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

There were no significant programmatic changes.

## Form A – Mental Health Budget Narrative

### **1u) Services to Incarcerated Persons**

*Form AI - FY15 Actual Amount: 117,683    Form AI - FY16 Amount Budgeted: 105,271    Form AI - FY17 Amount Budgeted: 117,683*  
*Form A – FY15 Actual Clients Served: 150    Form A – FY16 Projected Clients Served: 150    Form A – FY17 Projected Clients Served: 150*

**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 a 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. The number above is an approximation of the clients served and we are working to develop a methodology to capture number of 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 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 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. DBHS 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, CORE 2, JDOT, ATI Transport and VBH Forensics.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No expected changes for FY2017.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

*Form A1 - FY15 Actual Amount: 339,582    Form A1 - FY16 Amount Budgeted: 337,492    Form A1 - FY17 Amount Budgeted: 356,700*  
*Form A – FY15 Actual Clients Served: 120    Form A – FY16 Projected Clients Served: 120    Form A – FY17 Projected Clients Served: 130*

**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. Optum also 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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No expected changes for FY2017.

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

There were no significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

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

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.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No expected changes for FY2017.

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

As part of the overall procurement process and contracting beginning in FY2016, Salt Lake County is administering all non-Medicaid dollars. Therefore, DBHS is the payor for all COPs approved funds. However, the Optum USH liaison continues to work with all clients and their families as they transition out of the USH for optimal discharge planning. Once the client has successfully transitioned out of the USH, if the client has Medicaid Optum will continue to follow and submit all requests for COPs directly to the Children's Continuity of Care Committee. If the client does not have Medicaid, once successfully transitioned, Salt Lake County will follow the client and submit all requests for COPs directly to the Children's Continuity of Care Committee.

## Form A – Mental Health Budget Narrative

### **1x) Unfunded Adult Clients**

*Form A1 - FY15 Actual Amount: 3,440,996 Form A1 - FY16 Amount Budgeted: 3,673,462 Form A1 - FY17 Amount Budgeted: 3,077,085  
Form A – FY15 Actual Clients Served: 2,678 Form A – FY16 Projected Clients Served: 3,260 Form A – FY17 Projected Clients Served: 2,580*

**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, State Non-Medicaid, and some County funds. Crisis and inpatient services are purchased with County funding.

The Utah Department of Health (UDOH) subcontracts with four different organizations: the Refugee and Immigrant Center at Asian Association of Utah, Catholic Community Services, International Rescue Committee, and Utah Health and Human Rights to provide mental health services for refugees living in Salt Lake County. These services will include: the administration of the Refugee Health Screener (RHS-15) mental health screening tool; outreach and education to refugee health stakeholders about the mental health needs of refugees; outreach and education to refugee communities about mental health and available services; crisis services; and group therapy using traditional and non-traditional evidence-based methods.

Volunteers of America/Cornerstone Counseling Center (VOA/CCC) has several programs to assist the unfunded population. The Uninsured Mental Health Clinic provides direct mental health services based on the client-centered biopsychosocial assessment. Services are provided by Licensed Mental Health Therapists and Certified Peer Specialists. The Whole Health Clinic is a medical clinic providing direct physical health care services. This clinic works in tandem with the Uninsured Mental Health Clinic so that clients can have the physical health care needs taken care of in the same place they receive their mental health services. The Homeless Mental Health Outreach Program is centered at the main Salt Lake City Library on 400 South and 200 East. Contact with each library patron is provided with a clear explanation that this service is optional and intended to meet clients' needs as they define them. This program also utilizes Certified Peer Specialists.

Valley Behavioral Health (VBH) provides direct services to four populations with the funds they receive. First, VBH provides adult mental health services in three different locations. Several of the programs are open in the evenings and weekends to further reduce schedule-related barriers for accessing services. Second, VBH's provides direct services to uninsured youth/children mental health in two locations (not including the below mentioned school-based services). Third, persons who are on community civil commitment have access to VBH's full continuum of adult, youth, and children's program, services, and locations. Fourth, VBH has a school-based mental health program in 51 different schools, within four school districts.

The University Neuropsychiatric Institute (UNI) provides crises services for Salt Lake County. These services are described under section 1g.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The difference is insignificant. All non-Medicaid dollars for adults are included in this budget.

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

As part of the overall procurement process and contracting beginning in FY2016, Salt Lake County is administering all non-Medicaid dollars. Therefore, effective July 1, 2015 Salt Lake County DBHS began directly contracting with VBH, Volunteers of America, Salt Lake County UNI, and the Utah Department of Health (UDOH) for the above described services.

## Form A – Mental Health Budget Narrative

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

*Form A1 - FY15 Actual Amount: 2,422,778    Form A1 - FY16 Amount Budgeted: 633,829    Form A1 - FY17 Amount Budgeted: 2,789,027*  
*Form A – FY15 Actual Clients Served: 915    Form A – FY16 Projected Clients Served: 985    Form A – FY17 Projected Clients Served: 978*

**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 Children's Center is a private, not for profit agency serving the behavioral health needs of families with preschool aged children in Salt Lake County. Their therapeutic preschool program utilizes the Developmental Repair treatment philosophy that provides a framework for helping children improve their emotional and behavioral functioning and prepares them for entry into a regular preschool of kindergarten program. The Children's Center operates two facilities: one is located in downtown Salt Lake City and the other is in Kearns. The Children's Center provides services directly.

The Utah Department of Health (UDOH) subcontracts with four different organizations: the Refugee and Immigrant Center at Asian Association of Utah, Catholic Community Services, International Rescue Committee, and Utah Health and Human Rights to provide mental health services for refugees living in Salt Lake County. These services will include: the administration of the Refugee Health Screener (RHS-15) mental health screening tool; outreach and education to refugee health stakeholders about the mental health needs of refugees; outreach and education to refugee communities about mental health and available services; crisis services; and group therapy using traditional and non-traditional evidence-based methods.

Salt Lake County Division of Youth Services (DYS) provides direct services to individuals and their families. This may be in the form of individual or family therapy. Children and parents learn new skills to help process thoughts and feelings related to life events; manage and resolve distressing thoughts, feeling, and behaviors; and, enhance safety, growth, parenting skills, and family communication. DYS incorporates Trauma-Focused Cognitive Behavioral Therapy if the client and/or family have been assessed as having traumatic life events.

Valley Behavioral Health (VBH) provides direct services to four populations with the funds they receive. First, VBH provides adult mental health services in three different locations. Several of the programs are open in the evenings and weekends to further reduce schedule-related barriers for accessing services. Second, VBH's provides direct services to uninsured youth/children mental health in two locations (not including the below mentioned school-based services). Third, persons who are on community civil commitment have access to VBH's full continuum of programs, services, and locations. Fourth, VBH has a school-based mental health program in 51 different schools, within four school districts.

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

*Form A1 - FY15 Actual Amount: 2,422,778    Form A1 - FY16 Amount Budgeted: 633,829    Form A1 - FY17 Amount Budgeted: 2,789,027*  
*Form A – FY15 Actual Clients Served: 915    Form A – FY16 Projected Clients Served: 985    Form A – FY17 Projected Clients Served: 978*

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 budget was clearly low in this category. When comparing FY17 to FY15 you see a trend to serve more children with our limited non-Medicaid resources.

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

As part of the overall procurement process and contracting beginning in FY2016, Salt Lake County is administering all non-Medicaid dollars. Therefore, effective July 1, 2015 Salt Lake County DBHS began directly contracting with VBH, The Children’s Center, Salt Lake County DYS, UNI, and the Utah Department of Health (UDOH) for the above described services.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Actual Amount: 460,955    Form A1 - FY16 Amount Budgeted: 421,948    Form A1 - FY17 Amount Budgeted: 602,688*  
*Form A – FY15 Actual Clients Served: 543    Form A – FY16 Projected Clients Served: 320    Form A – FY17 Projected Clients Served: 620*

**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 2015, DYS was the recipient of a 21st Century Community Learning Center Grant which funded three new after school programs in Magna: Elk Run Elementary, Lake Ridge Elementary and Copper Hills Elementary. The programs are part of the Magna United Project, along with Brockbank and Matheson Jr. Highs, Cyprus High School, Magna and Pleasant Green Elementary Schools. DYS also operates programs at Kearns Jr, South Kearns and Kennedy Jr. These after school programs aim to increase graduation rates, parental and community involvement and positive behavior.

On average 550 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, DBHS 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.

As noted in the Area Plan DBHS submitted last year, at that time we were in the midst of compiling a comprehensive list of all civilly committed adults. This has been difficult to accomplish as it was discovered that the court did not have a comprehensive list. However, we are pleased to announce that we do now have a list which we will continue to maintain. Though the actual number will naturally ebb and flow, as of this writing there are 303 civilly committed adults in Salt Lake County.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The FY16 project client count was low. This category includes our Civil Commitment assessments and court administrative cost. We are seeing an uptick in the number of assessments that we are statutorily required to provide.

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

There were no significant programmatic changes.

**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 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.

**• Employment of consumers as staff**

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

During FY2016, Certified Peer Support Specialists were added to following agencies and organizations: Odyssey House, Valley Behavioral Health including CORE and CORE2,, Psychological Behavioral Solutions (PBS), Refugee & Immigrant Center—Asian Association of Utah and USARA.

It is anticipated that during FY2017, the use of CPSS will continue to grow throughout the network. For example: Jordan West Valley Inpatient Services was approached by Optum to assess the opportunity to assign an Optum Peer Navigator specifically to their inpatient services.

**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, NAMI, VBH, and USARA. Salt Lake County/Optum works closely with DYS to utilize the FRF program. Currently, there are 8 FRFs in Salt Lake County providing services.

**• Evidence-Based Supported Employment**

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 be 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.

## Form A – Mental Health Budget Narrative

### 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):** Through the efforts of DSAMH and all the local mental health authorities, a new PIP formally began in Salt Lake County on July 1, 2015. The new PIP focuses on suicide prevention by utilizing the Columbia Suicide Severity Rating Scale (C-SSRS).
- **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. All of the practices listed below are recognized by SAMHSA.

- Assertive Community Treatment (ACT)
- Trauma Focused Cognitive Behavior Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Cognitive Behavior Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- OQ-Analyst
- Behavior Therapy
- Integrated Dual Disorders Treatment
- Exposure Therapy for PTSD
- Seeking Safety
- Wellness Recovery Action Plan (WRAP)
- QPR –Question Persuade and Refer: Suicide Prevention Training
- Interpersonal Therapy (IPT)

#### **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**

No expected changes for FY2017.

## Form A – Mental Health Budget Narrative

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

#### **•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.

Through the use of mapping, Optum SLCo conducted an analysis of all available services as well as gaps in services. This information was presented to key stakeholders to identify opportunities for improvement and improve access to services. Identified areas of opportunity include an increase in residential services, additional peer support services, housing opportunities throughout the county, as well as an expansion of both day treatment and intensive outpatient services for adolescents and adults. Since the presentation of this analysis, Optum has been in discussions with several providers to determine their ability to develop these needed services. One residential provider, New Beginnings, is now serving adolescent females. Additionally, Summit Community counseling has submitted a proposal for day treatment services. Optum has also identified a staff member to work in partnership with key stakeholders as well as several community agencies to develop housing opportunities.

#### **•Coalition development**

Salt Lake County/Optum works closely with the two inpatient facilities in the network, community providers and DBHS, 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.

#### **•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 was completed in the Summer of 2015.

As an outcome to the geo-access map, a GAP analysis was completed on the 10 mandated services. Areas of opportunity were identified and include an increase in residential services, peer support services housing opportunities throughout the county, and an expansion of day treatment and intensive outpatient services. Plans have been established to address an increase in all of the abovementioned areas. Additionally, Optum is committed to continue to increase prescribers throughout Salt Lake County. If prescribers are identified, all efforts are made to complete the credentialing process as quickly as possible.

#### **•Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

Optum SLCo works with 3 agencies to provide services to Medicaid consumers in nursing facilities.

1. Valley Behavioral Health offers a program known as Specialized Rehabilitation Services (SRS). This program provides mental health services, including medication management, to Medicaid consumers in nursing facilities. Referrals are made directly to VBH from the nursing facilities. Optum SLCo will also recommend a referral if Medicaid enrollees are identified as benefiting from this service.
2. The Transitions Program, a partnership between Salt Lake County Aging and Adult Services, Salt Lake Regional Outpatient Clinic, and Jewish Family Services, is designed to deliver in-home or nursing facility 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.
3. For those who are receiving Assertive Community Treatment (ACT) services, ACT is willing to travel to wherever the member is residing within Salt Lake County, including nursing facilities.

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

All quality and access improvements have been described above.

#### **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.

The division continues to work with VOA through the CABHI grant, now in year two of a three year grant cycle, to provide services to homeless individuals with co-occurring mental health and substance use disorders in Salt Lake County. Additionally, in October of 2015 Salt Lake County was awarded a state-enhancement grant through CABHI allowing DBHS to increase access for services to this population. Salt Lake County is contracting with VBH for the enhancement (\$268,568). The target population for both funding streams is the same—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. These funds are not reflected in the budget.

Both VOA and Valley BH are 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 provider agencies VOA work to engage those individuals into services and when appropriate, coordinate with the Utah Department of Veteran Affairs. Individuals who are willing 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, 4th Street Clinic is their first and only chance at a diagnosis and ongoing treatment. By increasing homeless Utahans' access to both primary and behavioral health care 4th Street Clinic has become a major partner in ending homelessness, promoting community health, and achieving across-the-board health care savings. 4th Street Clinic provides 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.

**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 continues to operate its integrated health clinic, which started operating 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 currently has one Care Advocate who specializes in working with the ACOs to coordinate mental health care, substance use disorder treatment and health care for clients who are in need. The partnership between the ACOs and Optum has led to improved coordination of services offered and real time discussions regarding the management of challenging individuals.

In regards to the “Payment Follows the Patient” delivery model described in the FY16 Area Plan, Salt Lake County has continued to have discussions with Intermountain Health Care and Molina about possibilities for providing integrated care. As of this writing Optum has not been successful in negotiating a payer contract with Intermountain for the behavioral health services they provide in their clinics for Medicaid clients.

If the Medicaid expansion waiver is approved, Salt Lake County will work with interested ACOs toward an integrated pilot at the payer level. Salt Lake County has had meetings with Molina and Select Health leadership discussing how this model might look and be implemented.

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

Salt Lake County/Optum continues to make progress in implementing Recovery Plus to full fidelity. 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 continues to be addressed at Provider Trainings. Clinicians are 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. Due to the popularity of previously non-traditional ways to use nicotine, the providers are now being educated to ensure that any type of nicotine delivery system is addressed with the client and this will be a contract requirement in FY17.

**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
- 1 FTE Utah Support Advocates for Recovery Awareness (USARA)
- 1 FTE NAMI Utah
- 1 FTE State of Utah Division of Child and Family Services (DCFS)
- 1 FTE 3<sup>rd</sup> District Juvenile Court

**Include expected increases or decreases from the previous year and explain any variance over 15%.**  
No expected changes for FY2017.

**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. Therefore, beginning July 1, 2015 DBHS began contracting directly with DYS for the FRF services.

**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 over 15%.**

No expected changes for FY2017.

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

There were no significant programmatic changes.

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

In addition to the total number of youth contacts and outreaches, DBHS collects the following outcomes:

- Number of contacts/outreaches that avoided out-of-home placement;
- Number of contacts/outreaches avoided legal involvement;
- Number of individuals that received assistance when they were in danger of harming themselves or others; and
- Number of police calls avoided.

**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 over 15%.**  
No expected changes for FY2017.

**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

There were no significant programmatic changes.

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

DBHS will continue to use the Mental Health Early Intervention Data & Outcomes Report form which has been provided by DSAMH. Specifically for the school-based programs, data for total clients served, number of schools and school districts served, YOQ, and other indicators such as Office Disciplinary Referral, suspensions, 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 65 individuals in Mental Health First Aid.
- Certified 30 individuals in Youth Mental Health First Aid
- Certified 39 individuals in QPR Suicide Prevention.
- Due to scheduling issues, the Seeking Safety Training scheduled in May, 2015 was not able to be conducted. Currently, a Seeking Safety Training is now scheduled for May, 2016.

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 ongoing 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.**

Beginning in FY2015, Optum began discussing with the provider network the use of the Columbia Suicide Severity Rating Scale (C-SSRS) and use of the Stanley Plan Safety Plan (as applicable) for all clients served. Towards the end of FY2015 and into FY2016, Optum, as well as the entire provider network, engaged in an organizational self-assessment project authored by Zero Suicide designed to improve the awareness of each agency's approach to a comprehensive suicide prevention plan. In October of 2015, Optum's largest provider, VBH, began the use of the C-SSRS and Safety Plan with their clients. In December of 2015, Optum SLCo implemented the mandatory use of the C-SSRS Screening tool for the entire Optum SLCo Network as well as the use of a Safety Plan as warranted by client responses on the C-SSRS. A database was created to gather data to identify the responses and monitor compliance to the development of the Safety Plan. For CY2015, 218 screenings were conducted with a total of 6180 clients serviced during this period at a rate of 4%. Fifty-four individuals indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 100% of the time. Throughout the upcoming year, the use of the C-SSRS as an effective screening tool as well as the use of a Safety Plan will be emphasized in all instances where risk of suicide may be clinically determined. Provider Trainings will be offered that focus on the development of a comprehensive suicide prevention. Additionally, all provider audits will contain a focus on the use of these tools.

#### **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.

## 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, law enforcement, 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 sought 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 Behavioral Health Services, Director, Tim Whalen

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

Salt Lake County Human Services Director, Karen Crompton

Salt Lake Legal Defender Association Director, Patrick Anderson

Salt Lake County Criminal Justice Services Director, Kele Griffone

Cottonwood Heights Police Department, Chief Robby Russo

Third District Court Presiding Judge, Randall Skanchy

Justice Court Judges, Brendan McCullagh & John Baxter

Midvale City, Mayor JoAnn Seghini

Utah State Courts, Assistant Court Administrator, Rick Schwermer

Statewide Association of Prosecutors, Paul Boyden

Utah State Department of Corrections, Executive Director Rollin Cook

Utah State Senate, Senator Luz Escamilla

Utah House of Representatives, Representative Eric Hutchings

Salt Lake City Police Department, Assistant Chief, Terry Fritz

Utah Third District Court, Trial Court Executive, Peyton Smith

Formal approval for the County's Justice Reinvestment Pilots was obtained from the Salt Lake County Council and Criminal Justice Advisory Council.

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

A rich array of programs exist in SL Co to divert individuals with behavioral health conditions from the criminal justice system. Attached please find a copy of the county's Sequential Intercept Model detailing all programs, both county-funded and others.

JRI dollars were used to implement:

- **CORE 2**, a dual-diagnosis residential facility for women, focusing on medium/high risk and medium/high need offenders with supportive housing attached upon discharge. This program was implemented due to community requests and impressive outcomes seen previously with the CORE program for men. This program coordinates closely with multiple criminal justice stakeholders and quickly developed a substantial wait list.
- **The Intensive Supervision Probation** program targeting high risk individuals who are sentenced to County probation at CJS. Clients receive an LS/CMI risk assessment and then an ASAM assessment to determine the appropriate level of care. Clients enrolled in the program are supervised in the community by officers from the Sherriff's department and receive intensive case management services through CJS. With the assistance of JRI funds, DBHS provides a dedicated assessment worker, seated at CJS with the officers and case managers, prioritized access to treatment services, and access to two dedicated social detox beds at VOA. Through this model we are seeing an increase in the number of clients who present for an assessment and treatment as well as a drastic reduction in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system. Our intent is to grow this program in the upcoming year so that we can serve the majority of high risk clients currently served by CJS. In March of 2016 this program was presented to the County Council and received unanimous support for an increase in county funds to grow the program (these County JRI funds are not included in this budget). The program has also been selected to present at the national Adult Probation and Parole Conference in Cleveland, OH in August of 2016. As this project continues to evolve we have begun discussions on identifying housing supports and other ATR-like services that we can extend to the population served in this program.

## 7. Justice Reinvestment Initiative (cont)

- **The Prosecutorial Pre-Diversion Program** was designed with more of a prevention approach, diverting individuals with criminal justice involvement prior to charges being filed. This program diverts low-risk offenders with non-violent Class A Misdemeanors and low-high need substance use disorders into quick access to assessments and treatment, whereby defendants have the option to comply with treatment and have no charges filed if they are successful after a six month period. Risk and need levels are determined through the jail risk and need screening process and requires close coordination between the jail, District Attorney's office, Legal Defender's Office, DBHS, Assessment and Referral Services and four community treatment providers. This program was delayed due to a lag in state funding to implement the jail risk and need screening process, and is small in size due to three policy changes that occurred after the implementation of the program. These changes included:
  - The state decision not to provide a substance use disorder screen to all individuals booked;
  - The jail's need to implement a cap-management plan due to overcrowding that diverts low level offenders from the booking process; and
  - The decision to screen out crimes that involve victims, again reducing the pool of individuals that would meet criteria.

JRI dollars will be utilized to support these programs moving forward, and supplemented with additional county dollars to expand the Intensive Supervision Program.

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

DBHS has developed several outcomes to track for each of the programs described above. All outcome matrixes are found in the attachments to this document. 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 include—treatment and discharge status, numbers served, costs/client, education, employment, income, transportation, 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

*Form B - FY16 Amount Budgeted: \$1,755,733*

*Form B - FY17 Amount Budgeted: \$873,396*

*Form B – FY16 Projected Clients Served: 3,300*

*Form B – FY17 Projected Clients Served: 3,000*

*Form B - FY15 Amount Actual: \$808,174*

*Form B – FY15 Clients Served: 2,932*

**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's Division of Behavioral Health Services (DBHS) has tried several methods to increase the accuracy of its assessment process for adults in order to have consistent assessment criteria to meet medical necessity and utilize assessments 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's Substance Use Disorder (SUD) network. The latter reflects a policy change implemented in FY13 designed to improve a client's connection to treatment providers after assessment. Since all network SUD 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's clinical staff reviews the assessment in UWITS and determines if an individual meets clinical criteria for medical necessity and for the level of care recommended and then authorizes services for a prescribed LOC and length of stay (LOS).

In order to meet the increase in those with an opioid and/or opiate dependency disorder, we have asked the providers to prioritize those who are currently enrolled with the Vivitrol Program. This is in addition to, and would be prioritized after, the Federal priority guidelines have been met which already provide for those who are injecting drug users (i.e., pregnant and non-pregnant) to receive preferential admission status.

ARS, at the request of the justice/district courts, still provides a number of assessments including for Adult Probation and Parole (AP&P), Family Dependency Drug Court clients, and other referral sources. In FY16 DBHS also added a full-time ARS worker based at Criminal Justice Services (CJS). This assessment worker is responsible for completing all of the assessments for SLCo's Intensive Supervision Probation program and can take appointments with additional CJS clients based on availability. In March of 2016 the Salt Lake County Council approved funding to seat an additional ARS employee at CJS, increasing the total number of assessment workers at CJS to two.

Like many areas, SLCo has a significant wait for treatment services. To assist the community in managing wait times, DBHS requires through contract that all network providers accurately report availability of treatment by LOC to ARS, who maintains a website indicating availability throughout the system. DBHS also 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 in 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.

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

DBHS does not have an official policy regarding serving sex offenders or individuals with prior convictions for violent crimes. However, it is our philosophy that all individuals deserve and have the right to effective, evidence-based substance use disorder treatment. The problem is incorporating someone who is a sex offender or has been convicted of a violent crime into the milieu. The substance use disorder and whatever led to a conviction of being a sex offender or of violent crime cannot be separated in treatment. As part of treatment, there are typically a number of groups the clients will attend. The information about being a sex offender or a conviction of a violent crime will come up during treatment for the individual. While much easier to handle on a one-to-one basis, in a group setting there are so many different personalities and issues that it would be nearly impossible to ensure the psychological safety of all present. Moreover, admitting a sex offender or person convicted of a violent crime into treatment, whether residential or outpatient, requires many additional protocols to ensure the physical safety of the existing clientele. This would lead to increased costs which our providers would not be able to sustain. We would encourage DSAMH to petition the legislator for monies to support a program specifically created to address individuals with these comorbid issues.

