

## GOVERNANCE & OVERSIGHT NARRATIVE

**Local Authority:** Salt Lake County Behavioral Health (DBHS)

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character  
Limit/Count**

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

2000

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 introduced a new fee schedule for adult treatment services. The new fee schedule better aligns 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 (LOC), from ASAM 1.0 to ASAM 3