Instructions:

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

**2) Screening and Assessment (cont.)**

*Form B - FY16 Amount Budgeted: \$1,755,733*

*Form B - FY17 Amount Budgeted: \$873,396*

*Form B - FY16 Projected Clients Served: 3,300*

*Form B - FY17 Projected Clients Served: 3,000*

*Form B - FY15 Amount Actual: \$808,174*

*Form B - FY15 Clients Served: 2,932*

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% change or greater).**

The very large difference from the FY16 budget is due to a change in methodology in how DBHS pulled the figures. For FY16 the division pulled all assessments, initial and ongoing, but in the FY15 actuals and FY17 budget only initial assessments were pulled. The increase in the FY17 budget as compared to the FY15 actuals is minor. It is primarily driven by an increase in JRI, state and county funded programs, after netting the increase against increased provider rates post-RFP (effective July 1, 2016).

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

As mentioned above, DBHS has added one full-time assessment worker at Criminal Justice Services and is in the process of increasing that number to two. The primary responsibility of these assessment workers will be to assess high-risk individuals on County supervision for treatment needs, however they do complete assessments on other CJS clients as time slots are available. Co-locating these services has dramatically decreased both the wait time for this population to receive assessments (an average of 2 days wait versus 10 days), as well as the “no show” rate for assessments (26% versus 50% generally).

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

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

*Form B - FY16 Amount Budgeted: \$1,415,064*

*Form B - FY17 Amount Budgeted: \$1,751,256*

*Form B – FY16 Projected Clients Served: 1,833*

*Form B – FY17 Projected Clients Served: 1,851*

*Form B - FY15 Amount Actual: \$1,547,460*

*Form B – FY15 Clients Served: 1,635*

**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’s contracts 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.

In addition to this, DBHS also provides access to 10 dedicated law enforcement jail diversion detox beds at VOA. In March of 2016, DBHS received further appropriations from the Salt Lake County Council to add an additional 5 beds, for a total of 15 dedicated law enforcement jail diversion detox beds.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% change or greater).**

Difference in the FY 17 budget as compared to both the FY 16 budget and FY 15 actuals are driven by a number of things. First, VOA (the county detox provider) in the past has used outside funding to increase availability of detox beds within the County, allowing them to offer SLCo very competitive rates. However, funding cuts at the state and federal level have resulted in these additional funding sources being eliminated. As a result it became necessary for VOA to offer a rate more aligned with actual costs. The FY16 budget failed to account for these rate increases. The FY15 actuals are reflective of these increased rates and the elimination of outside funding, which resulted in fewer clients served. The FY17 budget and number served are projected to increase compared to the FY15 actuals due to new County and State funded JRI initiative.

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

As indicated above, the division is adding an additional 5 law enforcement detox beds as an alternative to incarceration. Also, the division is adding another detox bed for the Drug Court program. Also, in FY 16 DBHS terminated our contract with UNI for detox for pregnant women due to a lack of utilization of the funds.

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

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

*Form B - FY16 Amount Budgeted: \$6,277,764*

*Form B - FY17 Amount Budgeted: \$6,179,768*

*Form B – FY16 Projected Clients Served: 804*

*Form B – FY17 Projected Clients Served: 820*

*Form B - FY15 Amount Actual: \$5,702,465*

*Form B – FY15 Clients Served: 760*

**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 four residential treatment providers for ASAM 3.1, 3.3, and/or 3.5 services. In FY13, DBHS began a process of pre-authorization and utilization review on a shorter cycle in order to utilize 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 (15% change or greater).**

There is no significant change.

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

No significant programmatic changes are anticipated at this time.

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

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

*Form B - FY16 Amount Budgeted: \$1,135,182*

*Form B – FY16 Projected Clients Served: 600*

*Form B - FY15 Amount Actual: \$1,231,669*

*Form B – FY15 Clients Served: 665*

*Form B - FY17 Amount Budgeted: \$1,189,915*

*Form B – FY17 Projected Clients Served: 643*

**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 and other providers as needed. Medicaid clients also have the option of receiving opioid treatment and withdrawal services at the Fourth Street Clinic.

This year, with the addition of state funds, DBHS was able to begin providing access to Vivitrol for clients engaged with a county treatment provider. To deliver this service DBHS is partnering with Midtown Community Health Center and the Martindale Clinic at Odyssey House to provide medical care and Vivitrol injections to participating clients. Those enrolled in the program that attend regular case management appointments with a DBHS ATR case manager and engage in services with a network treatment provider are eligible to receive up to six months of Vivitrol at no additional charge to the client. These ATR funds are not reflected in the numbers above.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% change or greater).**

Not a significant change.

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

As mentioned above, this year the county has been able to provide access to Vivitrol for opioid and alcohol dependent clients. Initially, DBHS limited enrollment in this program to clients transitioning into a community treatment provider from the jail substance use disorder program, CATS. As the program has developed the DBHS has been able to increase access to Vivitrol to Drug Court, DORA, and any other client engaged with a county treatment provider. Clients enrolled in the program are required to meet monthly with an ATR case manager and maintain treatment compliance with their community provider. If both of these conditions are met, they are eligible to receive up to six doses of Vivitrol. Clients have the choice to receive Vivitrol through either Midtown Community Health Center or the Martindale Clinic at Odyssey House.

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

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

*Form B - FY16 Amount Budgeted: \$7,365,826*

*Form B – FY16 Projected Clients Served: 4,415*

*Form B - FY15 Amount Actual: \$7,132,415*

*Form B – FY15 Clients Served: 4,612*

*Form B - FY17 Amount Budgeted: \$7,222,842*

*Form B – FY17 Projected Clients Served: 4,650*

**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 12 agencies to 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 across Salt Lake County. Psychiatric medication evaluation services are provided by Family Counseling Center, Asian Association, Odyssey House, and VOA, for all levels of care, and can be accessed by any client currently served.

Please see attached list of providers by LOC and population.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% change or greater).**

The differences above do not exceed 15%.

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

No significant programmatic changes are anticipated at this time.

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

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

*Form B - FY16 Amount Budgeted: \$4,203,686*

*Form B – FY16 Projected Clients Served: 1,815*

*Form B - FY15 Amount Actual: \$4,723,053*

*Form B – FY15 Clients Served: 2,096*

*Form B - FY17 Amount Budgeted: \$4,857,609*

*Form B – FY17 Projected Clients Served: 2,166*

**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 8 agencies to provide ASAM 2.1 and/or 2.5 for youth, women, mothers with dependent children, and general adult patients in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by Family Counseling Center, Asian Association, Odyssey House, and VOA, for all levels of care and can be accessed by any client currently served.

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 (15% change or greater).**

From a review of the FY15 actuals, it appears the FY16 projection is low. In the FY2016 projection, the division included all assessments in the *Screening and Assessment Only* category (section 1 above), which pulled significant funding away from the Intensive Outpatient category. In projecting FY17, DBHS utilized FY15 and added new County-funded JRI services. Additionally, Criminal Justice Services is also shifting more resources to Intensive Outpatient Services than in previous years.

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

No significant programmatic changes are anticipated at this time.

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

**7) Recovery Support Services**

*Form B - FY16 Amount Budgeted: \$115,500*

*Form B – FY16 Projected Clients Served: 147*

*Form B - FY15 Amount Actual: \$1,114,355*

*Form B – FY15 Clients Served: 536*

*Form B - FY17 Amount Budgeted: \$1,141,907*

*Form B – FY17 Projected Clients Served: 565*

**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 the contracted network. The Division recommends fully using this continuum on behalf of the individual and encourages clients to stay connected with treatment according to their needs. DBHS utilizes lower levels of care for longer periods of time to support clients' on-going recovery efforts.

We continue to operate the Drug Court Access to Recovery (ATR) and the Parole ATR (PATR) programs to provide clients with services that support their recovery including provision of case management services provided directly by DBHS. The PATR funding is not included in the above numbers.

Most contracted providers offer 'aftercare' services to clients wanting to stay connected with their treatment provider. DBHS and 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 its electronic health record, UWITS. Many ASAM 1.0 clients would qualify as recovery support but the Division is unable to track it at this time.

In FY16, DBHS also began working on the issue of opiate overdoses within the community. During the monthly provider meetings we had Dr. Plumb present on the usefulness and effectiveness of utilizing Naloxone and Dr. Stock presented on the actual use of Naloxone. We will ask them to return during FY17 to continue to educate staff due to turnover and updated information.

Additionally, within the contracts for FY17 is the following language:

"Upon intake, each client shall be screened for risk of use of opioids and/or opiates. If the client is found to be at-risk for the use/misuse of opioids/opiates, the client shall be given information and education regarding the use of the Naloxone rescue kit. This shall include where the client can obtain the kit. Additionally, for clients continuing in treatment they shall receive education and information on the Naloxone rescue kit, including where and how the kit can be obtained. When possible, this information should also be shared with the client's family, friends, and significant others. Should a client have need to use a Naloxone rescue kit, the client and anyone assisting the client in the use of the rescue kit shall be held harmless for the use of the rescue kit."

**7) Recovery Support Services (cont.)**

**Form B - FY16 Amount Budgeted: \$115,500**

**Form B - FY16 Projected Clients Served: 147**

**Form B - FY15 Amount Actual: \$1,114,355**

**Form B - FY15 Clients Served: 536**

**Form B - FY17 Amount Budgeted: \$1,141,907**

**Form B - FY17 Projected Clients Served: 565**

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

In FY16 DBHS began managing Salt Lake County's Housing Assistance Rental Program (HARP) and the Right Person In/Right Person Out (RIO) housing programs. HARP and RIO are funded through a blend of County and Federal funds that have been earmarked specifically for clients with a behavioral health condition. Referring agencies into the programs include Volunteers of America, Odyssey House, First Step House, and Valley Behavioral Health. Clients have access to either permanent rental assistance (approximately 30 units) or temporary housing assistance (approximately 35 units) depending on their needs. Currently, case managers are completing the VI-SPDAT to prioritize clients for the permanent rental assistance program. DBHS's temporary rental assistance program adopts a Rapid Re-Housing model that engages clients every 3 months to assess housing needs and progress made towards housing independence. Clients in this program may access rental assistance for up to 24 months. DBHS contracts with the Housing Authority of Salt Lake County to manage the program, identify landlords in the community willing to work with this population, and help tenants locate properties and negotiate leases.

Additionally, several contracted providers have expanded their capacity to offer transitional and recovery housing for their clients.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% change or greater).**

The FY17 budget has increased dramatically as compared to FY16 because the FY16 budget did not include HARP housing and an adjustment by Criminal Justice Services moving case management funding from outpatient services to Recovery Supports to more appropriately reflect on-going case management they are providing.

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

DBHS was unable to sustain the ATR program for the general SUD population after the federal grant ended, although these numbers were never reflected in these budgets. The division is hopeful that if H.B. 437 is implemented that DBHS will be able to expand access to Recovery Support services for all populations, and not just those in drug court or on parole.

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

**8) Drug Testing**

*Form B - FY16 Amount Budgeted: \$543,403*

*Form B - FY17 Amount Budgeted: \$554,505*

*Form B – FY16 Projected Clients Served: 2,228*

*Form B – FY17 Projected Clients Served: 2,191*

*Form B - FY15 Amount Actual: Not Reported*

*Form B – FY15 Clients Served: Not Reported*

**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 policy must adhere to State Division Directives as mandated in contract language, “Drug Testing Policy: The CONTRACTOR will follow the standards for drug testing of all clients set forth in the FY2017 DSAMH State Division Directives (pgs. 12-15). The DSAMH SFY2017 State Division Directives can be found here <http://slco.org/behavioral-health/providers/forms/>.” This is updated each year. In addition to this, this is reviewed as part of the monitoring process. If issues are found, it could result in a finding that requires a corrective action. 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.

By contract, providers must adhere to State Division Directives. 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 providers who administer drug testing will first approach clients with positive test results. 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 (15% change or greater).**

Insignificant difference.

## 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. DBHS requires all providers to notify the Division 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.

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 treatment continues to be substantial due to the overwhelming number of individuals who need these services.

In order to assure that payment for services is not an obstacle to treatment, the County has had a fee policy in place for many years. The use of it is mandated by the following contract language:

“The CONTRACTOR is to implement a fee collection policy for non-Medicaid clients, which must be approved by the COUNTY. This policy must include a fee schedule. The fee schedule should either be the COUNTY co-pay schedule, which is prepared annually by the COUNTY, or the CONTRACTOR may develop its own fee schedule, which must be approved by the COUNTY prior to the execution of the Contract.”

Part of the contract language not quoted above specifically states, “...no one should be refused service based on inability to pay.” In addition to this, providers are given the latitude to take into account the client’s financial circumstances. If the client is actively paying on things which demonstrate the client is attempting to be a positive contributing member of society (e.g., payment of fines, payment of restitution, etc.), the provider is allowed to deduct this from the client’s wages as long as the reason for a reduced fee is documented. Furthermore, this is reviewed as part of the monitoring process. If issues are found, it could result in a finding that requires a corrective action.

#### **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. The division has 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**

**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 (15% change or greater).**

No significant changes.

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

This year DBHS began offering Vivitrol to clients completing CATS (now administered by Odyssey House, and no longer VBH) and transitioning to a community provider. The division has worked closely with the Jail to develop a system that allows for clients to receive their first Vivitrol injection in the jail prior to their release. Clients also meet with an ATR case manager prior to release to enroll in the program and establish contact with the case managers. Clients are eligible to receive 6 months of Vivitrol through the program provided they continue to meet with their ATR case manager and stay engaged in treatment.

**The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.**

DBHS does not spend any SAPT funds on jail-based programming. The division utilizes County funds and other State funds for these programs.

## **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. DBHS acknowledges that many consumers come to treatment with a psychiatric and co-occurring substance use related disorder. In order to meet the full needs of these individuals DBHS 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, the division contracts with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides the 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 separate residential facilities for dual diagnosed adult males and females (Co-Occurring Residential and Empowerment—CORE 1 and 2). Additionally, Asian Association is a dual diagnosis enhanced program.

In support of addressing co-occurring MH and SUD diagnosis, in July 2015 the County modified its electronic health record, UWITS, to allow for providers using it to address clients with a co-occurring disorder in a single system. Currently, the division is developing an integrated Mental Health-Substance Use Disorder treatment plan that should continue efforts to improve integration of care. It is anticipated that this integrated treatment plan will be ready for providers by July 1, 2016.

The Division continues to work with the VOA through the CABHI grant, now in year two of a three year grant cycle, to provide services to homeless individuals with co-occurring mental health and substance use disorders in Salt Lake County. Additionally, in October of 2015 Salt Lake County was awarded a state-enhancement grant through CABHI allowing DBHS to increase access for services to this population. Salt Lake County is contracting with Valley BH for the enhancement (\$268,568). The target population for both funding streams is the same—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. These funds are not reflected in the budget.

Both VOA and Valley BH are 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 provider agencies ~~VOA~~ work to engage those individuals into services and when appropriate, coordinate with the Utah Department of Veteran Affairs. Individuals who are willing 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.**

The Division currently contracts with Fourth Street Clinic for behavioral health assessments for uninsured homeless clients. Additionally, DBHS is partnering with Midtown Community Health Center to administer Vivitrol to clients who are opioid or alcohol dependent. Both of these community health centers are ATR-contracted providers and have the ability to see and bill clients for physical health care services.

#### **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 the 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 extensive charity care for County clients.

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

Starting in FY15 the division began monitoring clinical records for documentation of what a provider is offering to the client identified with a nicotine diagnosis. DBHS continues to monitor providers to ensure that nicotine cessation programming is available to clients, while ensuring clients are not penalized for choosing to continue nicotine use. The division's goal in this process is to encourage clinicians to begin looking beyond nicotine use and look at whole person health. Providers are 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**

*Form B - FY15 Amount Actual: \$8,226,940    Form B - FY16 Amount Budgeted: \$8,891,828    Form B - FY17 Amount Budgeted: \$8,613,063*

**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 five providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, and Project Reality. Services include 5 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 throughout the County. 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, 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 (15% change or greater).**

No significant changes.

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

No significant programmatic changes are anticipated at this time

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

### **13) Adolescent (Youth) Treatment**

*Form B - FY15 Amount Actual: \$3,308,329 Form B - FY16 Amount Budgeted: \$3,932,659 Form B - FY17 Amount Budgeted: \$3,388,402*

**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 treatment for adolescents through five providers located throughout the County. 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, and 1 site for social detox. Medical detox is available to youth needing this service as well.

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/Optum treatment network is committed to addressing co-occurring disorders for adolescents as well. DBHS acknowledges that many adolescents come to treatment with a psychiatric and co-occurring substance use related disorder. In order to meet the full needs of these individuals, the division 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, DBHS contracts with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides the 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 is a dual diagnosis enhanced program.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% change or greater).**

No significant changes.

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

No significant programmatic changes are anticipated at this time.

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

### **14) Drug Court**

Form B - FY15 Amount Actuals: \$4,815,341

Form B - FY16 Amount Budgeted: \$6,043,722

Form B - FY17 Amount Budgeted: Felony \$1,384,833

Form B - FY17 Amount Budgeted: Family Dep. \$372,450

Form B - FY17 Amount Budgeted: Juvenile \$98,118

Form B - FY15 Rec Support Actuals: \$1,114,355 Form B1 - FY16 Rec Support Budgeted: \$115,500 Form B1 - FY17 Recovery Support Budgeted: \$948,517

#### **Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).**

**Felony Drug Court:** Clients are required to screen high risk and high need on the Risk and Needs Triage (RANT) to be eligible for the Felony Drug Court program. Potential clients are identified by the Legal Defenders Association and are referred to Salt Lake County Criminal Justice Services (CJS) for the RANT. Clients who screen as high risk/high need then receive an ASAM assessment to determine the appropriate level of care needed. Once this process is complete clients who are eligible are pled into the program.

**Family Dependency Drug Court (FDDC):** Clients participating in the FDDC program must meet the eligibility criteria of being high risk and high need. DBHS works closely with the Third District Court and DCFS to identify clients that may be eligible for the FDDC program. FDDC is using the ASAM assessment to assess the needs of clients and then working with DCFS to determine if an individual is high risk. Indicators of high risk would include multiple episodes of DCFS involvement, reunification, and failure to succeed at a higher level of care. Additionally, clients assessed at ARS rather than at DBHS receive a RANT.

**Juvenile Drug Court (JDC):** Clients participating in the JDC program must meet the eligibility criteria of being high risk and high need. DBHS works closely with the Third District Juvenile Court to identify clients that may be eligible for the program. The JDC program uses the Pre-Screen Risk Assessment to identify high risk/high need clients. Additionally, all JDC clients receive an ASAM assessment to determine the appropriate level of care for treatment.

#### **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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).**

**Felony Drug Court (FDC):** Clients receive substance use disorder treatment through either CJS (ASAM 1.0 and 2.1) or through other Salt Lake County contracted providers (ASAM 3.1 and 3.5). Additionally, clients receive case management services, psycho-educational classes, and peer support while in Drug Court through CJS. FDC accepts all clients who meet the criteria of not having a history of violent or sexual crimes. The District Attorney reviews all cases of violence and at times will make an exception to this rule if the person really doesn't have a pattern of violence. Once the RANT is completed and they score HR/HN and a full Psycho-social assessment is completed the person is admitted to Drug Court. The only exclusion that may happen at this point is if the person mental health needs are better served in Mental Health Court, or Veterans Court.

CJS uses a number of evidence-based curriculums with drug court clients including *Seeking Safety and Moral Reconation Therapy (MRT)*, *Mapping (from Texas Christian University, and Courage to Change*. Staff who provide (MRT) were all trained out of state by certified MRT trainers. Therapists who utilize "Seeking Safety" receive ongoing training from DVD's, role playing, and training in staff meetings. The ongoing training is provided by CJS staff trained by the authors of the curriculum. This year all staff will be trained again by the DSAMH. County contracted providers serving Drug Court clients at higher levels of care are required by contract to provide evidence-based practices. Many community providers have staff trained in both MRT and CBT.

FDC contracts with TASC for drug testing. TASC uses current research, and complies with the national standards for drug testing techniques. TASC is able to provide a breadth of drug testing. Every client is given a five or eight panel drug test, and usually given a random specialty test to determine if cross addiction is occurring. TASC provides observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect adulterated samples. Clients who are receiving ASAM 3.1 and above are usually drug tested at the facility where treatment is being provided. In some cases if the provider does not have the resources for drug testing, or is not able to provide the frequency of two to three times per week, including weekends and holidays, the client will be sent to TASC to test.

**Family Dependency Drug Court:** FDDC clients have access to DBHS's full network of contracted providers for treatment and case management services. Additionally, DBHS employs an assessment worker to conduct initial assessments and serve as a liaison between treatment providers and the court for FDDC clients. All FDDC clients are tested randomly two times a week. Drug tests are administered by the treatment provider.

**Juvenile Drug Court (JDC):** JDC clients have access to DBHS's full network of contracted youth providers for treatment and case management services. All JDC clients are tested randomly two times a week. Drug tests are administered by the treatment provider.

## Form B – Substance Abuse Treatment Budget Narrative

### 14) Drug Court cont.

*Form B - FY15 Amount Actuals: \$4,815,341*

*Form B - FY16 Amount Budgeted: \$6,043,722*

*Form B - FY17 Amount Budgeted: Felony \$1,384,833*

*Form B - FY17 Amount Budgeted: Family Dep. \$372,450*

*Form B - FY17 Amount Budgeted: Juvenile \$98,118*

*Form B - FY15 Rec Support Actuals: \$1,114,355 Form B1 - FY16 Rec Support Budgeted: \$115,500 Form B1 - FY17 Recovery Support Budgeted: \$948,517*

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Please answer for each type of court (Felony, Family Dep. and Juvenile) (15% change or greater).**

The large difference from FY16 and FY15 actual is a change in methodology in how this report is prepared. SLCo has only included specific Drug Court programs managed by Behavioral Health Services in the FY17 budget, including Criminal Justice Services programs. In previous years, DBHS has scoured all services to identify those that appear to relate to Drug Court. However, DBHS does not manage funding in this manner directly. This has caused some confusion. To avoid that confusion and to focus on specific Drug Court programs, the division has shifted to this new methodology. Upon request, DBHS can provide an analysis to approximate what other funds are also benefiting Drug Court (but it would only be an approximation).

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

Felony Drug Court: Criminal Justice Services charges a fee of \$1200.00 for the drug court program. This fee can be reduced down to \$800.00 or written off based on the person's financial needs which is assessed by their case manager and approved by the case manager's supervisor. The fee represents approximately one-fifth of the actual cost of treatment. ASAM 1.0, and 2.1 treatment services are available at CJS. CJS also offers psycho-educational classes. Overall, the fee of \$1200 pays sixty percent toward treatment fees at Criminal Justice Services; the other forty percent is to pay for case management, and incidental drug screens. When a person enters felony drug court each case manager creates a detailed budget plan with their client. By the end of Drug Court most clients are working and are able to meet their financial obligations. No one is ever denied treatment, or phase progression due to their inability to pay due to indigency. Payment of the fee is expected upon completion of the program, clients are not expected to pay this fee upfront.

FDC and JDC are subject to the same sliding fee scale for all clients, included as attachments in this document.

**Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

Felony Drug Court staff will all be trained this year to use the LS-CMI. Each person who enters Drug Court will be given an entrance LS-CMI, ongoing reassessments, and will be given a closing LS-CMI. The reason for having this assessment occur is to fully address the eight criminogenic needs, while improving case management skills. This will become a priority for case managers over the next year, which will help lower the recidivism rates, build skills for clients, and improve the community.

**Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

Clients in Felony Drug Court receiving RS funding are given the opportunity to choose how to spend their money. Funds can be used for more stable housing, to improve physical health, to expand their social relationships, or to improve their sense of self-worth. This money is used as the client feels it best serves them to support a drug free lifestyle and enhance all areas of their recovery. Additionally, CJS has two Peer Support Specialists who are assigned over the three felony drug courts. Clients are assigned at orientation to their Peer Support Specialist, and they are mentored through the entire program. CJS also provides a Felony Drug Court Alumni group, called "Friends of Drug Court." They sponsor ongoing sober events throughout the year in collaboration with CJS active clients and drug court graduates. CJS offers continuing care and services after graduation when needed. Clients receiving recovery support through DBHS (in both FDDC and FDC), work with a case manager to determine which of the following services would be most beneficial to them in their recovery—drug testing, transportation (bus passes and gas cards), housing (transitional and emergency), dental services, and other special needs such as checks for IDs and birth certificates.

## Form B – Substance Abuse Treatment Budget Narrative

### 15) Justice Reinvestment Initiative

*Form B - FY15 Amount Actual: N/A      Form B - FY16 Amount Budgeted: \$719,930      Form B - FY17 Amount Budgeted: \$697,016*

#### **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 Sheriff, 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 Sheriff, Jim Winder

Salt Lake County District Attorney, Sim Gill

Salt Lake County Behavioral Health Services, Director, Tim Whalen

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

Salt Lake County Human Services Director, Karen Crompton

Salt Lake Legal Defender Association Director, Patrick Anderson

Salt Lake County Criminal Justice Services Director, Kele Griffone

Cottonwood Heights Police Department, Chief Robby Russo

Third District Court Presiding Judge, Randall Skanchy

Justice Court Judges, Brendan McCullagh & John Baxter

Midvale City, Mayor JoAnn Seghini

Utah State Courts, Assistant Court Administrator, Rick Schwermer

Statewide Association of Prosecutors, Paul Boyden

Utah State Department of Corrections, Executive Director Rollin Cook

Utah State Senate, Senator Luz Escamilla

Utah House of Representatives, Representative Eric Hutchings

Salt Lake City Police Department, Assistant Chief, Terry Fritz

Utah Third District Court, Trial Court Executive, Peyton Smith

As DBHS has developed programming for JRI funds, stakeholder committees for each of these programs have also been formed.

The Intensive Supervision Probation program stake holder committee meets every two months and consists of the following agencies:

Salt Lake County DBHS

Salt Lake County Criminal Justice Services

Salt Lake County Sheriff's Office

Assessment and Referral Services

Community Treatment Providers (Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, and House of Hope).

The Prosecutorial Pre-Diversion Program meets monthly and consists of the following agencies:

Salt Lake County BHS

Salt Lake County District Attorney's Office

Salt Lake County Sheriff's Office

Salt Lake County Legal Defenders Association

Salt Lake County Criminal Justice Services

University of Utah Assessment and Referral Services

West Valley City Prosecutor's Office

Private Defense Bar

Community Treatment Providers (Volunteers of America, First Step House, Clinical Consultants, and Odyssey House)

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

DBHS has partnered with the Sheriff's Office and Criminal Justice Services on the Intensive Supervision Probation program (ISP). This program targets high risk individuals who are sentenced to County probation at CJS. Clients receive an LS/CMI risk assessment and then an ASAM assessment to determine the appropriate level of care. Clients enrolled in the program are supervised in the community by officers from the Sheriff's department and receive intensive case management services through CJS. With the assistance of JRI funds, DBHS provides a dedicated assessment worker, seated at CJS with the officers and case managers, prioritized access to treatment services, and access to two dedicated social detox beds at VOA. Through this model there has been an increase in the number of clients who present for an assessment and treatment as well as drastic reductions in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system. The intent is to grow this program in the upcoming year to serve the majority of high risk clients currently served by CJS. In March of 2016 this program was presented to the County Council and received unanimous support for an increase in county funds (\$2.3 million overall, \$790,000 for community treatment) to grow the program. The program has also been selected to present at the national Adult Probation and Parole Conference in Cleveland, OH in August of 2016. As this project continues to evolve discussions have begun to identify housing supports and other ATR-like services to extend to the population served in this program. The additional county JRI funds recently extended are not included in this budget.

DBHS has partnered with the District Attorney's Office, Sheriff's Office, Legal Defenders Association, Criminal Justice Services, University of Utah Assessment and Referral Services, West Valley Prosecutor's Office, Private Defense Bar and numerous community treatment providers (Volunteers of America, Clinical Consultants, Odyssey House and First Step House). The Prosecutorial Pre-Diversion Program was implemented in February of 2016, and is designed based on more of a prevention approach. This program diverts low-risk offenders with low-high need (substance use disorders) into quick access to assessments and treatment, whereby defendants have the option to comply with treatment and have no charges filed if they are successful after a six month period. This program was delayed due to a lag in state funding to implement the jail risk and need screening process, and is small in size due to three policy changes that occurred after implementation of the program. These changes included:

- o The state decision not to provide the substance use disorder screen to all individuals booked;
- o The jail's need to implement a cap-management plan due to overcrowding that diverts low level offenders from the booking process; and
- o The decision to screen out crimes that involve victims, again reducing the pool of individuals that would meet criteria.

Decisions on the best pathway forward will be made with the diverse stakeholders that make up the implementation team at their next meeting. These conversations will focus on identifying alternate referral pathways into the program as well as solidifying the target population. The program is hoping to serve up to 150 individuals in FY 2017.

DBHS has also used JRI funds to expand capacity within the existing adult drug court programs – Family Dependency Drug Court and Felony Drug Court.

#### **Identify training and/or technical assistance needs.**

In the ISP program, training has been requested from both the officers and case management staff on effective ways to work with treatment agencies. Additionally, treatment agencies involved in the ISP program have requested training on how to effectively communicate with law enforcement agencies. Training around how multi-agency teams can effectively work together and navigate federal rules related to the sharing of information (42 C.F.R. and HIPPA) would be helpful as well. Finally, additional training for implementing a trauma informed approach when working with high risk individuals would be beneficial.

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

**16) Drug Offender Reform Act**

*Form B - FY15 Amount Actual: 1,195,132    Form B - FY16 Amount Budgeted: \$1,343,598    Form B - FY17 Amount Budgeted: \$1,118,875*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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, 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 2017? 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, 2016)?

We served 206 DORA clients in FY15. We estimate that we will serve a similar number of DORA clients in FY17. We anticipate that approximately fifty-percent of the clients being served in FY16 need continued services in FY17.

- 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 evidence-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's 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. 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.

See below.

## 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)**

<b>Personnel</b>	
<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>

(Provide budget detail and narrative here)

<b>Contract Services</b>	
<b>Briefly describe the Contract Services you will pay for with DORA funding.</b>	
<b>Total Contract Costs</b>	<b>\$ 1,118,875</b>

Includes approximately \$68,000 in copays to be collected from clients & \$1,050,875 in State DORA funds.

All subcontracts are fee-for-service. The following providers are in our DORA network providing the following services:

- Clinical Consultants: Outpatient and Intensive Outpatient
- First Step House: Outpatient, Intensive Outpatient, & Residential
- House of Hope: Outpatient, Intensive Outpatient, & Residential
- Odyssey House: Outpatient, Intensive Outpatient, & Residential
- Volunteers of America: Outpatient, Intensive Outpatient, & Detox
- Valley Behavioral Health: Outpatient and Intensive Outpatient

<b>Equipment, Supplies and Operating (ESO)</b>	
<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>

(Provide budget detail and narrative here)

<b>Travel/Transportation</b>	
<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>

(Provide budget detail and narrative here)

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

<b>Total Grant</b>	<b>\$ 1,118,875</b>
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Application for Facilities  
Seeking a Provisional  
Mental Health/Substance Use Disorder Justice Certification

**Please note that only treatment sites identified in this application will be certified**

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

**Provisional MH/SUD Justice Certification Application Continued†**

**SITE 1:**

Site Name: Criminal Justice Services

Site Administrator's Name: Kele Griffone

Address: Salt Lake County Criminal Justice Services

145 1300 S, Suite 501

Salt Lake City, UT 84115

Phone Number: 385-468-3425 Administrator's Email Address: kgriffone@slco.org

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 2:**

Site Name: \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Administrator's Email Address: \_\_\_\_\_

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 3:**

Site Name: \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Administrator's Email Address: \_\_\_\_\_

Type of Services:     Substance Use Disorders     Mental Health Disorders     Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

† Please copy this page and complete for additional sites being submitted in this request

**Supplemental Check List**  
Community Based Treatment Services Continued

**Agency Name:** Criminal Justice Services

**Agency Director's Name:** Kele Griffone

**Agency Director's Email Address:** kgriffone@slco.org

**1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :**

- a. Type of license from The Utah Office of Licensing for each site being certified;

**Domestic Violence, Mental Health and Substance Abuse for Adults**

- b. Accreditations

**None.**

- c. Levels of care:

- i. Criminogenic- High, Moderate, Low,

**High Risk**

- ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and

**Intensive Outpatient and Outpatient**

- iii. Substance Use Disorders per ASAM;

**ASAM 1.0, 2.1**

- d. Population Capacity for Males and Females

**Males: 188 and Females: 187**

- e. Evidence Based Practices currently being used

**Cognitive Behavioral Therapy, Moral Reconciliation Therapy, Seeking Safety, Courage to Change, Mapping, and case management from identified criminogenic needs from LS-CMI. Risk and Needs Triage (RANT); Brief Intervention Tools (BITS).**

**2. ASSURANCES**

- a. I attest to the validity of the information I am providing in this application.

- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental Health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.

- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.

- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.

- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).\*

- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.\*

- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.\*

- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.\*

- i. I agree to fully participate in monitoring visits by the DSAMH.

- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.

- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

\_\_\_\_\_  
Signature of Authorizing Officer

\_\_\_\_\_  
Date

**Form C – Substance Abuse Prevention Narrative**

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Murray	Low commitment to school		Murray is in the early stages of the coalition building. At this point they do not have a plan, but we have a goal for them to have a preliminary plan to us by August 1 <sup>st</sup> , 2016.
Kearns	-Low commitment to school -Poor family management -Low neighborhood attachment -Perceived Risk of Drug Use		Kearns is also quite new. Their current plan is working off of their grant funding plan. I will have a copy by August 1 <sup>st</sup> , 2016.
South Salt Lake	-Poor family management		South Salt Lake has a plan, but we do not have a copy. We will have a copy by August 1 <sup>st</sup> , 2016.
Salt Lake City	-Parental Attitudes Favorable to Anti-Social Behavior -Individual Attitudes Favorable to Anti-Social Behavior	Family Attachment	Does not have a plan. We are working to raise awareness and build capacity and encourage them to have a plan by January 1 <sup>st</sup> , 2017.
Draper	-Early Initiative of Use -Perceived Risk of Use		Draper has a plan, but we do not have a copy. We will have a copy by August 1 <sup>st</sup> , 2016.
Salt Lake County	1. Parental Attitudes Favorable to Anti-Social Behavior 2. Individual Attitudes Favorable to Anti-Social Behavior 3. Early Initiative of Use 4. Perceived Risk of Use	1. Rewards for Pro-Social Involvement in the Family 2. Opportunities for Pro-Social Involvement 3. Family Attachment 4. Rewards for Pro-Social Involvement in the Community	The Strategic Plan for Salt Lake County is the Area Plan.

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Building on our success in FY2016, SLCo plans to increase community engagement and support quality implementation of efficacious prevention interventions.

Increase SLCo staff time dedicated to community engagement and training.

In FY2017, SLCo prevention staff will increase by one FTE whose job functions will include community training/coaching in evidence-based practices (CTC), SAPST training for community and county stakeholders, county liaison for EASY compliance efforts, and community engagement. This new employee will work on increasing the percentage of EASY compliance checks. Up to this point this new employee has already met with Jill Sorensen of the Utah Highway Safety Office to discuss contacts for Salt Lake County law enforcement and to coordinate efforts. Other prevention staff within this office will also assist as needed. We are committed to increasing the compliance percentage.

Use tested, effective prevention operating systems to build community capacity

SLCo will use and encourage other community-based organizations in our county to align with evidence-based community processes such as the Communities that Care (CTC), and the Community Anti-Drug Coalitions of America (CADCA) models. SLCo believes these proven 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

Build prevention coalitions

SLCo will continue to actively seek out communities, entities, and individuals that are prevention ready and will facilitate movement towards community-centered, evidence-based prevention practices. SLCo supports current prevention coalitions, and all the current healthy city coalitions, and will participate in establishing at least one new coalition in FY2017.

Assess and prioritize risk, protection, and match priorities to effective prevention interventions

Using our Prevention Services Plan and updating priorities with data like the SHARP survey, SLCo will match our funding and service delivery to those local priorities. With increased data from the Health Department (HD) including “community health indicators”, SLCo may re-prioritize or add additional priorities to our plan such as prescription drug overdose prevention.

SLCo will continue to prioritize evidence-based services, being provided with fidelity. SLCo supports the State’s directive in having 80% of all services tested as evidence-based.

Increased integration between behavioral health and public health

We’ve had great success in FY2016, in working with the Health Department’s Community Health Services and now as part of that department, SUD Prevention is in a great position to collaborate with tobacco prevention and other behavioral health related programs. Expectations for next year are to include a youth tobacco coalition and coordinate EASY with SYNAR regarding the identification of complicit communities and retailers.

SUD Prevention will work with the HD’s Injury Prevention in establishing a County Health Department-wide prescription overdose prevention strategy. SUD Prevention will work with HD Water Quality in developing a prescription drug Safe Disposal strategy which will include adding drop-boxes to local retail pharmacies.

Develop a better trained and prevention-competent community

In FY2017, SLCo will continue to provide trainings and access to trainings for HD staff, coalitions and community stakeholders. There are many local, state and national prevention resources for prevention workforce development and education (SAPT, CTC, CADCA, Fall Conf, UVU School etc). As expressed at our state site visit, SLCo HD will use grant resources to build capacity and knowledge in effective prevention assessment, capacity, planning, implementation, and evaluation. We will continue to review direct services and train, educate and evaluate for fidelity and outcomes.

Program: Adolescent Capacity and Empowerment Program (ACE) Date: FY16

<b>Program Name:</b> Adolescent Capacity and Empowerment Program (ACE)		<b>Evidence Based?</b> Yes-Tier 2		FY2017				
<b>Provider Name:</b> The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)		<b>Yearly Cost - \$55,000</b>						
<b>LSAA; Salt Lake County</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	Indicated		Short	Long
<b>Logic</b>	Reduce 30 day ATOD use among refugee and immigrant youth	<b>Risk Factors:</b> - Attitudes Favorable to Antisocial Behavior -Perceived risk of drug use  <b>Protective Factors:</b> - Opportunities/Rewards for Prosocial Involvement	Refugee and Immigrant Youth ages 12-18 living within Salt Lake County			Life Skills Curriculum; CBT and Motivational Interviewing Techniques; GPA and Attendance records	5% Improved GPA and School Attendance; 10% improvement in external supports (prosocial involvement) in DAP scores; 3% improvement on LST outcome testing	2% reduced 30 day ATOD use from 2013-2023 SHARP Data
<b>Measures and Sources</b>	2013 SHARP Data	Developmental Assets Profile (DAP) Testing; Strength and Difficulties Questionnaire (SDQ); LifeSkills Training (LST) Curriculum	Registration Forms Role Sheets			DAP testing; Monthly Case Management Assessment	Post DAP Testing; Post SDQ testing; Quarterly Report Cards	2023 SHARP Data

**Program: Family Strengthening: Dare to Be You (DTBY) Date: FY16**

Program Name: Family Strengthening: Dare to Be You (DTBY) Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)		Evidence Based YES -National Registry Yearly Cost - \$75,000		FY2017				
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	SELECTIVE	I		Short	Long
Logic	Reduce 30 day ATOD use among refugee and immigrant youth	<b>Risk:</b> - Parental Attitudes Favorable to Antisocial Behavior - Perceived Risk of Drug Use <b>Protective:</b> - Family Attachment - Rewards for Prosocial Involvement	75 Refugee and Immigrant Parents with their children ages 2-5			DARE to Be You (DTBY) – NREPP Model; offered at appropriate accessible site for participants	- 3% improvement in parental attitudes to antisocial behavior, and perceived risk of drug use	Reduced 30 day ATOD use by 1% from 2013-2023 on SHARP surveys
Measures and Sources	2013 SHARP Data	DTBY Pre/Post Test 2013 Sharp	Attendance Records/Rosters			DTBY Pre/Post Test	Short – Evidence Based DTBY Pre/Post test	Reduce 30 day ATOD use; 2023 SHARP Surveys

**Program: Parenting Support and Information: Parenting Wisely Date: FY16**

<b>Program Name:</b> Parenting Support and Information: Parenting Wisely <b>Provider Name:</b> The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)			<b>Evidence Based</b> <b>YES</b> -National Registry <b>Yearly Cost -</b> <b>\$15,000</b>			FY2017		
<b>LSAA; Salt Lake County</b>								
	<b>Goal</b>	<b>Factors</b>	<b>Focus Population</b>			<b>Strategies</b>	<b>Outcomes</b> <b>Short</b> <b>Long</b>	
			U	S	<b>Indicated</b>			
<b>Logic</b>	Reduce 30 day ATOD Use	<b>Risk Factor:</b> - Perceived Risk of Drug Use - Parental Attitude Favorable to Antisocial Behavior  <b>Protective Factors:</b> - Family Attachments - Opportunities for prosocial involvement	Parents of refugee or immigrants youth aged 12-18			NREPP Parenting Wisely Curriculum	3% improvement on knowledge of parent-child conflict and parental attitude favorable to antisocial behavior	Reduced 30 day ATOD by 1% from 2013-2023 SHARP Surveys
<b>Measures and Sources</b>	Parenting Wisely Curriculum; Pre/Post Parent Knowledge Tests	Parent Knowledge Pre/Post Test	Registration Forms Role Sheets			Parent Knowledge Pre/Post Test	3% improvement in Parenting Wisely Pre/Post Measure	SHARP 2023 Data



**Program: Social Empowerment Academic Summer (SEAS) Program Date: FY16**

Program Name: SEAS Program Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)		Evidence Based - Yes -Researched based, not on registry  Yearly Cost - \$60,000						
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	SELECTIVE	I		Short	Long
<b>Logic</b>	Reduce 30 day ATOD use among refugee and immigrant youth	<b>Risk:</b> - Attitudes Favorable to Antisocial Behavior - Perceived Risk of Drug Use <b>Protective:</b> - Opportunities for Pro-Social Involvement - Rewards for Pro-Social Involvement	Refugee and Immigrant Youth ages 5-14 from Granite and Salt Lake City School District			Math and Reading instruction from Licensed Educators; ATOD Prevention/Enrichment Education – offered at school with high refugee and immigrant population	- 3% Improvement academic pre/post test scores measured through QIA, BEP, and Math testing - Access to community through field trips	1% Reduced 30 day ATOD Use from SHARP 2013-2023
<b>Measures and Sources</b>	Out of School Time (summer) programming; DTBY curriculum/LifeSkills Training Curriculum in addition to regular academic curriculum	Math and Reading Pre/Post Tests	Intake Forms/Registrations			Math Testing; SLCS D Quick Index Assessment (QIA). The QIA determines language proficiency; Behavioral Education Program (BEP)	Improve pre/posttest math and reading scores by 3%	Reduced 30 day ATOD use among refugee and immigrant youth 2023 SHARP Survey



Program: Leaders and Counselors in Training (LCIT) Date: FY16

Program Name: Leaders and Counselors in Training (LCIT) Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)			Evidence Based YES Researched based, not on registry Yearly Cost - \$20,000					
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	SELECTIVE	I		Short	Long
<b>Logic</b>	Reduce 30 day ATOD use among refugee and immigrant youth	<b>Risk:</b> - Attitudes favorable to Antisocial Behavior - Perceived Risk of Drug Use  <b>Protective:</b> - Opportunities for prosocial involvement - Rewards for prosocial Involvement	Refugee and Immigrant Youth ages 12-18			YELL Curriculum; Academic Assistance; offered at RIC-AAU main site and within the community as appropriate	- 5% improvement results of Assets on DAP testing (measuring - 5% overall increase in GPA and school attendance - Community field trip rewards for being involved in programming (museums, events, etc)	Reduced 30 day ATOD Use by 1% from 2013 to 2023 SHARP Data in minority populations
<b>Measures and Sources</b>	2013 SHARP Data	Developmental Asset Profile (DAP) Pre and Post Assessment  GPA  School Attendance	Registration and Intake Forms; Roll Sheets			Pre/Post DAP testing Track GPA Track School Attendance	- 5% improvement on DAP Testing; pre and post testing - Grade Reports	2023 SHARP Data

Program Name: Stanford Self-Management Programs

Evidence Based: Yes - National Registry

FY2017

Provider Name: Salt Lake County Aging & Adult Services

Yearly Cost: \$45,000

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce misuse of prescription drugs among older adults	Rewards for prosocial involvement	Persons 60 years of age and older			Stanford Self-management Programs referred to as Living Well with Chronic Conditions (4x), Tomando Control de su Salud(2x), Living Well with Diabetes (2x), conducted in senior centers, 6-weeks 1x/week, 2.5 hours	Percent reporting on change in knowledge of perceived risk will improve 5% from baseline.	Misuse of reported drug interactions will decrease from 4.8% to 2.8%. And the rate of ER visits due to drug poisonings will be reduced from 9.7 to 7.7 per 10,000 Population by 2020
Measures & Sources	2012 IBIS 2015 TESS	SLCoAA Pre/post test	Participant Information Forms			Attendance Records	SLCoAA Pre/Post Test 2016 TESS	2020 IBIS 2020 TESS



Program Name: Selective Population, Mentoring Program & Refugee Mentoring Program	Evidence Based Yes -National Registry	FY2017
Provider Name: Big Brothers Big Sisters of Utah (BBBSU)	Yearly Cost: \$55,000	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
				S			Short	Long
Logic	1. Reduce 30 day alcohol use among youth 6-17 years old.	1. Favorable attitudes toward antisocial behaviors 2. Lack of Commitment to School 3. Family Attachment	<b>Selective:</b> (100) 50 Youth ages 6-17 matched with 50 volunteer mentors in Salt Lake County Mentoring Programs (40) 20 Refugee Youth ages 6-17 residing in Salt Lake County matched with 20 volunteer mentors			Youth will meet with their mentor 2-4 times per month for a minimum of 12 months with a mentor in Big Brothers Big Sisters of Utah mentoring programs  BBBSU professional staff will work with each child, parent/guardian, and volunteer mentor to develop individualized support plans for each child (BBBSU Youth Outcome Development Plan- YODP)  BBBSU professional	<b>SHARP DATA:</b> 1. Youth reporting attitudes favorable to antisocial behaviors will decrease from: - 31.3% in 2013 to 30.2% in 2016, 29.1% in 2017, and 28.1% by 2018 (6 <sup>th</sup> grade students) - 29.6% in 2013 to 29.1% in 2016, 28.5% in 2017, and 28% by 2018 (8 <sup>th</sup> grade) - 34.1% in 2013 to 33.8% in 2016, 33.4% in 2017, and 33% by 2018 (10 <sup>th</sup> grade)	1. Reduce 30 day alcohol use in 6 <sup>th</sup> , 8 <sup>th</sup> & 10 <sup>th</sup> grade students from: - 1.7% in 2013 to 1.0% by 2023 (6 <sup>th</sup> grade) - 5.5% in 2013 to 4.0% by 2023 (8 <sup>th</sup> grade) - 11.3% in 2013 to 9.5% by 2023 (10 <sup>th</sup> grade)

				<p>staff will maintain monthly (or more frequent, if needed) contact with all first year program participants and at least quarterly contact with all continuing participants to ensure continuous individualized support to achieve positive youth outcomes</p>	<p>2. Youth reporting a lack of commitment to school will decrease from:</p> <ul style="list-style-type: none"> <li>- 32.8% in 2013 to 31.9% in 2016, 31% in 2015, and 30% by 2018 (6<sup>th</sup> grade)</li> <li>- 37% in 2013 to 36.3% in 2016, 35.6% in 2015, and 35% by 2018 (8<sup>th</sup> grade)</li> <li>- 36.5% in 2013 to 36% in 2016, 35.6% in 2015, and 35.1% by 2018 (10<sup>th</sup> grade)</li> </ul> <p>3. Youth reporting positive family attachment will increase from:</p> <ul style="list-style-type: none"> <li>- 64.1% in 2013 to 64.7% in 2016, 65.3% in 2017, and 66% by 2018 (6<sup>th</sup> grade)</li> <li>- 65.8% in 2013 to 66.5% in 2016, 67.2% in 2017, and 68% by 2018 (8<sup>th</sup> grade)</li> <li>- 65.9% in 2013 to 66.5% in 2016, 67.3% in 2017,</li> </ul>	
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					<p>and 68.1% by 2018 (10<sup>th</sup> grade)</p> <p>YOS Data (ages9-17)</p> <ol style="list-style-type: none"> <li>1. Favorable to Antisocial Behavior will decrease from: 16.8% in 2013 to 16.3% in 2016, 16% in 2017, and 15.7% in 2018</li> <li>2. Educational Expectations will increase from: 69.8% in 2013 to 70.2% in 2016, 70.6% in 2017, and 71% in 2018</li> <li>3. Parental Trust will increase from: 80.7% in 2013 to 81% in 2016, 81.5% in 2017, and 82.1% in 2018</li> </ol>	
Measures & Sources	2013 SHARP data	-BBBSU's Youth Outcomes Survey	Participant Records managed through BBBSU's program database- Agency Information Management (AIM)	Case Management Records and resulting data from BBBSU's program database- Agency Information	SHARP data- Baseline from 2013 SHARP  BBBSU's Youth Outcomes Survey	2023 SHARP data as compared to Baseline from 2013 SHARP

				Management (AIM)		
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Program Name: Indicated Population, Community Based Mentoring Program- Counselor Referred  Provider Name: Big Brothers Big Sisters of Utah (BBBSU)	Evidence Based Yes  Yearly Cost: \$35,028
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LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
					I		Short	Long
Logic	1. Reduce 30 day alcohol use among youth 6-17 years old	1. Favorable attitudes toward antisocial behaviors 2. Lack of Commitment to School 3. Family Attachment	<b>Indicated:</b> (60) 30 Youth ages 6-17 years residing in Salt Lake County and referred to BBBSU through a counselor will be matched with 30 volunteer mentors			Youth will meet with their mentor 2-4 times per month for a minimum of 12 months with a mentor in Big Brothers Big Sisters of Utah mentoring programs  BBBSU professional staff will work with each child, parent/guardian, and volunteer mentor to develop individualized support plans for each child (BBBSU Youth Outcome Development Plan-	SHARP DATA:  4. Youth reporting attitudes favorable to antisocial behaviors will decrease from: - 31.3% in 2013 to 30.2% in 2016, 29.1% in 2017, and 28.1% by 2018 (6 <sup>th</sup> grade students) - 29.6% in 2013 to 29.1% in 2016, 28.5% in 2017, and 28% by 2018 (8 <sup>th</sup> grade) - 34.1% in 2013 to 33.8% in 2016, 33.4% in 2017, and 33% by 2018	1. Reduce 30 day alcohol use in 6 <sup>th</sup> , 8 <sup>th</sup> & 10 <sup>th</sup> grade students from: - 1.7% in 2013 to 1.0% by 2023 (6 <sup>th</sup> grade) - 5.5% in 2013 to 4.0% by 2023 (8 <sup>th</sup> grade) - 11.3% in 2013 to 9.5% by 2023 (10 <sup>th</sup> grade)

				<p>YODP)</p> <p>BBBSU professional staff will maintain monthly (or more frequent, if needed) contact with all first year program participants and at least quarterly contact with all continuing participants to ensure continuous individualized support to achieve positive youth outcomes</p>	<p>(10<sup>th</sup> grade)</p> <p>5. Youth reporting a lack of commitment to school will decrease from:</p> <ul style="list-style-type: none"> <li>- 32.8% in 2013 to 31.9% in 2016, 31% in 2015, and 30% by 2018 (6<sup>th</sup> grade)</li> <li>- 37% in 2013 to 36.3% in 2016, 35.6% in 2015, and 35% by 2018 (8<sup>th</sup> grade)</li> <li>- 36.5% in 2013 to 36% in 2016, 35.6% in 2015, and 35.1% by 2018 (10<sup>th</sup> grade)</li> </ul> <p>6. Youth reporting positive family attachment will increase from:</p> <ul style="list-style-type: none"> <li>- 64.1% in 2013 to 64.7% in 2016, 65.3% in 2017, and 66% by 2018 (6<sup>th</sup> grade)</li> <li>- 65.8% in 2013 to 66.5% in 2016, 67.2% in 2017, and 68% by 2018 (8<sup>th</sup> grade)</li> <li>- 65.9% in 2013 to</li> </ul>	
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					<p>66.5% in 2016, 67.3% in 2017, and 68.1% by 2018 (10<sup>th</sup> grade)</p> <p>YOS Data (ages9-17)</p> <p>4. Favorable to Antisocial Behavior will decrease from: 16.8% in 2013 to 16.3% in 2016, 16% in 2017, and 15.7% in 2018</p> <p>5. Educational Expectations will increase from: 69.8% in 2013 to 70.2% in 2016, 70.6% in 2017, and 71% in 2018</p> <p>Parental Trust will increase from: 80.7% in 2013 to 81% in 2016, 81.5% in 2017, and 82.1% in 2018</p>	
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Measures & Sources	2013 SHARP data	-BBBSU's Youth Outcomes Survey	Participant Records managed through BBBSU's program database- Agency Information Management (AIM)	Case Management Records and resulting data from BBBSU's program database- Agency Information Management (AIM)	SHARP data- Baseline from 2013 SHARP BBBSU's Youth Outcomes Survey	2023 SHARP data as compared to Baseline from 2013 SHARP
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## Area Plan Logic Model Utah – FY2016

Program Name: “Keepin’ it REAL”			Evidence Based: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span> N -National Registry		FY2017			
Provider Name: Boys & Girls Clubs of Greater Salt Lake			Yearly Cost: \$21,654					
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span>	I		Short	Long
Logic	<p>Reduce underage drinking, cigarette, and marijuana use.</p> <p>Reduce underage drinking, cigarette, and marijuana use among Hispanic and Black youth.</p>	<p>Early Initiation of Drug Use</p> <p>Perceived Risk of Drug Use</p>	School age youth, ages 13 – 18, who are members, or recruited as members, of Salt Lake City Boys & Girls Clubs.			“Keepin’ it REAL”@ 60 min – 1x per week for 10 weeks, 2x per year, @ 3 Boys & Girls Club sites (Capitol West, Lied, and Sugar House)	<p>Percent reporting Early Initiation of Drug Use will decrease from 20% in 2013 to 15% in 2017, all races; 33% to 28%, Hispanic; 20% to 15%, Black.</p> <p>Percent reporting Perceived Risk of Drug Use will decrease from 37% in 2013 to 32% in 2017, all races; 50% to 45%, Hispanic; 52% to 47%, Black.</p>	<p>Underage drinking will decrease from 26% LTU in 2013 to 21% LTU in 2019, all races; 38% to 32%, Hispanic; 26% to 21%, Black.</p> <p>Underage cigarette use will decrease from 15% LTU in 2013 to 10% LTU in 2019, all races; 22% to 17%, Hispanic; 17% to 12% Black.</p> <p>Underage marijuana use will decrease from 18% LTU in 2013 to 13% LTU in 2019, all races; 27% to 22% Hispanic, 20% to 15%, Black.</p>
Measures & Sources	2013 SHARP Survey	2013 SHARP Survey	Boys & Girls Club membership forms.  Attendance data in electronic membership database.			Attendance records	2017 SHARP Survey	2019 SHARP Survey

## Area Plan Logic Model Utah – FY2016

Program Name: “Protecting You, Protecting Me”			Evidence Based: <b>Y</b> N - National Registry				FY2017	
Provider Name: Boys & Girls Clubs of Greater Salt Lake			Yearly Cost: \$21,654					
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<b>S</b>	I		Short	Long
Logic	<p>Reduce underage drinking, cigarette, and marijuana use.</p> <p>Reduce underage drinking, cigarette, and marijuana use among Hispanic and Black youth.</p>	<p>Early Initiation of Drug Use</p> <p>Perceived Risk of Drug Use</p>	School age youth, ages 6 – 12, who are members, or recruited as members, of Salt Lake City Boys & Girls Clubs.			<p>“Protecting You, Protecting Me” @ 60 min – 1x per week for 8 weeks, 2x per year @ 3 Boys &amp; Girls Club sites (Capitol West, Lied and Sugar House)</p>	<p>Percent reporting Early Initiation of Drug Use will decrease from 20% in 2013 to 15% in 2017, all races; 33% to 28%, Hispanic; 20% to 15%, Black.</p> <p>Percent reporting Perceived Risk of Drug Use will decrease from 37% in 2013 to 32% in 2017, all races; 50% to 45%, Hispanic; 52% to 47%, Black.</p>	<p>Underage drinking will decrease from 26% LTU in 2013 to 21% LTU in 2019, all races; 38% to 32%, Hispanic; 26% to 21%, Black.</p> <p>Underage cigarette use will decrease from 15% LTU in 2013 to 10% LTU in 2019, all races; 22% to 17%, Hispanic; 17% to 12% Black.</p> <p>Underage marijuana use will decrease from 18% LTU in 2013 to 13% LTU in 2019, all races; 27% to 22% Hispanic, 20% to 15%, Black.</p>
Measures & Sources	2013 SHARP Survey	2013 SHARP Survey	Boys & Girls Club membership forms.  Attendance data in electronic membership database.			Attendance records	2017 SHARP Survey	2019 SHARP Survey

Program Name: Nuevo Dia Program	Evidence Based <u>Y</u> -National Registry	FY2017
Provider Name: Centro de la Familia de Utah	Yearly Cost - \$59,000	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	Ⓢ	I		Short	Long
Logic	Reduce 30 day underage drinking in youth of all grades	<p>*Early Initiation of the Problem Behavior</p> <p>*Favorable Attitudes Toward Problem Behavior</p>	<p>Eligible Latina students (ages 9 -12) and their mothers or parental figure in Rose Park Elementary.</p> <p>15 youth will be served in grades 3-6, every six months.</p>	<p>Strengthening Families Program Curriculum at Rose Park Elementary</p> <p>14 sessions based on curriculum; 2 additional sessions of guest speakers</p> <p>1x a week, 4 hours (includes additional activities other than just life skills class) for 16 weeks (over the course of 5 months)</p>	<p>Results from child Pre/Post Test will show an increase in peer-refusal skills to avoid adverse behavior, thus <b>decreasing the early initiation of the problem behavior</b></p> <p>*Results from parent Pre/Post Test will demonstrate a heightened awareness of how their actions and attitudes affect their children – <b>favorable attitudes are decreased in both parents and children</b></p>	<p>Reduce 30 day underage drinking in youth of all grades from 7% in 2013 to 5% in 2023.</p>		

Measures & Sources	2013 SHARP Utah Report Card Pew Hispanic	2013 SHARP	Attendance Records Program Logs	SHARP 2015 Attendance Records	Pre/Post Tests	2023 SHARP Utah Report Card Pew Hispanic
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Program Name: Grandfamilies (GF) Kinship Care	Evidence Based <u>Y</u> N -Tier 3	FY2017
Provider Name: Children's Service Society (CSS)	Yearly Cost: \$27,744.00	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Prevent use of Alcohol in a Second Generation	Parental Attitudes Favorable to Antisocial Behavior  Family Attachment	Kinship Caregivers and the children of relatives they are raising			Services at CSS  Intake/Global Assessment  GF Kinship Caregiver groups  2 Series of 10-wk sessions, 90 minutes each  GF Children's Groups  2 Series of 10-wk sessions at 90 minutes each  Monthly Friend 2 Friend prosocial activities, 12 @ 90 min	75% of participants will report children are safer, free of impact from parental attitudes favorable to antisocial behaviors  Percentage reporting improvement in family attachment and functioning will increase from 89% in 2012 to 95 % in 2015	Reported Lifetime Use of Alcohol for 6 <sup>th</sup> graders in SL County will decrease from 10 % in 2013 to 7 % in 2017

Measures & Sources	SHARP SURVEY 2013	GF Global Assessment  Relatives as Parents Survey	Attendance Records	Attendance Records	GF Global Assessment  Relatives as Parents Survey	SHARP SURVEY 2017
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Program Name: Life Skills	Evidence Based Y -National Registry	FY2017
Provider Name: Granite School District (GSD)	Yearly Cost: _\$ 40,866_	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
					I		Short	Long
Logic	<p>1. Reduce 30-day alcohol use amongst focus population.</p> <p>1. Reduce 30-day marijuana use amongst focus population.</p>	<p>Reduce the following risk factors:</p> <p>1. Academic failure (school domain)</p> <p>2. Low commitment to school (school domain)</p> <p>3. Low neighborhood attachment (community)</p>	GSD 10 <sup>th</sup> grade students who violate GSD Safe and Drug-Free School policy.			<p>1. Provide Botvin Life Skills to fidelity.</p> <p>2. Provide all 12 45-minute Life Skills lessons during each 45-day school term.</p>	<p>1. Reduce Academic failure amongst 10<sup>th</sup> grade students from 38.3% in 2013 to 36.4% in 2017.</p> <p>2. Reduce low commitment to school from 36.7% in 2013 to 34.8% in 2017.</p> <p>3. Reduce low neighborhood attachment from 42.2% in 2013 to 40.1% in 2017</p>	<p>1. Reduce 30-day alcohol use amongst 10<sup>th</sup> grade students from 12.3% in 2013 to 11.1% in 2023.</p> <p>2. Reduce 30-day marijuana use amongst 10<sup>th</sup> grade students from 14.1% in 2013 to 12.7% in 2023.</p>

Measures & Sources	2013 GSD SHARP Report	2013 GSD SHARP Report	Program Records	Botvin Life Skills curriculum and attendance records.	2013 and 2017 GSD SHARP results.	2013 and 2023 GSD SHARP results.
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Program Name: Leadership and Resiliency Program	Evidence Based <u>Y</u> N -National Registry	FY2017
Provider Name: Housing Opportunities Inc.	Yearly Cost: \$46,748.76	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce the risk of substance abuse among youth ages 12-18	<p>Low academic achievement</p> <p>Low commitment to school</p> <p>Anti-social behavior</p> <p>Favorable attitudes towards ATOD use</p>	130 low-income, at-risk youth ages 12-18 living in public housing and The Bud Bailey Apartment Community located in Salt Lake County owned and managed by The Housing Authority of the County of Salt Lake			<p><u>Academics</u></p> <p>Youth Counselors and volunteers will help youth with academic assistance and homework completion according to the developmental levels for the first 45 minutes of program.</p> <p><u>Leadership and Resiliency Program</u></p> <p>As described on NREP the Leadership and Resiliency Program uses the following components:</p> <p>The Leadership and Resiliency Program will be implemented for 48</p>	<p>85% of participants will increase their academic achievement by keeping all grades above a C average</p> <p>Youth will increase their commitment to school from 70% to 85%</p> <p>Youth will have decreased their risk of interaction with anti-social peers by 15%</p> <p>85% of youth will report that they do not intend to</p>	<p>Reduce lifetime Marijuana use among 12<sup>th</sup> graders from 13.6% to 8% in 2023</p> <p>Reduce 30 day alcohol use among 12<sup>th</sup> graders from 17.5% to 10% in 2023</p>

				<p>weeks in a year.</p> <p>The Leadership and Resiliency Program includes:</p> <p><u>Peer Groups</u></p> <p>Peer Groups are implemented twice weekly for 2 hours each week with highly interactive group activities focusing on substance use, anger management, assertiveness skills, etc.</p> <p><u>Alternative Adventure Activities</u></p> <p>Alternative adventure activities will work to develop positive coping skills as well as develop the skills learned in resiliency groups in an active setting such as ropes courses, yoga, hiking trips, etc.</p> <p><u>Service Learning</u></p> <p>Service Learning activities will provide opportunities for pro-social involvement. Parents are invited to</p>	<p>use drugs.</p>	
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				participate.		
<b>Measures &amp; Sources</b>	2013 SHARP	2013 SHARP Archival Data	Attendance Records	Attendance Records Homework Completion Records LRP pre/post evaluations Parent and Youth Satisfaction Surveys Daily Activity Log	SHARP Data LRP Pre/Post Evaluations Parent and Youth Satisfaction Surveys	2023 SHARP Annual Comparisons

Program Name: Parents as Teachers Program	Evidence Based <u>Y</u> N -National Registry	FY2017
Provider Name: Housing Opportunities Inc.	Yearly Cost: \$32,376	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce the risk for future Marijuana and alcohol use in households with children 0-5	<p>Family Management</p> <p>Pro-social involvement in the family and community</p> <p>Family Attachment</p>	35 families with children 0-5 living in the nine public housing communities for low-income families owned and managed by The Housing Authority of the County of Salt Lake.			<p>As described by NREP the Parents as Teachers Program consists of the following four components:</p> <p><u>Personal Visits</u></p> <p>Personal visits consist of 45 minute, monthly in home visits using plans from the Parents as Teachers curriculum that are appropriate for the child's development and age. Parent educators are able to build rapport with the family, discuss child development and parenting practices. The parent educator is also able to engage in parent-child activities such as book reading</p>	<p>85% of participants who attend 70% of the home visits will increase their family management skills from 70% to 90%</p> <p>85% of participants who attend 70% of the home visits will increase their opportunity for pro-social involvement in the family from 70% to 90%</p> <p>85% of participants who attend 70% of</p>	<p>Reduce lifetime Marijuana use among 10<sup>th</sup> graders from 17.2% to 10% in 2023</p> <p>Reduce lifetime Alcohol use among 10<sup>th</sup> graders from 28.9% to 20% in 2023</p>

				<p>and summarize new information and follow up from previous visits to reinforce parent knowledge and parental strengths.</p> <p><u>Screenings</u></p> <p>One screening per program year is conducted by the parent educator for each of the following areas:</p> <ol style="list-style-type: none"> <li>1. Developmental progress regarding cognitive, language, social-emotional and motor skills</li> <li>2. Vision</li> <li>3. Hearing</li> <li>4. Health</li> </ol> <p>During the screenings, the parent educator will provide information about the child's health to the parent. The parent educator will also track developmental progress through ongoing tracking of developmental milestones.</p> <p><u>Group Connections</u></p> <p>Monthly, two hour on</p>	<p>the home visits will increase their opportunity for pro-social involvement in the community from 70% to 90%</p> <p>85% of participants who attend 70% of the home visits will increase their family attachment from 70% to 90%</p>	
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				<p>location, group meetings in which the parent educator provides information about parenting skills, parent child interactions, child development and community resources. The parent educator will also provide structured activities to promote knowledge relating to parenting and child development, opportunities for parents to meet with and support each other, and opportunities to participate in outings and events in community settings.</p> <p><u>Resource Network</u></p> <p>The parent educator helps connect families with community resources such as community activities, health and mental health professionals and community organizations specializing in early intervention for children with developmental delays.</p>		
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<b>Measures &amp; Sources</b>	2013 SHARP	2013 SHARP Archival Data	Enrollment Records Attendance Records	Attendance Records PAT pre/post evaluations  Personal Visit Records  Group Connection Activity Log	SHARP Data PAT Pre/Post Evaluations  Satisfaction Surveys  Group Connection Surveys	2023 SHARP Annual Comparisons
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Program Name: Too Good for Drugs and Violence Kids Program	Evidence Based <u>Y</u> N -National Registry	FY2017
Provider Name: Housing Opportunities Inc.	Yearly Cost: \$57,624	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce the risk for future Marijuana and alcohol use in children ages 5-12	Pro-social involvement in the family and community  Family Attachment  Early initiation of drug use	150 low income, at-risk youth ages 5-12 living in 5 public housing complexes located in Salt Lake County owned and managed by The Housing Authority of the County of Salt Lake			<p>The program will be held for two hours, three times a week at each of the public housing communities.</p> <p><u>Academics</u></p> <p>Youth Counselors and volunteers will help youth with academic assistance according to developmental levels for the first 45 minutes of program. Younger children will work on letter, number and word recognition. Older children will work on partner reading, story retelling, related writing, etc.</p> <p>Children will also work on homework</p>	<p>Increase opportunities for pro-social involvement in the community to 90%</p> <p>Increase family attachment youth from 70% to 90%</p> <p>Increase opportunities for pro-social involvement in the family from 70% to 90%</p> <p>90% of youth will report that they do not intend to use drugs.</p>	<p>Reduce lifetime Marijuana use among 10<sup>th</sup> graders from 17.2% to 10% in 2023</p> <p>Reduce lifetime Alcohol use among 10<sup>th</sup> graders from 28.9% to 20% in 2023</p>

				<p>completion</p> <p><u>TGFDV</u></p> <p>Youth Counselors will use the interactive, model curriculum Too Good For Drugs and Violence (TGFDV) to decrease risk factors and increase protective factors. The curriculum focuses on life building skills such as goal setting, decision making and communication.</p> <p>Field Trips will be held once a month for all five complexes as an incentive for positive behavior and an opportunity for youth to become involved in the community.</p>		
Measures & Sources	2013 SHARP 2008 HACSL Needs Assessment	2013 SHARP Archival Data	Attendance Records	<p>Attendance Records</p> <p>Homework Completion Records</p> <p>TGFDV pre/post evaluations</p> <p>Parent and Youth Satisfaction Surveys</p> <p>Daily Activity Log</p>	<p>SHARP Data</p> <p>TGFDV Pre/Post Evaluations</p> <p>Parent and Youth Satisfaction Surveys</p>	2023 SHARP Annual Comparisons



Program Name: Strengthening Families Program Provider Name: Urban Indian Center of Salt Lake				Evidence Based <u>Y</u> N -National Registry Yearly Cost <u>\$15,000</u>		FY2017		
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce lifetime underage drinking and commercial tobacco abuse	Early initiation of alcohol use Opportunities for Prosocial Involvement	American Indian and Alaska Native Youth ages 6-18 from Salt Lake County			Strengthening Families Program	Reduce early initiation of alcohol from 2015 to 2017 Increase opportunities for prosocial involvement from 2015 to 2017	Reduce Underage Drinking from 30% in 2013 to 25% in 2018 be reduced by 5% in 2015-16 Reduce Commercial Tobacco Abuse from 26% in 2013 to 21% In 2017

Measures & Sources	2013 SHARP	2013 SHARP	Program Logs Attendance Records	Program Logs Attendance Records  Strengthening Families Program Curriculum	2015 and 2017 SHARP Survey Urban Indian Center Youth Survey (yet to be created)	2015 and 2017 SHARP Survey Urban Indian Center Youth Survey
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Program Name: Communities Empowering Parents	Evidence Based? Yes -Tier 4	FY2017
Provider Name: Project Reality	Yearly Cost: \$101, 875.05	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	!		Short	Long
Logic	<p>Reduce 30 day use of:</p> <ol style="list-style-type: none"> <li>1. Alcohol</li> <li>2. Tobacco</li> <li>3. Marijuana</li> </ol> <p>Among youth ages 12 and older</p>	<ol style="list-style-type: none"> <li>1. Poor family management (PFM)</li> <li>2. High levels of family conflicts</li> <li>3. Parental attitudes favorable to drug use</li> <li>4. Low family attachment</li> <li>5. Parental attitudes favorable to anti-social behavior</li> <li>6. Adolescents attitudes favorable to anti-social behavior</li> <li>7. Early initiation of drug use by adolescents</li> <li>8. Low perceived risk of drug use</li> <li>9. poor rewards for prosocial involvement P</li> <li>10. Lack of opportunities for prosocial involvement</li> </ol>	-Parents and primary caretakers of elementary and adolescent aged children (2- 17 years old) in Salt Lake County	-Indicated high-risk multicultural families from Salt Lake County		<p>20 hours of interactive, parenting classes using Communities Empowering Parents Curriculum (site coordinators choose one of the following options)</p> <p>2.5 hours, 1X wk. for 8 weeks or 2 hours, 1X week for 10 weeks</p> <p>Held in community sites and public schools in Salt Lake County</p> <p>-Concurrent classes for all members of the family:</p> <ul style="list-style-type: none"> <li>- Parents</li> <li>- Adolescents</li> <li>- Elementary age</li> <li>- Pre-school age</li> </ul>	<p>Among youth ages 12 and older:</p> <ol style="list-style-type: none"> <li>1. Percent reporting PFM will decrease from 36% in 2013 to 30% in 2015</li> <li>2. Percent reporting family conflicts will decrease from 32% in 2013 to 30% in 2015</li> <li>3. Percent reporting Parental attitudes favorable to drug use will decrease from 12% in 2013 to 11% in 2015</li> <li>4. Percent reporting family attachment will increase from 66% in 2013 to 68% in 2015</li> </ol> <p>(Continued next page)</p>	<p>Among youth ages 12 and older:</p> <ol style="list-style-type: none"> <li>1. Underage drinking, 30 day use, will decrease from 13% in 2013 to 8% by 2019</li> <li>2. Underage cigarette smoking, 30 day use, will decrease from 5% in 2013 to 3% by 2019</li> <li>3. Marijuana use, 30 day use, will decrease from 7% in 2013 to 5% in 2019</li> </ol>

					<p>5. Percent reporting Parental attitudes favorable to anti-social behavior will decrease from 30% in 2013 to 29% in 2015</p> <p>6. Percent reporting Attitudes favorable to anti-social behavior will decrease from 32% in 2013 to 31% in 2015</p> <p>7. Percent reporting early initiation of drug use will decrease from 20% in 2013 to 18% in 2015</p> <p>8. Percent reporting perceived risk of drug use will increase from 36% in 2013 to 39% in 2015</p> <p>9. Percent reporting Rewards for prosocial involvement will increase from 54% in 2013 to 57% in 2015</p> <p>10. Percent reporting Opportunities for prosocial involvement will increase from 68% in 2013 to 70% in 2015</p>	
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<b>Measures &amp; Sources</b>	2013 SHARP Survey	CEP Pre/Post Test for parent class participants Program and Attendance Records Program participant self-report	Program and Attendance Records	Program and attendance Records	2015 SHARP Survey Program attendance records CEP Pre/Post-Test for parent class participants Behavior Rating Scales Program participant self-report	Program participant self-report 2019 SHARP Survey
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Program Name: Communities Empowering Parents	Evidence Based? Yes -Tier 4	FY2017
Provider Name: Project Reality	Yearly Cost: \$125,000	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	<p>Reduce 30 day use of:</p> <ol style="list-style-type: none"> <li>1. Alcohol</li> <li>2. Tobacco</li> <li>3. Marijuana</li> </ol> <p>Among youth ages 12 and older</p>	<ol style="list-style-type: none"> <li>1. Poor family management (PFM)</li> <li>2. High levels of family conflicts</li> <li>3. Parental attitudes favorable to drug use</li> <li>4. Low family attachment</li> <li>5. Parental attitudes favorable to anti-social behavior</li> <li>6. Adolescents attitudes favorable to anti-social behavior</li> <li>7. Early initiation of drug use by adolescents</li> <li>8. Low perceived risk of drug use</li> <li>9. poor rewards for prosocial involvement P</li> <li>10. Lack of opportunities for prosocial involvement</li> </ol>	<p>-Parents and primary caretakers of elementary and adolescent aged children (2- 17 years old) in Salt Lake County</p> <p>-Selective at risk multicultural families from Salt Lake County</p>			<p>20 hours of interactive, parenting classes using Communities Empowering Parents Curriculum (site coordinators choose one of the following options)</p> <p>2.5 hours, 1X wk. for 8 weeks or 2 hours, 1X week for 10 weeks</p> <p>Held in community sites and public schools in Salt Lake County</p> <p>-Concurrent classes for all members of the family: - Parents - Adolescents - Elementary age - Pre-school age</p>	<p>Among youth ages 12 and older:</p> <ol style="list-style-type: none"> <li>1. Percent reporting PFM will decrease from 36 % in 2013 to 30% in 2015</li> <li>2. Percent reporting family conflicts will decrease from 32% in 2013 to 30% in 2015</li> <li>3. Percent reporting Parental attitudes favorable to drug use will decrease from 12% in 2013 to 11% in 2015</li> <li>4. Percent reporting family attachment will increase from 66% in 2013 to 68% in 2015</li> </ol> <p>(Continued next page)</p>	<p>Among youth ages 12 and older:</p> <ol style="list-style-type: none"> <li>1. Underage drinking, 30 day use, will decrease from 13% in 2013 to 8% by 2019</li> <li>2. Underage cigarette smoking, 30 day use, will decrease from 5% in 2013 to 3% by 2019</li> <li>3. Marijuana use, 30 day use, will decrease from 7% in 2013 to 5% in 2019</li> </ol>

					<p>5. Percent reporting Parental attitudes favorable to anti-social behavior will decrease from 30% in 2013 to 29% in 2015</p> <p>6. Percent reporting Attitudes favorable to anti-social behavior will decrease from 32% in 2013 to 31% in 2015</p> <p>7. Percent reporting early initiation of drug use will decrease from 20% in 2013 to 18% in 2015</p> <p>8. Percent reporting perceived risk of drug use will increase from 36% in 2013 to 39% in 2015</p> <p>9. Percent reporting Rewards for prosocial involvement will increase from 54% in 2013 to 57% in 2015</p> <p>10. Percent reporting Opportunities for prosocial involvement will increase from 68% in 2013 to 70% in 2015</p>	
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<b>Measures &amp; Sources</b>	2013 SHARP Survey	CEP Pre/Post Test for parent class participants  Program and Attendance Records  Program participant self-report	Program and Attendance Records	Program and attendance Records	2015 SHARP Survey  Program attendance records  CEP Pre/Post-Test for parent class participants  Behavior Rating Scales  Program participant self-report	Program participant self-report  2019 SHARP Survey
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Program Name: Promise South Salt Lake Substance Abuse Prevention Program (SAPP) Provider Name: City of South Salt Lake	Evidence Based <input type="checkbox"/> Y -National Registry Yearly Cost: <u>\$45,000</u>	FY2017
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LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<input type="checkbox"/> S	I		Short	Long
Logic	Reduce Underage Drinking	Attitudes favorable to drug use	82 K-6 Participants in Lincoln Elementary Afterschool Program			Too Good for Drugs@ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks	% reporting Attitudes favorable to drug use will decrease from 44.6% in 2013 to 34.4% in 2017	Underage Drinking (among the target group) will decrease from 5.9% in 2013 to .09% in 2019
Measures & Sources	2013 SHARP Report for Lincoln Elem (ATOD During past 30 Days)	2013 SHARP NREPP research/program report	Program daily activity sheets Attendance records			Daily Activity Reports, Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Marijuana Use	Attitudes favorable to antisocial behavior	82 Participants in Lincoln Elementary Afterschool Program			Positive Action Program @ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks	% of youth reporting Attitudes favorable to antisocial behavior will decrease from 41.1% in 2013 to 31.4% in 2017	Marijuana use (among the target group) will decrease from 10.9% in 2013 to 5.9% in 2019
Measures & Sources	2013 SHARP Report for Lincoln Elem	2013 SHARP NREPP research for program	Program daily activity sheets Attendance records Program/CTC Risk and Protective Factors Survey			Daily Activity Reports, Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2017 SHARP for Lincoln Elementary School
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long

Logic	Reduce Prescription Drug Abuse	Poor Family Management	Families of the 82 Participants in Lincoln Elementary Afterschool Program	Deliver Strengthening Families Program to 10 Lincoln Families 10 lessons @ 1 lesson per week lessons x 3 hours + supporting activities	Poor Family Management will decrease from 72.8% in 2013 to 62% in 2017	Prescription Drug Abuse will decrease from 4.8% in 2013 to 2.4% in 2019
Measures & Sources	2013 SHARP Report for Lincoln Elem	2013 SHARP NREPP research for program	Attendance records Program/CTC Risk and Protective Factors Parent Survey	Attendance Records	2013 (Baseline) SHARP  Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

Program Name: YouthWorks			-Tier 2			FY2017		
LSAA: Salt Lake County								
	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Prevent and or decrease use of alcohol, tobacco and other drugs	<p>RF1: Attitudes Favorable to Anti-social behavior (Peer Individual Domain)</p> <p>RF2: Perceived Risk of Drug Use ( Peer Individual Domain)</p> <p>RF3: Early Initiation of Drug and alcohol use (Peer Individual Domain)</p> <p>PF1: Rewards for Pro-social Involvement: Creating Neighborhood attachment (Community Domain)</p> <p>PF2: Community organization (Community Domain)</p> <p>PF3: Rewards for pro-social involvement in (School Domain)</p>	<p>High Risk youth ages 14-18 residing in West Salt Lake County, exhibiting one or more of the following characteristics:</p> <p>Truancy, low commitment to school, academic failure, gang involvement, juvenile court involvement, ethnic minority, immigrant/refugee, low-income (80% below AMI), disenfranchised, experimenting with drugs and alcohol, living in a family or community with high exposure to all of the above.</p> <p>At-risk youth being referred from:</p> <p>All High Schools within the Salt Lake City School District All High Schools within the Granite School District Horizonte Instruction and Training Center Innovations Early College Preparation High School Boys and Girls Clubs of Greater Salt Lake Juvenile Justice Services Division of Child and Family Services</p>	<p>Provide four, 12-week sessions with 15 hours of life skills and 5 hours of social skills per M, T, W, TH work week.</p> <p>Community building pre-employment activities will enhance the youth's perception of opportunities for pro-social activities.</p> <p>Youths who perceive more opportunities for involvement in pro-social activities are more likely to participate in such activities and <i>less likely</i> to commit crime and use drugs.</p> <p>Youths who earn money, school credit and skills to identify and implement improvements in the community will feel a greater sense of reward and recognition for involvement in pro-social activities in the community and are more likely to participate in such activities and <i>less likely</i> to commit crime and use drugs.</p> <p>Youths who report stronger emotional bonds to peers that engage in pro-social behaviors and abstain from drug use and delinquent behavior are less likely to use drugs or engage in delinquent behavior themselves.</p> <p>Youths who are involved in frequent pro-social community and educational activities are less likely to use drugs.</p> <p>Youths who have accurate information regarding the low drug use rates among their peers are less like to use drugs.</p> <p>Youths whose school performance is closely monitored and tied to employment will perceive greater rewards for school involvement and</p>	<p>Reduced or no ATOD use by 2% by 2019</p> <p>Increased neighborhood &amp; community attachment by 10% by 2019</p> <p>Increased rewards for pro-social involvement in Neighborhoods by 10% by 2019</p> <p>Increased rewards for pro-social involvement in School Domain : Increased Academic performance by 10% 2019</p>	<p>Decrease in ATOD use within 12 months YouthWorks program completion</p> <p>10% Decrease in ATOD use by 2023</p>		

				<p>will have more motivation and commitment to school and therefore improved academic performance. This <i>increases</i> their likelihood of employment and <i>decreases</i> the likelihood of crime and drugs.</p> <p>Youths who receive additional resources for academic work will improve academic performance, increasing self-esteem, motivation and commitment to school and therefore perceive greater rewards for school involvement. This <i>increases</i> their likelihood of employment and <i>decreases</i> the likelihood of crime and drugs.</p> <p>Youths who have goals to keep them from getting involved in the juvenile justice system are less likely to commit crimes.</p>		
Measure & Sources	<p>SHARP test</p> <p>Pre/ Post Test: Thinking for a Change</p> <p>Pre/ Post Program Tests</p> <p>YASSI Test</p>	<p>SHARP test Baseline :</p> <p>RF1: 34%</p> <p>RF2: 46%</p> <p>RF3: 20%</p> <p>PF1: 54%</p> <p>PF2: 54%</p> <p>PF3: 61%</p> <p>Pre/ Post Test: Thinking for a Change</p> <p>Pre/ Post Program Tests</p> <p>YASSI Test</p>	<p>SHARP test</p> <p>Pre/ Post Test: Thinking for a Change</p> <p>Pre/ Post Program Tests</p> <p>YASSI Test</p> <p>Program Attendance</p>	Registration – Interview process	<p>SHARP test Baseline and Post</p> <p>Pre/ Post Test: Thinking for a Change</p> <p>Pre/ Post Program Tests</p> <p>Attendance Records</p>	<p>3, 6 and 9 month follow up surveys</p> <p>12 month Survey</p> <p>SHARP Test</p>

Program Name: Promise South Salt Lake Substance Abuse Prevention Program (SAPP) Provider Name: City of South Salt Lake	Evidence Based <input type="checkbox"/> Y -National Registry Yearly Cost: <u>\$45,000</u>	FY2017
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LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<input type="checkbox"/> S	I		Short	Long
Logic	Reduce Underage Drinking	Attitudes favorable to drug use	82 K-6 Participants in Lincoln Elementary Afterschool Program			Too Good for Drugs@ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks	% reporting Attitudes favorable to drug use will decrease from 44.6% in 2013 to 34.4% in 2017	Underage Drinking (among the target group) will decrease from 5.9% in 2013 to .09% in 2019
Measures & Sources	2013 SHARP Report for Lincoln Elem (ATOD During past 30 Days)	2013 SHARP NREPP research/program report	Program daily activity sheets Attendance records			Daily Activity Reports, Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Marijuana Use	Attitudes favorable to antisocial behavior	82 Participants in Lincoln Elementary Afterschool Program			Positive Action Program @ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks	% of youth reporting Attitudes favorable to antisocial behavior will decrease from 41.1% in 2013 to 31.4% in 2017	Marijuana use (among the target group) will decrease from 10.9% in 2013 to 5.9% in 2019
Measures & Sources	2013 SHARP Report for Lincoln Elem	2013 SHARP NREPP research for program	Program daily activity sheets Attendance records Program/CTC Risk and Protective Factors Survey			Daily Activity Reports, Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2017 SHARP for Lincoln Elementary School
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long

Logic	Reduce Prescription Drug Abuse	Poor Family Management	Families of the 82 Participants in Lincoln Elementary Afterschool Program	Deliver Strengthening Families Program to 10 Lincoln Families 10 lessons @ 1 lesson per week lessons x 3 hours + supporting activities	Poor Family Management will decrease from 72.8% in 2013 to 62% in 2017	Prescription Drug Abuse will decrease from 4.8% in 2013 to 2.4% in 2019
Measures & Sources	2013 SHARP Report for Lincoln Elem	2013 SHARP NREPP research for program	Attendance records Program/CTC Risk and Protective Factors Parent Survey	Attendance Records	2013 (Baseline) SHARP  Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

Program Name: <b>SPY HOP PRODUCTIONS</b> Provider Name: <b>SPY HOP PRODUCTIONS</b>	Evidence Based <u>Y</u> N -Tier 2 Yearly Cost: \$105,000	FY2017
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LSAA; Salt Lake County

	Goal	Factors (2 Risk Factors, 2 Protective Factors)	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
<b>Logic</b>	Reduce 30-day alcohol use among 10 <sup>th</sup> and 12 <sup>th</sup> graders in Salt Lake County.	RF1: Attitudes favorable to antisocial behavior & drug use RF2: Perceived risk of drug use  PF1: Opportunities for prosocial involvement PF2: Rewards for prosocial involvement in community	140 Salt Lake County youth ages 14-20 who:  1) Live in low-income neighborhoods 2) Have peers who engage in substance abuse; 3) Have limited access to quality after-school programming; 4) Have limited access to technology; and, 5) Exhibit attitude and behavioral problems.			Mentor Based Learning (Sense of belonging; social emotional learning)  Inquiry Based Learning (collaboration, problem-solving)  Project Based Learning (21 <sup>st</sup> Century/Workplace Readiness Skills)  Introductory and Intermediate Programs (film, music, audio or design) 4-12hrs.  Spy Hop Apprenticeship & Advanced Programs (film, audio, music or design) 2hrs, 2x/wk, 4.5-12mos.	Reduce 30-day alcohol use among 10 <sup>th</sup> graders in Salt Lake County from 11.3% to 9.3%.  Reduce 30-day alcohol use among 12 <sup>th</sup> graders in Salt Lake County from 17.5% to 15.5%.	Reduce 30-day alcohol use among 10 <sup>th</sup> graders in Salt Lake County from 11.3% to 7.3%.  Reduce 30-day alcohol use among 12 <sup>th</sup> graders in Salt Lake County from 17.5% to 13.5%.
<b>Measures &amp; Sources</b>	Pretest & Posttests Salt Lake County SHARP data	Pretest & Posttests Attendance Records	Registration Intake Forms			Attendance Records Student Surveys Student Journals Class observations	Pre and Posttests Attendance Records SHARP data	Pretest & Follow-up Survey SHARP data

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**SPORT© Program**

Program Provider: Neighborhood Action Coalition at University of Utah

LSAA: Salt Lake County

Evidence- based: Yes -National Registry

FY2017

Yearly Cost: **\$34,730**

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	In d		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce Alcohol Use among Midvale City's Youth	1. Early initiation of drug use 2. Attitudes favorable to drug use ----- 1. rewards for prosocial involvement (family) 2. rewards for prosocial involvement (community)	200	Midvale youth	12-18 years at the <i>Boys and Girls Club of Midvale, Midvale Middle School and Community Building Community center</i>	SPORT Curriculum and physical activity program implemented by Exercise and Sport Science Professionals; 126 hours of instruction delivered approximately 2-4 times a week for 42 weeks.	1. Decrease risk factor early initiation of drug use from 27% to 25% from 2013 to 2017 2. Decrease number of youth who have favorable attitudes toward drug use from 35% - 31% from 2013 to 2017 ----- 1. Increase rewards for prosocial involvement (family) from 58% to 61% from 2013 to 2017 2. Increase rewards for prosocial involvement (community) from 47% to 49% from 2013 to 2017	Decrease alcohol use in past 30-days from 8.8% to 7.0% from 2013 to 2023

<p>Measure &amp; Sources</p>	<p>SHARP Data</p>	<p>SHARP Data</p>	<p>Attendance Sheets</p>	<ul style="list-style-type: none"> <li>- Staff Reports</li> <li>- Curriculum checklist/lesson plans</li> <li>- Worksheet completion checklist</li> <li>- Pre-Post tests provided in SPORT curriculum</li> <li>Follow-up phone calls with parents</li> </ul>	<ul style="list-style-type: none"> <li>- Completion of Fitness Feedback Sheet</li> <li>- Pre- and Post-consultation interviews/surveys</li> <li>Hillcrest (Midvale) Cone SHARP Survey</li> </ul>	<p>Hillcrest (Midvale) Cone SHARP Data</p>
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## School-Based Prevention Education: Botvin LifeSkills Training

Program Provider: Neighborhood Action Coalition

LSAA: Salt Lake County

Evidence-based: Yes  
Yearly Cost: \$7,671.70

	Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
			Univ	Sel X	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
Logic	Reduce Alcohol use among Midvale City's youth	1. Early initiation of drug use 2. Attitudes favorable to drug use ----- 1. Improved healthy beliefs and standards regarding ATOD use. 2. Possess and use appropriate social skills.	2190 students ages 12-17 years old, attending Midvale Middle School or Hillcrest High School or other organizations in Midvale.			Botvin LifeSkills Training: providing one presentation (focusing on Drugs/Alcohol and refusal skills) per healthy lifestyles class per semester (approx 60 per year)	1. Decrease risk factor early initiation of drug use from 27% to 25% from 2013 to 2017 2. Decrease number of youth who have favorable attitudes toward drug use from 35% - 31% from 2013 to 2017 ----- 1. Improve health beliefs and perceptions of ATOD use based on pre/post score differentials. 2. Improve knowledge of social skills and refusal skills based on pre/post test differentials.	Decrease alcohol use in past 30-days from 8.8% to 7.0% from 2013 to 2023

Measure & Sources	SHARP Data	SHARP Data	Staff Reports Attendance Sheets	LifeSkills curriculum checklist Staff Reports	Hillcrest (Midvale) Cone SHARP Data Pre and post tests	Hillcrest (Midvale) Cone SHARP Data
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Program Name: Valley Behavioral Health Early Adolescent School Based – Advancing Decision Making and Problem Solving (Adapt) Provider Name:	Evidence Based Y -Tier 2 Yearly Cost: _____	FY2017
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LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of Alcohol	Risk Factor: Early initiation on antisocial behavior and alcohol use  Friends use of alcohol  Protective Pro-social involvement	Selective  Youth 6 <sup>th</sup> – 8 <sup>th</sup> grade students at a Title 1 School			Advancing Decision Making and Problem Solving (Adapt)  One hour sessions, once a week for 48 weeks at schools in Salt Lake County Title 1 Schools	Percent reporting early initiation of antisocial behavior and alcohol use will decrease from 20% to 15% in 3 to 5 years  Pre and Post testing	Underage drinking will decrease from 20% to 15% in 5-10 years

Measures & Sources	2013 Statewide SHARP Survey for all grades	2013 SHARP	Program logs Attendance Records	Attendance Records and Pre/Post Surveys	2013-2017 SHARP Survey	2019 SHARP Survey
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Program Name: Valley Behavioral Health Elementary School aged Youth – Too Good for Drugs and Violence Provider Name:	Evidence Based Y -National Registry Yearly Cost: _____	FY2017
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LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of Drinking	Risk Factor: Early initiation on antisocial behavior and alcohol use  Friends use of alcohol  Protective Pro-social involvement	Selective  Youth 1 <sup>st</sup> – 6 <sup>th</sup> grade students at a Title 1 Elementary School			Too Good for Drugs and Violence Curriculum  One hour sessions, once a week for 48 weeks at schools in Salt Lake County Title 1 Schools	Percent reporting early initiation of antisocial behavior and alcohol use will decrease from 20% to 15% in 3 to 5 years  Pre and Post testing	Underage drinking will decrease from 20% to 15% in 5-10 years

Measures & Sources	2013 Statewide SHARP Survey for all grades	2013 SHARP	Program logs Attendance Records	Attendance Records and Pre/Post Surveys	2013-2017 SHARP Survey	2019 SHARP Survey
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Program Name; All Stars			Evidence Based <u>Y</u> N -National Registry			FY2017		
Provider Name; Volunteers of America UT/ Cornerstone Counseling			Yearly Cost : \$21,829.50					
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
<b>Logic</b>	<ul style="list-style-type: none"> <li>1. Decrease early initiation of ATOD use</li> <li>2. Decrease favorable attitudes towards ATOD use.</li> </ul>	<ul style="list-style-type: none"> <li>1. Early initiation of problem behavior</li> <li>2. Attitudes favorable toward the problem behavior</li> </ul>	Students from fifth to eighth grade in schools within areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Participants attend 10-20 sequential 45 minute to one-hour classroom sessions.	<ul style="list-style-type: none"> <li>1. Decrease early initiation of problem behavior by 2.5% from 2015 to 2017</li> <li>2. Decrease attitudes favorable toward the problem behavior by 2.5% from 2015 to 2017</li> </ul>	<ul style="list-style-type: none"> <li>1. Decrease early initiation of ATOD use by 2% in 2022</li> <li>2. Decrease favorable attitudes towards ATOD use by 2% by 2022</li> </ul>

<b>Measures &amp; Sources</b>	Utah SHARP Survey	Pre/Post Tests, Teacher and student evaluation/ feedback forms	Attendance Records, WITS Reporting	Attendance Records, Fidelity Checklist	Pre/Post Tests, Teacher and student evaluation/ feedback forms	Utah SHARP Survey 2023
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Program Name: Collaborative Multi-Family Prevention Program (CMFPP) Provider Name: Volunteers of America, Utah	Evidence Based Y N -National Registry Yearly Cost: \$24,874.50	FY2017
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LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce ATOD use	Early and persistent anti-social behavior.  Family management problems.  Family conflict.	Salt Lake County referred adolescents between 12-18 and their families. The youth are referred from Midvale CBC or other schools in Salt Lake County.			Participants will receive eight, two hour weekly sessions.	Early and persistent antisocial behavior will be reduced 2.5%  Family management skills will increase 2.5%  Family conflict will decrease 2.5%.	Reduce ATOD use by 3% by 2022

Measures & Sources	Utah SHARP Survey	Coordinator and parent feedback and evaluation forms.	Attendance Records	Attendance Records	Coordinator and parent feedback and evaluation forms.	Utah SHARP Survey 2023
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Program Name; Life Skills Training	Evidence Based <u>Y</u> N -National Registry	FY2017
Provider Name; Volunteers of America UT/ Cornerstone Counseling	Yearly Cost: \$19,899.00	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
<b>Logic</b>	Decrease early initiation of ATOD use  Decrease favorable attitudes towards ATOD	1. Early initiation of problem behavior  2. Attitudes favorable toward the problem behavior	Students from fifth to eighth grade in schools throughout Salt Lake County.			Participants attend 10 sequential 45 minute to one-hour classroom sessions.	1. Decrease early initiation of problem behavior by 3% in 2015 to 2017  2. Decrease attitudes favorable toward the problem behavior by 3% in 2015 to 2017	11. Decrease early initiation of ATOD use in 6 <sup>th</sup> to 8 <sup>th</sup> graders by 2% in 2020  2. Decrease favorable attitudes towards ATOD use 6 <sup>th</sup> to 8 <sup>th</sup> graders by 2% by 2020

<b>Measures &amp; Sources</b>	Utah SHARP Survey	Pre/Post Tests, Teacher and student evaluation/ feedback forms	Attendance Records, WITS Reporting	Attendance Records, Fidelity Checklist	Pre/Post Tests, Teacher and student evaluation/ feedback forms	Utah SHARP Survey 202
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Program Name: Living Skills	Evidence Based <u>Y</u> N -National Registry	FY2017
Provider Name: Volunteers of America UT/ Cornerstone Counseling	Yearly Cost: \$ \$80,055.36	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
<b>Logic</b>	Decrease early initiation of ATOD use	Early initiation of problem behavior	Children from first to fifth grade in areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Living Skills; meet in groups of 6 to 8, once or twice weekly for ten, 45 minute to one hour incremental sessions in school, community site or housing facility.	Decrease early initiation problem behavior by 2.5% in 2015 to 2017	Decrease early initiation of ATOD use of 6 <sup>th</sup> graders by 2% in 2020
<b>Measures &amp; Sources</b>	Utah SHARP Survey	Teachers/ site counselor feedback forms.	Attendance Records, WITS Reporting			Attendance Records, Fidelity Checklist	Teachers/ site counselor feedback forms.	Utah SHARP Survey 2021

Program Name: Families Plus; Making Choices	Evidence Based <u>Y</u> N -National Registry	FY2017
Provider Name: Volunteers of America UT/ Cornerstone Counseling	Yearly cost: \$31,202.27	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
<b>Logic</b>	Reduce 30 day use of ATOD.	Early initiation of problem behavior	Children from first to fifth grade in areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Making Choices; meet in groups of 6 to 8, once or twice weekly for twenty, 45 minute to one hour incremental sessions in school, community site or housing facility.	Decrease early initiation of problem behavior by 2.5% from 2015 to 2017	Reduce 30 day use of ATOD of 6 <sup>th</sup> graders by 2% in 2020.
<b>Measures &amp; Sources</b>	Utah SHARP Survey	Teacher, counselor, coordinator and parent feedback and evaluation forms	Attendance Records, WITS Reporting			Attendance Records, Fidelity Checklist	Teacher, counselor, coordinator and parent feedback and	Utah SHARP Survey 2021

					evaluation forms	
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Program Name: Families Plus – Strong Families			Evidence Based <u>Y</u> N -National Registry			FY2017		
Provider Name: Volunteers of America UT/ Cornerstone Counseling			Yearly cost: \$38,016.00					
LSAA; Salt Lake County								
	<b>Goal</b>	<b>Factors</b>	<b>Focus Population</b>			<b>Strategies</b>	<b>Outcomes</b>	
			U	<u>S</u>	I		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Reduce 30 day use of ATOD of 6 <sup>th</sup> graders.	1. Family management problems. 2. Family conflict.	Children from first to fifth grade and their families in areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Weekly two hour family sessions with Prevention Specialists. Duration is determined on the needs of the families, usually 20 weeks.	Reduce family management problems and conflict by 2.5% from 2015 to 2017.	Reduce 30 day use of ATOD of 6 <sup>th</sup> graders by 2% by 2020.
<b>Measures &amp; Sources</b>	Utah SHARP Survey	Parent feedback/ evaluation forms	Attendance Rosters, WITS Reporting			Attendance Roster	Parent feedback/ evaluation forms	Utah SHARP Survey 2021

Program Name: Voices				Evidence Based <u>Y</u> N -National Registry		FY2017		
Provider Name: Volunteers of America UT/ Cornerstone Counseling				Yearly Cost: \$106,481.23				
LSAA; Salt Lake County								
	<b>Goal</b>	<b>Factors</b>	<b>Focus Population</b>			<b>Strategies</b>	<b>Outcomes</b>	
			<b>U</b>	<b>S</b>	<b>I</b>		<b>Short</b>	<b>Long</b>
<b>Logic</b>	Decrease early initiation of ATOD use	Early initiation of problem behavior	Adolescents from fifth to ninth grade in areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Same gender adolescent groups of 6 to 8 participants meet once or twice weekly for ten, 45 minute to one hour incremental sessions.	Decrease early initiation of problem behavior by 2.5% in 2015 to 2017	Decrease early initiation of ATOD use by 2% in 2022
<b>Measures &amp; Sources</b>	Utah SHARP Survey	Pre/Post testing in coordination with Bach-Harrison	Attendance Records, WITS Reporting			Attendance Records, Fidelity Checklist	Pre/Post testing in coordination with Bach-Harrison forms	Utah SHARP Survey 2023

Program Name: Daily Alcohol, Tobacco, and Other Drugs Classes	Evidence Based Yes -National Registry	FY2017
Provider Name: Salt Lake County Division of Youth Services (DYS)	Yearly Cost: \$37,376	

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	Selected	I		Short	Long
Logic	Reduce 30 day drug and alcohol use among high risk teens and see a 3% decline in use from 2013 to 2017	Attitudes Favorable to Drug Use  (Peer/Individual Domain)	1.Teens age 12-18 in state custody staying in group homes at DYS  2.Teens age 12-18 brought into the Juvenile Receiving Center by parents, law enforcement, and schools			Too Smart to Start ATOD curriculum taught for 17 session that last 1 hour. Program will be taught (M-F) for each group home and onsite classroom	Attitudes Favorable to Drug Use  (Peer/Individual Domain)	Reduce 30 day Drug and Alcohol use among high risk teens and see a 3% decline in use from 2013 to 2017
Measures & Sources	2013  SLCO SHARPS	2013  SLCO SHARPS	Program Logs  Attendance Records  Pre and Post Assessments			Program Logs  Attendance Records  Pre and Post Assessments		2013/2017 SLCO SHARPS

Program Name: Girls Circle (Discovering Possibilities)				Evidence Based Yes -National Registry			FY2017
Provider Name: Salt Lake County Division of Youth Services				Yearly Cost: \$19,876.80			
	Goal	Factors	Focus Population		Strategies	Outcomes Short	Long
			U	S	Indicated		
Logic	Reduce alcohol use by 5% in high risk girls by increasing their overall sense of well-being and self-efficacy.	Attitudes Favorable to Anti-Social Behavioral (Peer/ Individual Domain)	13-18 year olds who are showing positive attitudes toward ASB, alcohol use, and/or anger control issues who live in Salt Lake County.		“Discovering Possibilities.” Class will be held for 2 hours weekly for 10 weeks	Attitudes Favorable to Anti-Social Behavioral (Peer/ Individual Domain)	Reduce alcohol use by 5% in high risk girls by increasing their overall sense of well-being and self-efficacy.
Measures & Sources	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs Attendance Record Pre and Post Assessments		Rosters and Pre and Post Assessments	2013 SLCO SHARPS	2013/2017 SLCO SHARPS

Program Name: Strengthening Families				Evidence Based Yes -National Registry		FY2017		
Provider Name: Salt Lake County Division of Youth Services				Yearly Cost: \$24,846.00				
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	Selected	I		Short	Long
Logic	Reduce drug and alcohol use by 5% by decreasing Family Management Problems and Family Conflict	Parental Attitudes Favorable to Drug Use (Family Domain)	Families with teenaged children ages 13-17 living in Salt Lake County			“The Strengthening Families Program” –K Kumpfer 5 cycles 150 min weekly for 10 weeks	Parental Attitudes Favorable to Drug Use (Family Domain)	Reduce drug and alcohol use by 5% by decreasing Family Management Problems and Family Conflict
Measures & Sources	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs Attendance Records Pre and Post Assessments			Rosters	2013 SLCO SHARPS	2013/2017 SLCO SHARPS

Program Name: Too Good for Drugs and Violence			Evidence Based Yes -National Registry			FY2017		
Provider Name: Salt Lake County Division of Youth Services			Yearly Cost: \$37,376					
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	Indicated		Short	Long
Logic	Reduce teen drug use by 3% from 2013 to 2017	Attitudes Favorable to Anti-Social Behavior  (Peer/Individual Domain)	13 to 17 year old males and females who are showing positive attitudes toward ASB, drug use, and/or anger control issues in Salt Lake County.			Too Good for Drugs and Violence administered for 8 weeks, weekly in 2 hour sessions.	Attitudes Favorable to Anti-Social Behavior  (Peer/Individual Domain)	Reduce teen drug use by 3% from 2013 to 2017
Measures & Sources	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs  Attendance Records  Pre and Post Assessments			Rosters	2013 SLCO SHARPS	2013/2017 SLCO SHARPS

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 1,551,795	\$ 10,792,665	\$ 677,590	\$ 4,431,008	\$ 5,104,754	\$ 43,584,466	\$ 832,319	\$ 300,000	\$ 73,400				\$ 67,347,997

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		1,501,159		163,167	725,943	6,198,113							\$ 8,588,382	575	\$ 14,936
Residential Care (171 & 173)	225,250	1,365,271			650,817	6,306,687	225,250						\$ 8,773,275	745	\$ 11,776
Outpatient Care (22-24 and 30-50)	636,513	4,029,342	386,000	1,240,876	1,870,366	15,969,212	550,311						\$ 24,682,620	14,901	\$ 1,656
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	244,394	954,305		950,259	454,912	3,134,046							\$ 5,737,916	3,070	\$ 1,869
Psychotropic Medication Management (61 & 62)	152,350	539,912	103,000	206,000	257,373	2,197,456	56,758						\$ 3,512,849	7,250	\$ 485
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		1,272,730			606,704	5,180,046							\$ 7,059,480	2,535	\$ 2,785
Case Management (120 & 130)		750,137		200,000	357,586	3,053,076							\$ 4,360,799	3,350	\$ 1,302
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	103,288	187,596		648,635	89,426	763,520							\$ 1,792,465	555	\$ 3,230
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	190,000	73,819	120,340		35,189	300,445		300,000	8,400				\$ 1,028,193	2,550	\$ 403
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		118,394	68,250	110,000	56,438	481,865							\$ 834,947		
Services to persons incarcerated in a county jail or other county correctional facility				117,683									\$ 117,683	150	\$ 785
Adult Outplacement (USH Liaison)				356,700									\$ 356,700	130	\$ 2,744
Other Non-mandated MH Services				437,688					65,000				\$ 502,688	620	\$ 811
<b>FY2017 Mental Health Expenditures Budget</b>	<b>\$ 1,551,795</b>	<b>\$ 10,792,665</b>	<b>\$ 677,590</b>	<b>\$ 4,431,008</b>	<b>\$ 5,104,754</b>	<b>\$ 43,584,466</b>	<b>\$ 832,319</b>	<b>\$ 300,000</b>	<b>\$ 73,400</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 67,347,997</b>		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	893,801	6,512,805	550,289	2,972,660	3,123,271	26,821,572	660,335						\$ 41,534,733	9,900	\$ 4,195
YOUTH/CHILDREN	657,994	4,279,860	127,301	1,458,348	1,981,483	16,762,894	171,984	300,000	73,400				\$ 25,813,264	5,800	\$ 4,451
<b>Total FY2017 Mental Health Expenditures</b>	<b>\$ 1,551,795</b>	<b>\$ 10,792,665</b>	<b>\$ 677,590</b>	<b>\$ 4,431,008</b>	<b>\$ 5,104,754</b>	<b>\$ 43,584,466</b>	<b>\$ 832,319</b>	<b>\$ 300,000</b>	<b>\$ 73,400</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 67,347,997</b>	<b>15,700</b>	<b>\$ 4,290</b>

Local Authority

FY2017 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue by Source	\$ 957,994	\$ 143,801	\$ 524,821					\$ 8,481	\$ 1,635,097

FY2017 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL	219,955	119,355	435,601					\$ 774,911	740	\$ 1,047	
MCOT 24-Hour Crisis Care-ADMIN	24,439	24,446	89,220					\$ 138,105			
FRF-CLINICAL	171,000						277,560	\$ 448,560	380	\$ 1,180	
FRF-ADMIN	19,000						30,840	\$ 49,840			
School Based Behavioral Health-CLINICAL	296,395							\$ 296,395	180	\$ 1,647	
School Based Behavioral Health-ADMIN	32,932							\$ 32,932			
FY2017 Mental Health Expenditures Budget	\$ 763,721	\$ 143,801	\$ 524,821	\$ -	\$ -	\$ -	\$ -	\$ 308,400	\$ 1,740,743	1,300	\$ 1,339

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

**FY2017 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>FY2017 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 5,619,720	ADULT	380	\$ 14,789
\$ 2,968,662	CHILD/YOUTH	195	\$ 15,224
\$ -		-	
<b>Residential Care Budget</b>			
\$ 8,342,959	ADULT	680	\$ 12,269
\$ 430,316	CHILD/YOUTH	65	\$ 6,620
\$ -		-	
<b>Outpatient Care Budget</b>			
\$ 12,107,830	ADULT	8,501	\$ 1,424
\$ 12,574,790	CHILD/YOUTH	6,400	\$ 1,965
\$ -		-	
<b>24-Hour Crisis Care Budget</b>			
\$ 4,113,963	ADULT	2,350	\$ 1,751
\$ 1,623,953	CHILD/YOUTH	720	\$ 2,255
\$ -		-	
<b>Psychotropic Medication Management Budget</b>			
\$ 2,916,334	ADULT	5,850	\$ 499
\$ 596,515	CHILD/YOUTH	1,400	\$ 426
\$ -		-	
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 1,499,878	ADULT	1,420	\$ 1,056
\$ 5,559,602	CHILD/YOUTH	1,115	\$ 4,986
\$ -		-	
<b>Case Management Budget</b>			
\$ 4,046,438	ADULT	2,200	\$ 1,839
\$ 314,361	CHILD/YOUTH	1,150	\$ 273
\$ -		-	
<b>Community Supports Budget (including Respite)</b>			
\$ 898,635	ADULT (Housing)	340	\$ 2,643
\$ 893,830	CHILD/YOUTH (Respite)	215	\$ 4,157
\$ -		-	
<b>Peer Support Services Budget</b>			
\$ 426,524	ADULT	2,100	\$ 203
\$ 601,669	CHILD/YOUTH (includes FRF)	450	\$ 1,337
\$ -		-	
<b>Consultation &amp; Education Services Budget</b>			
\$ 651,452	ADULT		
\$ 183,495	CHILD/YOUTH		
\$ -			
<b>Services to Incarcerated Persons Budget</b>			
\$ 117,683	ADULT Jail Services	150	\$ 785
\$ -		-	
<b>Outplacement Budget</b>			
\$ 356,700	ADULT	130	\$ 2,744
\$ -		-	
<b>Other Non-mandated Services Budget</b>			
\$ 436,617	ADULT	560	\$ 780
\$ 66,071	CHILD/YOUTH	60	\$ 1,101
\$ -		-	

**Summary**

<b>Totals</b>	
\$ 41,534,733	Total Adult
\$ -	
\$ 25,813,264	Total Children/Youth
\$ -	

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

<b>Unfunded (\$2.7 million)</b>		
\$ 550,289	ADULT	\$ 1,146
\$ 127,301	CHILD/YOUTH	\$ 1,632
<b>Unfunded (all other)</b>		
\$ 2,526,796	ADULT	\$ 1,203
\$ 2,661,726	CHILD/YOUTH	\$ 2,957

FY2017 Substance Use Disorder Treatment Area Plan and Budget

Salt Lake County

Form B

FY2017 Substance Use Disorder Treatment Revenue	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Revenue
Drug Court	1,173,408		1,202,772			188,674		56,358	0	182,706		\$2,803,918
Drug Offender Reform Act	1,050,875								0	68,000		\$1,118,875
JRI	655,016								0	42,000		\$697,016
Local Treatment Services	2,961,389	1,157,500	3,690,081	1,157,500	4,485,000	3,146,360	840,109		31,000	454,000	1,235,000	\$19,157,939
<b>Total FY2017 Substance Use Disorder Treatment Revenue</b>	<b>\$5,840,688</b>	<b>\$1,157,500</b>	<b>\$4,892,853</b>	<b>\$1,157,500</b>	<b>\$4,485,000</b>	<b>\$3,335,034</b>	<b>\$840,109</b>	<b>\$56,358</b>	<b>\$31,000</b>	<b>\$746,706</b>	<b>\$1,235,000</b>	<b>\$23,777,748</b>

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	138,099	13,948	154,389	13,948	64,705	93,429	23,618		0	94,197	277,063	\$873,396	3,000	\$291
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	55,398	0	463,520	0	0	622,106	134,515		0	53	475,664	\$1,751,256	1,851	\$946
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	1,669,579	323,898	1,106,241	323,897	1,255,015	846,517	213,996		6,826	383,294	50,505	\$6,179,768	820	\$7,536
Outpatient (Methadone: ASAM I)	343,726	45,964	186,528	45,964	178,099	153,135	56,408		0	166,778	13,313	\$1,189,915	643	\$1,851
Outpatient (Non-Methadone: ASAM I)	1,758,393	500,268	1,270,939	500,269	1,927,744	827,944	196,662	5,636	21,527	75,975	144,035	\$7,229,392	4,650	\$1,555
Intensive Outpatient (ASAM II.5 or II.1)	1,359,439	273,422	734,403	273,422	1,059,437	645,220	180,806	50,722	2,647	25,567	252,524	\$4,857,609	2,166	\$2,243
Recovery Support (includes housing, peer support, case management and other non-clinical )	283,184	0	858,723	0	0	0	0		0	0	0	\$1,141,907	580	\$1,969
Drug testing	232,870	0	118,110	0	0	146,683	34,104		0	842	21,896	\$554,505	2,191	\$253
<b>FY2017 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$5,840,688</b>	<b>\$1,157,500</b>	<b>\$4,892,853</b>	<b>\$1,157,500</b>	<b>\$4,485,000</b>	<b>\$3,335,034</b>	<b>\$840,109</b>	<b>\$56,358</b>	<b>\$31,000</b>	<b>\$746,706</b>	<b>\$1,235,000</b>	<b>\$23,777,748</b>	<b>15,901</b>	<b>\$1,495</b>

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	467,876	525,664	1,078,352	525,664	2,036,807	0	840,109	0	3,233	118,271	159,592	\$5,755,568
All Other Women (18+)	180,024	44,643	1,129,337	44,642	760,450	445,029	0	22,543	2,633	59,575	170,299	\$2,859,175
Men (18+)	4,430,531	267,738	2,296,607	267,738	649,939	2,345,975	0	33,815	10,579	565,717	905,109	\$11,773,748
Youth (12- 17) (Not including pregnant women or women with dependent children)	762,257	319,455	388,557	319,456	1,037,804	544,030	0	0	14,555	3,143	0	\$3,389,257
<b>Total FY2017 Substance Use Disorder Expenditures Budget by Population Served</b>	<b>\$5,840,688</b>	<b>\$1,157,500</b>	<b>\$4,892,853</b>	<b>\$1,157,500</b>	<b>\$4,485,000</b>	<b>\$3,335,034</b>	<b>\$840,109</b>	<b>\$56,358</b>	<b>\$31,000</b>	<b>\$746,706</b>	<b>\$1,235,000</b>	<b>\$23,777,748</b>

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Salt Lake County

Local Authority

Form B1

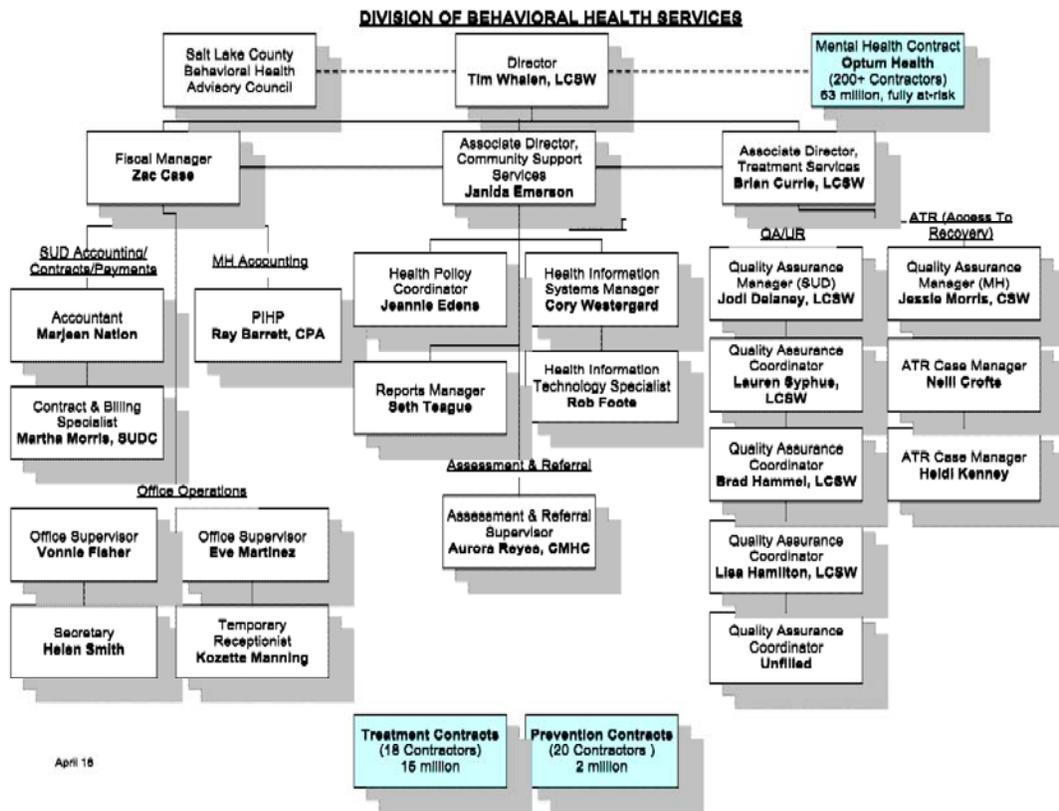
FY2017 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act( DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2017 Expenditures
Assessment Only	43,734	0	2,373	1,843	47,950
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	21,063	0	0	0	21,063
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	446,632	229,280	286,069	3,203	965,184
Outpatient (Methadone: ASAM I)	10,311	0	0	0	10,311
Outpatient (Non-Methadone: ASAM I)	215,880	682,379	11,585	28,162	938,006
Intensive Outpatient (ASAM II.5 or II.1)	315,740	448,174	61,628	63,320	888,862
Recovery Support (includes housing, peer support, case management and other non-clinical )	0	917,772	30,745	0	948,517
Drug testing	65,515	25,000	10,795	1,590	102,900
<b>FY2017 DORA and Drug Court Expenditures Budget</b>	<b>1,118,875</b>	<b>2,302,605</b>	<b>403,195</b>	<b>98,118</b>	<b>3,922,793</b>

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue	\$ 162,428		\$ 259,236			\$ 1,708,487	\$ 144,473					\$ 2,274,624

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	8,121		11,462			85,424	144,473					4,000	\$ 249,481	\$ 249,481
Universal Indirect													\$ -	
Selective Services	109,217		154,138			1,148,787						13,000	\$ 1,412,142	\$ 1,412,142
Indicated Services	45,090		93,636			474,276						3,000	\$ 613,002	\$ 613,002
FY2017 Substance Abuse Prevention Expenditures Budget	\$ 162,428	\$ -	\$ 259,236	\$ -	\$ -	\$ 1,708,487	\$ 144,473	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 2,274,624	\$ 2,274,624

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 51,255	\$ 1,400,959	\$ 34,170	\$ 170,849	\$ 51,255		\$ 1,708,487



## Salt Lake County Fee Policy

Salt Lake County Behavioral Health utilizes 2 fee schedules as follows:

1. Multiple Treatment Levels Combined Fee Schedule
  - a. Adult Residential (once/month) – range \$0 - \$1,000
  - b. Adult Outpatient (weekly max) – range \$0 - \$50
  - c. Adult IOP (weekly max) – range \$0 - \$100
  - d. Youth Residential (once/month) – range \$0 - \$50
  - e. Youth Non-Residential (weekly max) – range \$0 - \$5
2. Adult DUI Assessment Copay – range \$1 - \$265

In applying treatment copays, much is left to the discretion of the service provider and attending clinician. Generally, the adult outpatient copay schedule is to be applied for low intensity outpatient services or non-DUI assessments. The maximum adult outpatient copay rate of \$50 was determined based approximately on the lowest cost service an individual might receive during a single visit and with the intent to not exceed a typical copay rate under an insurance plan. The adult IOP rate generally will be used for clients that are receiving more intensive outpatient services or day treatment, and maxes out at twice the adult outpatient copay. The monthly adult residential rate maxes out below SLCOs lowest contracted residential monthly rate. The copay schedules increase based on the 2016 Federal Poverty Level (FPL), which accounts for gross household income and family size. From 0-150% of FPL, all copays are waived and at 400% of FPL, consumers are provided no county subsidy. This methodology assumes greater ability to pay as income increases.

Fees for youth services have been strategically reduced to ensure no barriers to service exist. Copays are not to be assessed until monthly gross income exceeds 400% of the FPL. The youth residential schedule maxes out at \$50 per month, while the non-residential schedule maxes out at \$5 per week.

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. 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, for a maximum copay of \$265.

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 provider agency 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. All alternate fee policies must be approved by the County prior to being implemented and must not create an excessive barrier to treatment.

Family Size	Monthly Gross Income (based on the Federal Poverty Level)						
	0 - 150% FPL	150% - 200% FPL	200% - 250% FPL	250% - 300% FPL	300% - 350% FPL	350% - 400% FPL	>400% FPL
1	\$0 - 1,471	\$1,472 - 1,961	\$1,962 - 2,452	\$2,453 - 2,942	\$2,943 - 3,433	\$3,434 - 3,923	\$ 3,924
2	\$0 - 1,990	\$1,991 - 2,654	\$2,655 - 3,318	\$3,319 - 3,982	\$3,983 - 4,645	\$4,646 - 5,310	\$ 5,311
3	\$0 - 2,510	\$2,511 - 3,347	\$3,348 - 4,184	\$4,185 - 5,022	\$5,023 - 5,858	\$5,859 - 6,697	\$ 6,698
4	\$0 - 3,031	\$3,032 - 4,041	\$4,042 - 5,053	\$5,053 - 6,062	\$6,063 - 7,073	\$7,074 - 8,083	\$ 8,084
5	\$0 - 3,550	\$3,551 - 4,734	\$4,735 - 5,917	\$5,918 - 7,101	\$7,102 - 8,285	\$8,286 - 9,470	\$ 9,471
6	\$0 - 4,071	\$4,072 - 5,428	\$5,429 - 6,785	\$6,786 - 8,142	\$8,143 - 9,499	\$9,500 - 10,857	\$ 10,858
7	\$0 - 4,590	\$4,591 - 6,121	\$6,122 - 7,651	\$7,652 - 9,182	\$9,183 - 10,712	\$10,713 - 12,243	\$ 12,244
8	\$0 - 5,110	\$5,111 - 6,813	\$6,814 - 8,517	\$8,518 - 10,221	\$10,222 - 11,924	\$11,925 - 13,630	\$ 13,631
Co-pays							
Adult Residential (once/month)	No Co-Pay	\$ 200	\$ 400	\$ 600	\$ 800	\$ 1,000	No Subsidy (consumer pays full cost)
Adult Outpatient (weekly max)		\$ 10	\$ 20	\$ 30	\$ 40	\$ 50	
Adult IOP (weekly max)		\$ 20	\$ 40	\$ 60	\$ 80	\$ 100	
Youth Residential (once/month)		No Co-Pay					\$ 50
Youth Non-Residential (weekly max)		No Co-Pay					\$ 5

# **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

### YOUTH

	Evaluation	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential
Asian Association	X		X						
Odyssey House	X		X	X	X	X			X
SLCo Youth Services	X		X	X	X				
Valley Behavioral Health Youth	X		X		X	X			X
VOA/Cornerstone Counseling Ctr	X		X	X					

### ADULT

	Evaluation	Early Intervention	Outpatient	Intensive Outpatient	Day Treatment	Low Intensity Residential	Social Detox	Medium Intensity Residential	High Intensity Residential
ARS/IGS	X								
Asian Association	X		X						
Clinical Consultants	X		X	X					
Criminal Justice Services	X		X	X					
Family Counseling Center	X		X						
First Step House	X		X	X	X	X		X	X
Fourth Street Clinic	X								
House of Hope	X		X	X	X				X
Odyssey House/Jail	X	X	X	X	X	X		X	X
Project Reality	X		X						
Valley Behavioral Health	X		X	X	X	X			X
VOA/Cornerstone Counseling Ctr	X		X	X	X		X		
<b>Total Programs</b>	<b>17</b>	<b>1</b>	<b>16</b>	<b>10</b>	<b>8</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>6</b>

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

<u>Program agency and locations</u>	IOM	Program characteristics:
<b>SALT LAKE COUNTY AGING SERVICES</b>	S	<p><b>LIVING WELL WITH A CHRONIC CONDITION (CDSMP)</b> Focusing on skill development and skill enhancement in the areas of coping with stress and grief, dealing with multiple medications, and other problems which might impact a senior's ability to maintain a lifestyle free of substance use, abuse, and misuse. Aging Services also holds community awareness activities and chronic disease self-management classes.</p> <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 The VOICES</b> curriculum is for at risk junior high school boys and girls who participate in 10 sessions focusing on gender specific skill building to deal with the unique risk factors and concerns youth face at this time in their lives.</p> <p><b>FAMILIES PLUS</b> provides services to at-risk youth participating in school-based extended day care programs (Latchkey), as well as selected families of these youth, with the intent of intervening early in both the family and social domains to prevent substance abuse.</p> <p><b>LIFE SKILLS</b> is a classroom based prevention program which teaches students personal and social skills</p>
<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.</p> <p><b>LEADERSHIP AND RESILIANCY (LAR)</b> a "Proven" mentoring program for kids in public housing with a goal to improve social skills performance, to increase interpersonal competence, problem-solving skills and resiliency.</p>
<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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**SL CO. DIV. OF BEHAVIORAL HEALTH SERVICES**  
**Mental Health OUTPATIENT Clinical Quality Assurance Chart Review Audit Tool**  
**FY16 Review**

Review Date		Medicaid Number	
Client Name/ID		Funding Source	Traditional Medicaid    Unfunded    Non-Traditional Medicaid
Facility & Program		Date of Last Note	
Level of Care		Discharge Date	
Admission Date		Date Case Closed	
Reviewer		Civilly Committed (BHS – Confirm with Lisa)	<i>If yes is there documentation? If no documentation is present ask agency staff if they know what it means to be civilly committed.</i> <b>Yes    No</b>

**Note to Reviewers:**

Marking **yes** indicates all requirements are met.

Marking **no** indicates requirements were not met.

If there is evidence that requirements are partially met please note this in the comments section.

**N/A** indicates it did not apply.

Blank sections will indicate it was not reviewed.

**Please include examples if you identify noteworthy strengths or deficits in the record.**

\*Recommendations only

	SECTION A ADMINISTRATIVE	Evident in Record?	COMMENTS/ACTION REQUIRED
			Additional Notes:
1	Is there a signed and dated Consent to Treatment?	Yes    No	
2	*Signed and dated Release of Information, including 45 CFR (HIPAA) reference (if applicable) is present.	Yes    No	If there are questions obtain a blank copy
3	*ROI has an expiration date.	Yes    No	
4	*Is ROI complete (i.e., to whom information is to be released and for what purpose)?	Yes    No	
5	*Is the content of the information being released appropriate (i.e., inappropriate release of ALL information to the client's probation officer, the court or to parents)?	Yes    No	
6	Is there evidence of timely access to treatment?	Yes    No	
7	Has the Medicaid Handbook been received?	Yes    No	

8	There is confirmation that the Enrollee's attention has been drawn to the sections on accessing:	Yes No	
9	Emergency Services	Yes No	
10	Transportation	Yes No	
11	Choosing a subcontractor	Yes No	
12	Filing grievances and appeals	Yes No	
13	Is there confirmation of Medicaid eligibility present on a monthly basis?	Yes No	Note: Providers must have a process to show evidence of monthly checks for services rendered after July 1, 2014.
14	If fee agreements are present, are Medicaid clients informed that they are not obligated to pay?	Yes No	
	<b>SECTION B ASSESSMENT</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
15	A current version of the OQ/YOQ is given at intake.	Yes No	
16	A face-to-face meeting between the client and a licensed mental health therapist (LMHT) is documented.	Yes No	
17	Presenting problem is clearly stated.	Yes No	
18	Sufficient information on history of presenting problem is present.	Yes No	
19	Collateral information is integrated into the assessment, if appropriate.	Yes No	
20	Medical necessity is confirmed.	Yes No	
21	Mental Status exam is present.	Yes No	
22	DSM- IV five axes diagnosis or DSM- V diagnosis is present.	Yes No	
23	DSM-IV or DSM-V diagnosis includes tobacco, if appropriate.	Yes No	
24	The DSM-IV or DSM-V diagnosis is substantiated in the evaluation.	Yes No	
25	An SUD is appropriately diagnosed and treated, or appropriate referrals are documented.	Yes No	
26	Determination of SPMI/SED is confirmed by the assessment (state-mandated checklist is not sufficient).	Yes No	
27	Level of care recommendation is justified by the assessment and the least restrictive level of care to achieve therapeutic gains.	Yes No	
28	Does the assessment identify client strengths that can be used to help address identified problems?	Yes No	
	<b>SECTION C INITIAL TREATMENT PLAN</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
29	Treatment plan is written within 24 hours of admission.	Yes No	
30	Utilizes information from the assessment to individualize treatment services	Yes No	
31	Treatment is based on medical necessity and appropriate covered services.	Yes No	

32	Services are congruent with the level of care.	Yes No	
33	The client's voice is evident in goal development (not limited to clinically valued outcomes or written in clinical jargon).	Yes No	
34	Goals are reasonably attainable.	Yes No	
35	Objectives are clear, measurable and they describe the desired outcome for the client (services, interventions and supports are not objectives).	Yes No	
36	Methods are behaviorally measurable and use action verbs and identifiable outcomes such as who, what, when, where and why.	Yes No	
37	Frequency (how often?) and duration (how long?) of methods are confirmed in the assessment.	Yes No	
38	Does the treatment plan incorporate the client's strengths in addressing identified problems?	Yes No	
39	Client's participation in the treatment plan is evident (does not use clinical jargon).	Yes No	
40	An LMHT is involved in the treatment planning.	Yes No	
41	*Is the treatment plan culturally appropriate and are issues related to culture addressed?	Yes No	
	<b>SECTION D TREATMENT PLAN REVIEW(S)</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
42	Treatment plan reviews are timely and updated as necessary (when significant events happen, when progress is not being made).	Yes No	
43	Goals, objectives and/or methods are revised to account for progress or lack of progress	Yes No	
44	The client's participation in setting goals and reviewing progress is evident		
45	A LMHT is involved and responsible for any actions and signs the review/revision.	Yes No	
46	The encounter note provides clinical rationale for the treatment plan and justifies the length and intensity of service.	Yes No	
47	Is the OQ/YOQ administered monthly, *reviewed with the client, and used to inform treatment decisions?	Yes No	
48	Is discharge and continuing care planning ongoing?	Yes No	
	<b>SECTION E TREATMENT DOCUMENTATION</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
49	The date, the start and end times and duration of service is present.	Yes No	What approximate percentage is present?
50	Treatment interventions are documented in the encounter note at the time they occur.	Yes No	
51	Licensure is appropriate to the service provided.	Yes No	

52	Documentation clearly demonstrates the client's progress or lack of progress to treatment goals.	Yes No	
53	Documentation explains any gaps in treatment and shows evidence of outreach efforts to re-engage clients?	Yes No	*If reaching out, is it limited to a letter?
54	Documentation in the progress note supports the level of care.	Yes No	
55	Documentation in the progress note supports clinical decisions.	Yes No	
56	Documentation is individualized to the client's goals/objectives.	Yes No	
57	Signatures, including credentials, are present and legible.	Yes No	
<b>58</b>	<b>Safety needs are immediately addressed.</b>	Yes No	
59	Evidence of clinical supervision is documented as needed, with appropriate signature and credentials.	Yes No	Note how this is demonstrated.
60	Case management is appropriately used to promote gains in treatment.	Yes No	
	<b>SECTION F CLIENT-CENTERED CARE (RECOVERY-ORIENTED)</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
61	*Use of motivational strategies to promote engagement with treatment	Yes No	
62	Evidence of identifying and working to remove barriers to success in accomplishing goals (e.g. transportation, living arrangements, etc.)	Yes No	
63	*Treatment is provided in a culturally competent manner.	Yes No	
64	*The agency promotes a culture of recovery.	Yes No	Note:
65	Is outreach in crisis situations appropriate?	Yes No	
66	When identified, SUDs are addressed and appropriate referrals are made.	Yes No	
67	If there are indications of abuse, neglect, or exploitation, is there documentation of mandatory reporting?	Yes No	
68	*Clinical supervision/oversight promotes best practices.	Yes No	
69	Information and referrals to supportive resources are provided when appropriate.	Yes No	
	<b>SECTION G DISCHARGE</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
70	DSM-IV or DSM-V diagnosis is documented.	Yes No	
71	The Discharge Summary gives a fair account of client's participation in and response to treatment	Yes No	
72	The reason for discharge is documented.	Yes No	
73	Evidence that client was provided with additional resources and community supports	Yes No	
74	Discharge Summary is completed within 30 days.	Yes No	

Reference: Treatment Record Documentation Requirements (United Behavioral Health) Optum Network Manual, page 58  
Utah Medicaid Provider Manual: Section 2, updated July 2012  
Current Utah Public Mental Health System Preferred Practice Guidelines  
Salt Lake County Local Area Plan for Mental Health Services: 2014  
Salt Lake County Prepaid Mental Health Plan (PMHP) Contract: Effective July 1, 2011  
Salt Lake County DBHS Contract for Mental Health Services with United Behavioral Health/OptumHealth: July 1, 2011  
Current Salt Lake County DBHS Amendment for Mental Health and Substance Abuse Services  
Current Compliance Review Reporting and Evaluation Form for OptumHealth SLCo  
Current Site Monitoring Report of OptumHealth's Contracted Mental Health Services

**SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**Mental Health INPATIENT Clinical Quality Assurance Audit Tool**  
**FY16 Review**

Review Date		Medicaid #	
Client Name/ID		Funding Source	Traditional Medicaid    Unfunded    Non-Traditional Medicaid
Facility & Program		Date of Last Note	
Level of Care		Discharge	
Admission		Date Closed	
Reviewer		Civilly Committed (BHS – Confirm with Lisa)	<i>If yes is there documentation? If no documentation is present ask agency staff if they know what it means to be civilly committed. Yes    No</i>

Note to Reviewers:

- Marking **yes** indicates all requirements are met.
- Marking **no** indicates requirements were not met.
- If there is evidence that requirements are partially met please note this in the comments section.
- **N/A** indicates it did not apply.
- Blank sections will indicate it was not reviewed.
- **Please include examples if you identify noteworthy strengths or deficits in the record.**

\*Recommendations only

SECTION A ADMINISTRATIVE	Evident in Record?	COMMENTS/ACTION REQUIRED
		Additional Notes:
Is there a signed and dated Consent to Treatment?	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	
*Signed and dated Release of Information, including 45 CFR (HIPAA) reference (if applicable)	Yes    No	
*ROI has an expiration date	Yes    No	
*Is ROI complete (i.e., who is information to be released to and for what purpose)?	Yes    No	

*Is the content of the information being released appropriate (i.e., inappropriate release of ALL information to the client's probation officer, the court or to parents)?	Yes No	
Is there confirmation of Medicaid eligibility?	Yes No	Note: Providers must have a process to show evidence of monthly checks for services rendered after July 1, 2014.
If specific financial agreements require the client to pay for services denied by Optum are present, are they congruent with Medicaid (does the agreement document a specific amount and require the client's agreement)?	Yes No	If yes, monitoring team is required to determine if client was billed and was required to pay.
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	
<b>SECTION B ASSESSMENT</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
		Additional Notes:
A face-to-face meeting between the patient and a licensed mental health therapist (LMHT)	Yes No	
A face-to-face medical evaluation by a psychiatrist is made within 24 hours of admission	Yes No	
Presenting problem is clearly stated	Yes No	
There is sufficient information on history of presenting problem	Yes No	
Medical necessity is confirmed	Yes No	
DSM-IV five axes diagnosis or DSM-V diagnosis is present	Yes No	
The DSM-IV or DSM-V diagnosis is confirmed in the assessment	Yes No	
<b>SECTION C INITIAL TREATMENT PLAN</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b>
		Additional Notes:
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 (acute inpatient care)	Yes No	
Objectives are measurable	Yes No	
Methods are behaviorally measurable and use action verbs and identifiable outcomes such as who, what, when, where and why	Yes No	
Patient's participation in the treatment plan is evident (does not use clinical jargon)	Yes No	
Treatment plan is individualized to the patient's needs	Yes No	
An LMHT is involved in the treatment planning (as defined in Medicaid's Scope of Practice)	Yes No	
<b>SECTION E TREATMENT DOCUMENTATION</b>	<b>Evident in Record?</b>	<b>COMMENTS/ACTION REQUIRED</b> <b>SECTION A-4: Records of Persons Served (pg 29)</b>
		Additional Notes:
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 for 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 when appropriate	Yes	No	
Documentation is individualized to the patient's goals and objectives	Yes	No	
Documentation appears to be clinically useful and helps coordinate care between providers	Yes	No	
Signatures including credentials are present and legible	Yes	No	
<b>SECTION F CLIENT-CENTERED CARE (RECOVERY-ORIENTED)</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
*Use of motivational strategies to promote engagement with treatment	Yes	No	
Identifying and working to remove barriers to discharge; planning begins upon admission when possible	Yes	No	
*Interventions are individualized to the patient's needs	Yes	No	
*Clinical supervision/oversight promotes best practices	Yes	No	
Information and referrals to supportive resources are provided when appropriate	Yes	No	
When identified, SUDs are addressed and appropriate referrals are made	Yes	No	
<b>SECTION G DISCHARGE</b>	<b>Evident in Record?</b>		<b>COMMENTS/ACTION REQUIRED</b>
			Additional Notes:
DSM-IV or DSM-V diagnosis	Yes	No	
Gives a fair account of patient's participation in and response to treatment	Yes	No	
Reason for discharge	Yes	No	
Evidence that patient was connected with treatment providers for continuing care at a lower level of 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](#)

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

**FY16 Review**

CLIENT ID:  
TX PROGRAM:

EPISODE START:  
REVIEW DATE:

EPISODE END:  
REVIEWER:

<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>CLIENT RECORD REVIEW – PAPER CHART</b>	
1. Signed and dated <i>Release of Information</i> , including 42CFR & 45 CFR (HIPAA) reference - check expiration date	<b>COMMENTS/ACTION REQUIRED</b>
2. <i>Release of information</i> recognizes the conflict that exists between HIPAA and 42CFR <b>when client is connected with the courts</b>	
3. Signed and dated <i>Client Consent for Treatment</i> form is present	
4. TB test status is present for clients in residential treatment facility	
5. Client is a Salt Lake County resident (proof of residency was verified and obtained)	
6. Proof of ID established by valid driver’s license, state identification card, or student/employer ID	
7. Proof of income was obtained (every time it changed)	
8. Fee agreement is based on the SLCO sliding fee schedule, is completed, 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	
9. Fee agreement was reviewed at least quarterly	
10. Insurance Eligibility documentation is present (If has insurance, proof of billing insurance is present)	
11. County Medicaid Eligibility Checklist is present & completed	
12. Medicaid eligibility checks completed monthly (Agency must show how they are documenting this)	
13. Medicaid spend down hardship documented (if applicable)	
14. Columbia Suicide Severity Rating Scale (CSSR-S) is present	
<b>CLIENT RECORD REVIEW - EHR</b>	
<b>ASSESSMENT/ASAM DIMENSIONAL SUMMARY</b>	
	<b>COMMENTS/ACTION REQUIRED</b>

1. Bridge Note (new episode not attached to an assessment)	
A. A face-to-face meeting between the client and a licensed mental health professional (LMHP)	
B. LMHP has reviewed the referral information including	
a) The assessment (clinician, credentials and agency referred to by name w/date of assessment)	
b) The DSM IV Diagnosis	
c) The ASAM PPC-2R	
d) Any collateral information	
2. Agency Assessment or Admission (episode is attached to assessment)	
A. ASAM is present and complete	
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, if required, 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>	<b>COMMENTS/ACTION REQUIRED</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>	<b>COMMENTS/ACTION REQUIRED</b>
1. Insurance Eligibility field in the Admission is filled out correctly	
2. Medicaid number is present in Profile when applicable	
3. Services were billed to proper funding source	
4. Start and end time present for all services	
5. Service codes accurately reflect the service provided	
6. Services are documented at time they occurred	
7. Number of hours provided meets the ASAM requirements	
8. Co-pay amounts were reported to the county regardless of whether they were collected & copays match client's fee agreement(s)	
<b>FUND CODE COMPLIANCE</b>	<b>COMMENTS/ACTION REQUIRED</b>
1. If fund code, client reports sent to funding agencies are in the electronic record or paper record	
<b>DATA INTEGRITY</b>	<b>COMMENTS/ACTION REQUIRED</b>
Please note any data integrity issues.	

**SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**MCO Administrative Quality Assurance Audit Tool**  
**FY16 Review**

REVIEW DATE:

REVIEWER:

FACILITY: OptumHealth

**Note to Reviewers:**

Marking **yes** indicates all requirements are met.

Marking **no** indicates requirements were not met.

If there is evidence that requirements are partially but not fully met please note this in the comments section.

N/A indicates it did not apply.

Blank sections will indicate it was not reviewed.

Please include examples if relevant to the final report.

<b>Additional Notes:</b>	
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	SECTION A ADMINISTRATIVE	Present? Yes No	COMMENTS/ACTION REQUIRED <b>Please include references that allow reviews to locate items later if needed.</b>
1	Contractor provides services only to SL County residents [Section 2 A 1]	Yes No	
2	Contractor provides ONLY inpatient services for children in foster care (K Kids) [Section 2 A 3]	Yes No	
3	Contractor pays only for Medically Necessary Services (Section A 3 A 3)	Yes No	
4	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	
5	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	
6	Contractor demonstrates understanding of Post-stabilization Services (Section A 3 A 4 f)	Yes No	
7	CONTRACTOR has developed and followed written protocols for providing verification of inpatient approvals to non-	Yes No	

	contracting hospitals [Section A 3 A 4 f 4)]		
8	Contract has process developed to monitor providers' compliance with Section 4 of contract: Standards Assessment Treatment Plan Treatment Documentation [and Section A 5 L] Treatment Plan Reviews Discharge Summary Concurrent Utilization Review Reporting Requirement (MHE/SAMHIS)	Yes No Yes No Yes No Yes No Yes No Yes No Yes No	
9	Contracts meet contractor assurances found in Section A 5 A 1-7 and Tobacco-Free Policy and Section 8 C 6 a-r	Yes No	(Contract template to be reviewed)
10	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	
11	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	
12	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) [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]	Yes No	
13	CONTRACTOR will make vital Enrollee informational and instructional materials available in the prevalent non-English language(s) [Section A 6 A 3 c]	Yes No	
14	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)	Yes No	
15	Member Handbook meets criteria found in Section A 6 B 1-26	Yes No	(Member handbook to be reviewed)
16	How does Optum ensure providers are offering a copy of	Yes No	

	the member handbook, and reviewing it, with enrollees [Section A 6 C 7]		
17	Specific Enrollee Rights and Protections found in Section A 7 C 1-7 are given and/or posted in a prominent location	Yes No	
18	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]	Yes No	
19	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 B 7]	Yes No	
20	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)]	Yes No	
21	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)]	Yes No	(In Contract?)
22	Does Optum have an employee handbook? If so, does it contain [Section A 9 A 4 d]: 1) a specific discussion of the laws described in Section A 9 A 4 b; 2) the rights of employees to be protected as whistleblowers; and 3) the CONTRACTOR's policies and procedures for detecting and preventing Fraud, Waste, and Abuse.	Yes No	
23	Optum's screening of LEIE and SAMs [Section A 9 B 2]	Yes No	
24	Provider's screening of LEIE and SAMs [Section A 9 B 2]	Yes No	
	<b>QAPI POLICIES, PROCEDURES, PLAN</b>	<b>Present?</b>	<b>COMMENTS/ACTION REQUIRED</b>
25	CONTRACTOR will have a written QAPI program plan that includes all of the QAPI program components contained in Section A 10 <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> </ul>	Yes No	

	<ul style="list-style-type: none"> <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>		
26	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)
27	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	
28	CONTRACTOR will develop and implement a written cultural competency plan as described in Section A 10 D	Yes No	
<b>POLICIES AND PROCEDURES</b>		<b>Present?</b>	<b>COMMENTS/ACTION REQUIRED</b>
29	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	
30	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. The CONTRACTOR will educate Subcontractors and other staff regarding these policies and procedures [Section A 5 D]	Yes No Yes No	
31	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	
32	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	Yes No	

	to exercise their rights, and that the exercise of their rights will not adversely affect the way the CONTRACTOR and its Providers treat Enrollees)		
33	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	
34	CONTRACTOR will have written policies and procedures for credentialing potential providers and for re-credentialing Subcontractors [Section A 8 B 3]	Yes No	
35	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	
36	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	
37	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	
38	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> <li>• Expedited Service Authorization Decisions [Section A 11 C 4 b]</li> </ul>		
39	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 <ul style="list-style-type: none"> <li>• Process when Optum's decisions are overturned in whole or in part</li> </ul>		
40	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 <ul style="list-style-type: none"> <li>• CONTRACTOR will maintain complete records of all Appeals and Grievances</li> </ul>	Yes No	

41	CONTRACTOR participates in the External Quality Review process as described in Section A 14 D	Yes No	
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## JRI CORE Women’s Pilot: Outcomes and Associated Performance Indicators

Outcome	Performance Indicator	Narrative
Reduction in criminal behavior after enrollment in JRI CORE Women’s Pilot	12 Month recidivism rate for CORE Women’s Pilot participants	The success of the pilot should partially be represented by the relationship it may have on participants’ <b>new charge bookings</b> following admission into the pilot. Showing a reduction in recidivism can translate greatly into a cost savings for the criminal justice system in the short-run and systemic savings in the long-run. LSI (or available assessment) scores will also be monitored for measurable changes from time of admission to discharge from pilot (successfully or otherwise discharged).
	RANT scores prior to the program (*LSI scores when available)	
Reduction in jail time served for individuals who participate in the JRI Pilot	Length of Jail Stay Pre and Post participation in the Pilot.	Further success of the pilot can be found in a reduction in jail length of stay for clients following admission into the program, when compared to length of stay prior to admission into the pilot. Shorter lengths of stay represent a cost-reduction for the criminal justice system as well.
Increased access to services and resources that lead to improved physical and mental health	Referral Source	Referrals for the pilot will be tracked on two levels. The first level tracks the client’s placement disposition prior to enrollment, from the state hospital, community or jail. The second level tracks referral source in greater detail along the MHE spec for Referral Source. Tracking clients by referral source along with client counts served through each referral source in the pilot can help identify best- practices and opportunities to improve the quality and administration of the services.
Effective use of public funds	Cost per client	The Pilot affords the opportunity to analyze the costs per client incurred through the process, and to demonstrate effective use of public funds. Monitoring costs also allows for a more accurate analysis of the need and the associated costs.
Individuals successfully transition into the community	Change in Housing Status	When social indicators of the clients are monitored, the results provide greater depth and insight into the barriers that may be impeding successful transition into the community, contributing to increased recidivism, and leading to increased costs within the criminal justice system. Attendance and completion of treatment may be greatly affected by these social factors. Successful discharge from CORE Women’s Pilot will be monitored as additional support for best practices and program efficiency.
	Change in Educational Status	
	Change in Income Level	
	Change in Employment Status	
	Attending Services	
	Treatment Success Rate	

## JRI Intensive Supervision Pilot: Outcomes and Associated Performance Indicators

Outcome	Performance Indicator	Narrative
Reduction in criminal behavior after enrollment in JRI Intensive Supervision Pilot	12 Month recidivism rate for ISP participants	The success of the pilot should partially be represented by the relationship it may have on participants' <b>new charge bookings</b> following admission into the pilot. Showing a reduction in recidivism can translate greatly into a cost savings for the criminal justice system in the short-run and systemic savings in the long-run.
	Pre and post-Pilot LSI scores	
Reduction in jail time served for individuals who participate in the JRI Pilot	Length of Jail Stay Pre and Post participation in the Intensive Supervision Pilot.	Further success of the pilot can be found in a reduction in jail length of stay for clients following admission into the program, when compared to length of stay prior to admission into the pilot. Shorter lengths of stay represent a cost-reduction for the criminal justice system as well.
Increased access to services and resources that lead to improved physical and mental health	Referral Source	Referrals for ISP will come from one of three sources: District Court, Judicial Court, or a Revoke and Reinstatement order from CJS. Tracking clients by referral source along with client counts served through each referral source in the pilot can help identify best-practices and opportunities to improve the quality and administration of the services.
Effective use of public funds	Cost per client; Program Cost	The Intensive Supervision Pilot affords the opportunity to analyze the costs per client incurred through the process, and to demonstrate effective use of public funds. Monitoring costs also allows for a more accurate analysis of the need and the associated costs.
Individuals successfully transition into the community	Change in Housing Status	When social indicators of the clients are monitored, the results provide greater depth and insight into the barriers that may be impeding successful transition into the community, contributing to increased recidivism, and leading to increased costs within the criminal justice system. Attendance and completion of treatment may be greatly affected by these social factors.
	Change in Educational Status	
	Change in Income Level	
	Change in Employment Status	
	Transportation/Mobility Status	
	Attending Services	
	Treatment Success Rate	

### Salt Lake County Prosecutorial Pre-Diversion Pilot: Outcomes and Associated Indicators

Outcome	Performance Indicator	Narrative
Reduction in criminal behavior after enrollment in the PPD Pilot	New charge bookings 1, 2 and 3 years following acceptance into pilot	The success of the pilot should partially be represented by the relationship it may have on participants' <b>new charge bookings</b> following admission into the pilot. Showing a reduction in recidivism can translate greatly into a cost savings for the criminal justice system in the short-run and systemic savings in the long-run.
Diversion of low risk individuals with an SUD from criminal justice system to community treatment	Aggregated numbers served; Number of individuals provided Notice to Appear; Number who appear to meet with LDA/DA; Number who sign diversion agreement into program; Number of enrollees who receive assessment; Number enrolled into treatment program or class; Number completing treatment; Number who have charges filed following failure/removal from program; dates and intervals between each step above by client	Low risk individuals screened positive for and SUD will have progress tracked across each level of the PPD Pilot. The length of time between each progression in the pilot will be monitored in order to identify the effects of a treatment-on-demand model for this population. This will also serve to identify how successful diversion from the criminal justice system is effected by longer periods of waiting between release prior to booking, meeting with counsel, agreeing to participate in the pilot, having an assessment, and receiving treatment.
Effective use of public funds	Cost per client	The PPD Pilot affords the opportunity to analyze the costs per client incurred through the process, and to demonstrate effective use of public funds and could provide insight when comparing to other justice options including costs of incarceration.
Individuals successfully transition into the community	Change in Housing Status	When social indicators of the clients are monitored, the results provide greater depth and insight into the barriers that may be impeding successful transition into the community, contributing to increased recidivism and costs within the criminal justice system. Attendance and completion of treatment may be greatly affected by these social factors.
	Change in Educational Status	
	Change in Income Level	
	Change in Employment Status	
	Treatment Engagement and Completion	
	Six Month Compliance	

## Salt Lake County Vivitrol Pilot: Outcomes and Associated Indicators

Outcome	Performance Indicator	Narrative
Reduction in criminal behavior after enrollment in the Vivitrol Pilot	12 Month recidivism rate for Vivitrol Pilot participants	The success of the pilot should partially be represented by the relationship it may have on participants' <b>new charge bookings</b> following admission into the pilot. Showing a reduction in recidivism can translate greatly into a cost savings for the criminal justice system in the short-run and systemic savings in the long-run.
	Pre and post-Pilot LSI scores (**if the jail is prepared to provide this in time)	
Reduction in jail time served for individuals who participate in the Vivitrol Pilot	Length of Jail Stay Pre and Post participation in the Vivitrol Pilot.	Further success of the pilot can be found in a reduction in jail length of stay for clients following admission into the program, when compared to length of stay prior to admission into the pilot. Shorter lengths of stay represent a cost-reduction for the criminal justice system as well.
Increased access to services and resources that lead to improved physical and mental health	Referred N; Passed Labs N; Enrolled N; Total Clients Served; Engaged in Treatment and Pilot; Engaged in Treatment but not continuing Pilot; Total injections by client	Referrals for the Vivitrol Pilot will come directly from clients currently engaged in the CATS Program. Tracking outcomes for individuals referred, passing medical labs, and enrolling in the pilot will help identify best-practices and opportunities to improve the quality and administration of the services. Also, tracking barriers to participation and reasons for opting out of the pilot will assist in the reduction of these barriers to service continuation.
Effective use of public funds	Cost per client; Program Cost	The Vivitrol Pilot affords the opportunity to analyze the costs per client incurred through the process, and to demonstrate effective use of public funds. This information may be useful when comparing to other treatment options and any associated costs of incarceration. Monitoring this will provide a more accurate analysis of the need and the associated costs.
Individuals successfully transition into the community	Change in Housing Status	When social indicators of the clients are monitored, the results provide greater depth and insight into the barriers that may be impeding successful transition into the community, contributing to increased recidivism, and leading to increased costs within the criminal justice system. Attendance and completion of treatment may be greatly affected by these social factors.
	Change in Educational Status	
	Change in Income Level	
	Change in Employment Status	
	Attending Services	
	Treatment Success Rate	



# Salt Lake County Intercepts

## Best Clinical Practices (MH/SUD TX): The Ultimate Intercept

Ex: VOA Assertive Community Outreach Team (to fidelity)

ED Diversion rates of 80-90% for MCOT, Receiving Center & Wellness Recovery Center

## I. Law Enforcement/Emergency Services

CIT, CITIU, Mobile Crisis Outreach Teams, Receiving Center, Wellness Resource Recovery Center, Crisis Line & a Warm Line, VOA Detox

## II. Jail

Jail Risk/Need Screen  
Jail MH Svcs, Mental Health Release, CATS, CRT, CJS Boundary Spanner, State Hospital Competency Restoration Pilot, Prosecutorial Pre-Diversion Pilot, Vivitrol Pilot

## III. Courts

Mental Health Courts, Veteran's Courts, Drug Courts, Legal Defender MHL & Social Services Positions, Case Resolution Coordinator

## IV. Re-Entry

Top Ten, JDOT, CORE I & II, ATI Transport, DORA, MH/SUD Programs, 4<sup>th</sup> St Clinic, Medicaid Elig Spc's, Gap Funding

## V. Community

RIO Housing, CJS MHC CM, AP&P MIO, VA Outreach, UDOWD, NAMI, USARA, Rep Payee, Intensive Supervision Pilot

# of individuals Accessing Services

Recidivism

JDOT & CORE  
48% reduction in new charge bookings & 70% reduction in length of stay for those housed in SL Co housing.

972 Admissions in FY13 that otherwise would have been jailed

Based on the Munetz and Griffin Sequential Intercept Model\*

ACT = Assertive Community Treatment  
AP&P = Adult Probation and Parole  
ATI = Alternatives to Incarceration  
CATS = Correction Addiction Treatment Svcs  
CIT = Crisis Intervention Team  
CITIU = CIT Investigative Unit  
CJS = Criminal Justice Services  
CORE=Co-occurring Reentry & Empowerment (residential program)  
CRT = Community Response Team  
DORA = Drug Offender Reform Act (supervision program)  
ED = Emergency Department  
JDOT = Jail Diversion Outreach Team (ACT "Like" Team)

MCOT = Mobile Crisis Outreach Team  
MHC = Mental Health Court  
MH = Mental Health  
MHL=Mental Health Liaison  
MHR = Mental Health Release  
NAMI = National Alliance on Mental Illness  
RIO = Right Person In/Out  
SUD = Substance Use Disorder  
UDOWD = Utah Defendant Offender Workforce Development  
USARA = Utah Support Advocates for Recovery Awareness  
VOA = Volunteers of America

# SLCO Behavioral Health Services

## Alternatives to Incarceration Initiatives

**Project RIO** (Right Person In/Right Person Out) began in 2006 when the Salt Lake County Criminal Justice and Mental Health Systems concurred with Munetz and Griffin, that in the ideal, persons with mental illness would have the same rate of contact with the criminal justice system as does any other person. Systemic improvements were implemented that involved all five of the “sequential intercepts” in which persons with mental illness contact the criminal justice system, with the goal of diverting persons who are seriously and persistently mentally ill (SPMI) and who are non-dangerous offenders from inappropriate incarceration. These programs supported an already active CIT program and Mental Health Court, and were the product of a rich collaboration of numerous agencies.

### Sequential Intercept #1 - Law Enforcement & Emergency Services

- **Crisis Intervention Team (CIT)** - Utah’s first statewide CIT training was held in 2001 through the Salt Lake City Police Department. Today CIT trained officers exist throughout numerous county law enforcement agencies (on patrol, in the jail, and in the Salt Lake City Police Department Investigative Unit). Benefits of this program include reductions in recidivism, reductions in officer injury rates and use of force, improved case dispositions, and staff that are better trained in behavioral health legal and liability issues. In 2013 the Treatment Advocacy Center rated Utah as the top state in the nation for consumer access to both CIT trained officers and Mental Health Courts.
- **Mobile Crisis Outreach Teams (MCOT)** - A University Neuropsychiatric Institute (UNI) interdisciplinary team of mental health professionals who provide face-to-face crisis resolution services for individuals in Salt Lake County who are experiencing, or at risk of, a mental health crisis, and who require mental health intervention. MCOT staff often provide law enforcement alternatives to incarceration or hospitalization when responding to patients in crisis, allowing the individual to remain in the least restrictive setting. These teams serve both adults and youth, 24/7 throughout the county.
- **Receiving Center (RC)** - A UNI short stay facility (up to 23 hours) designed as a single point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. It is designed to be used by law enforcement officers, EMS personnel and others as the primary receiving facility for individuals who are brought there as voluntary or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the “Living Room” model, which includes peer support staff as well as clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits or inpatient admissions by providing a safe, supportive and welcoming environment that treats each person as a “guest” while providing the critical time people need to work through their crisis.
- **Wellness Recovery Center (WRC)** - This UNI program is a voluntary, 16 bed residential program designed to provide crisis intervention support to Salt Lake County residents experiencing a mental health crisis. This is a voluntary program to assist individuals in a crisis situation by providing crisis triage and intervention, assessment services, medication intervention, safety, security and assistance in alleviating the crisis. It is staffed by a team of nurses, social workers, psychiatric technicians, consulting psychiatrists and certified peer specialists. The WRC is based on a recovery (Living Room) model which is designed to provide a crisis alternative type of assistance in a more natural environment that uses the unique talents and life experience of certified peer specialists to provide hope and support to individuals in the program.
- **Crisis Line & Warm Line** - The UNI Crisis Line is in operation 24/7, 365 days of the year and is staffed by experienced Licensed Mental Health Therapists. The Warm Line is a peer-run listening phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.
- **Volunteers of America Detox Center** - This program partners with the Salt Lake City Police, West Valley City Police, UTA Police and the Salt Lake County Sheriff’s Department to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to come to the detox center.

# SLCO Behavioral Health Services

## Alternatives to Incarceration Initiatives

### Sequential Intercept #2 - Jail

- **Jail Risk & Need Screen** - Salt Lake County implemented a Risk and Need Screening process in its jail in 2015, using the LSI-R: SV (Level of Service Inventory-Revised: Short Version) with added mental health and substance use disorder screens. The LSI-R: SV helps predict a person's likelihood of reoffending and identifies individuals that may benefit from further assessments for mental health or substance use disorders. It also assists with classification and placement of individuals in the jail and in the community. Research has shown that people identified as low risk to reoffend pose little risk to public safety and generally benefit from minimal intervention and that mixing low risk offenders with high risk offenders can increase recidivism amongst low risk offenders.
- **Jail Behavioral Health Services** - The Salt Lake County Jail provides mental health and substance use disorder (SUD) services.
  - Jail mental health discharge planners also collaborate with community mental health treatment providers and the mental health liaison at the Legal Defenders Association to coordinate continuity of medications and treatment for the severely and persistently mentally ill (SPMI) population.
  - The CATS Program 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).
- **Community Response Team (CRT)** - This Valley Behavioral Health (VBH) team works with clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail.
- **Boundary Spanner** - The boundary spanner is housed at Criminal Justice Services. This valuable position assists multiple treatment programs by looking up open court cases throughout the county, enabling treatment providers to support clients in following up with their court cases, and looks up important criminal justice background for the Top Ten group when staffing frequent SPMI recidivists.
- **State Competency Restoration Program** - This new pilot is operated by the state and works to restore inmates to competency while awaiting a hospital bed.
- **The Prosecutorial Pre-Diversion Program** was designed with more of a prevention approach, diverting individuals with criminal justice involvement prior to charges being filed. This program diverts low-risk offenders with non-violent Class A Misdemeanors and low-high need substance use disorders into quick access to assessments and treatment, whereby defendants have the option to comply with treatment and have no charges filed if they are successful after a six month period.
- **Vivitrol Pilot** - This pilot is voluntary, and provides a Vivitrol injection to inmates prior to release, and after release for approximately a 6 month period. This drug assists with opiate cravings.
- **Jail Mental Health Release Process** - A collaboration of jail, jail mental health, Criminal Justice Services, Behavioral Health Services and Valley Behavioral Health to identify individuals with serious mental illness, and facilitate a specialized supervised release marrying treatment with supervision.

### Sequential Intercept #3 - Courts

- **Mental Health Court** - Mental Health Court is collaboration between criminal justice and mental health agencies in Salt Lake County. The Mental Health Court provides case management, treatment services, and community supervision for the purpose of improving the mental health and well being of participants, protecting public safety, reducing recidivism, and improving access to mental health resources.

# SLCO Behavioral Health Services

## Alternatives to Incarceration Initiatives

- **Family Dependency Drug Court** - The mission of the Family Dependency Drug Court is to treat substance abuse addiction through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A drug court team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, Salt Lake County substance abuse specialist, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court ordered requirements.
- **Felony Drug Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of dealing with individuals with a substance use disorder, such as strict probation or mandatory imprisonment did not seem to address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers.
- **Veteran's Court** - A therapeutic court addressing the specific needs of veterans involved in the Criminal Justice System.
- **Social Services Position Housed in the Legal Defenders Office** - this position, funded through Behavioral Health Services, coordinates connecting individuals with serious mental illness involved in the criminal justice system to community treatment, ATI Releases, referrals to Mental Health Court, etc.
- **Case Resolution Coordinator** - an attorney through Criminal Justice Services, housed in the Legal Defenders Office, that helps individuals with serious mental illness to resolve court cases throughout the valley. Through close coordination of treatment and judicial oversight, individuals are diverted from incarceration, avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

### Sequential Intercept #4 - Reentry

- **Top Ten**—Once a month this group meets to staff the most frequently booked individuals with serious mental illness. Partners include the Legal Defender's Office, Valley Behavioral Health, Criminal Justice Services, UNI Crisis Programs, Jail Mental Health, SL Co Behavioral Health Services, OptumHealth, Roadhome, Volunteers of America and 4th Street Clinic. Team goals are to:
  - Ensure jail mental health is aware of medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of medications prescribed in jail prior to release
  - Develop a pre-release relationship with the inmate prior to release whenever possible
  - Work to assertively engage the client in treatment upon release, address continuity of care/medications and transport if appropriate
  - Refer into appropriate programs (Mental Health Court, CORE, JDOT, Other Outpatient, RIO Housing, etc.)
  - Communicate with the individual's attorney
  - Communicate with county supervising case managers, state AP&P officers or other private supervising agency
  - Coordinate jail releases when appropriate (LDA or CJS)
  - Support the client to resolve open court cases
  - Coordinate with medical providers when appropriate
  - Coordinate with other community providers (VA, private providers, etc.)
  - Assist with housing, entitlements, and other needed supports
  - Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.
- **Jail Diversion Outreach Team (JDOT)** - This VBH assertive community outreach team has a 1:10 staff/patient ratio and 24/7 availability. The multidisciplinary team has an LCSW, APRN, RN, case managers and NAMI mentors, and assist SPMI individuals that are frequent recidivists in the county jail.

# SLCO Behavioral Health Services

## Alternatives to Incarceration Initiatives

- **CORE (Co-occurring, Re-Entry & Empowerment)** - VBH CORE 1, and CORE 2, offer services to adult male and female offenders suffering from co-occurring disorders including substance use disorders and mental health. These 16 bed residential facilities are designed to provide wrap around services both on-site and in the community, integrating mental health and substance abuse treatment approaches with the ultimate goal of successful reentry and a reduction in recidivism.
- **ATI Transport** - This VBH program transports seriously and persistently mentally ill inmates released from the jail at a specific time and transports them to a community-based treatment provider for assessment and services.
- **DORA** - A collaboration between Adult Probation and Parole, the court system and service providers utilizing smarter sentencing guidelines for better treatment outcomes.
- **The 4th Street Clinic** - Collaborates with the jail and with the LDA Mental Health Liaison to assist homeless individuals with both physical and behavioral health services upon release from jail.
- **DWS Medicaid Eligibility Specialists** - The DBHS funds Medicaid Eligibility Specialists to assist with enrollment into Medicaid.
- **Navigator and Certified Application Counselor Organizations** - Criminal Justice Services and the Legal Defenders Association collaborate with navigators and certified application counselor organizations to enroll individuals in Market Place Plans, Medicaid and other health plan options.
- **Gap Funding** - The DBHS provides gap funding to assist with medications and treatment for uninsured SPMI individuals being released from jail.

### Sequential Intercept #5 - Community

- **VOA Assertive Community Treatment Team (ACT)** - Salt Lake County/Optum has contracted 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 team provides intensive home and community-based services. 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 the community. The program is being implemented to fidelity to the evidence-based model as outlined by SAMHSA.
- **RIO Housing Program** - A housing first initiative for clients of the Jail Diversion Outreach Team and CORE dual diagnosis residential programs. Scattered units throughout the valley house homeless individuals with serious mental illness and those with co-occurring substance use disorders, allowing them to address behavioral health treatment needs and court obligations once basic survival needs are met. This program is a collaboration with multiple partners including Behavioral Health Services, the Housing Authority of Salt Lake and Valley Behavioral Health.
- **Intensive Supervision Pilot** - This program targets high risk individuals who are sentenced to County probation at Criminal Justice Services (CJS). Clients receive an LSI-CMI risk assessment and then an ASAM assessment to determine the appropriate level of care. Clients enrolled in the program are supervised in the community by officers from the Sheriff's department and receive intensive case management services through the CJS. With the assistance of Justice Reinvestment funds DBHS provides a dedicated Assessment worker, seated at CJS with the officers and case managers, prioritized access to treatment services, and access to two dedicated social detox beds at VOA. Through this model we are seeing an increase in the number of clients who present for an assessment and treatment as well as a drastic reduction in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system. Our intent is to grow this program in the upcoming year so that we can serve the majority of high risk clients currently served by CJS. In March of 2016 this program was presented to the County Council and received unanimous support for an increase in county funds to grow the program. The program has also been selected to present at the national Adult Probation and Parole Conference in Cleveland, OH in August of 2016.
- **CJS CM's & AP&P MIO Officers** - Criminal Justice Services and Adult Probation and Parole have case managers and officers that specialize in supervising the seriously and persistently mentally ill populations. AP&P has officers housed within Valley Behavioral Health where they coordinate closely with behavioral health staff regarding clients.

# SLCO Behavioral Health Services

## Alternatives to Incarceration Initiatives

- **VA Homeless Outreach Program** - The Health Care for Homeless Veterans (HCHV) Program provides outreach services to inform homeless veterans about resources that may be available to them. The outreach worker completes an assessment with each veteran and uses this information to determine what services may be appropriate for the veteran. Such services include linkage with medical, dental, and mental health care, referrals for employment opportunities, help to obtain clothing and bus tokens, referrals for residential substance abuse treatment and transitional or long-term housing and linkage or referrals to various other VA and community resources. All homeless veterans or veterans who are at risk for homelessness can be assessed by the outreach workers, although not all veterans will be appropriate or eligible for every service or resource.
- **HARP Housing** - This housing assistance rental program is a collaborative effort between Salt Lake County BHS, the Housing Authority of Salt Lake, Youth Services and treatment providers in the community. This program assists with housing units for homeless individuals/families with criminal justice involvement, behavioral health conditions, and other special needs populations..
- **Mental Health Court Housing** - a collaborative effort between Salt Lake County Criminal Justice Services and the Housing Authority of Salt Lake, providing scattered unit housing to defendants in Mental Health Court with serious mental illness and co-occurring substance use disorders.
- **Rep Payee Services** - a supportive service to individuals in need of assistance in managing their finances.
- **UDOWD** -The Utah Defendant Offender Workforce Development Task Force was established in the fall of 2009. It consists of members from state, federal and local law enforcement, along with non-profit and religious organizations whose primary goal is to assist ex-offenders obtain employment and learn how to become productive members of society. This task force assists with resume building, interview skills, reaches out to local employers to encourage collaborations and other related assistance.
- **NAMI Utah** - The National Alliance on Mental Illness in Utah's mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy. NAMI is a great partner with Mental Health Courts and other individuals with mental illness and criminal justice involvement throughout the state of Utah.
- **USARA** - Utah Support Advocates for Recovery Awareness' mission is to celebrate, advocate, support and educate on behalf of drug and/or alcohol addiction recovery and Utah's recovery community. USARA organizes and shares ideas, resources and experiences in order to counter stigma, put a positive face on recovery and offer new creative solutions to drug and alcohol addiction. This organization is an immense resource to individuals with substance use disorders.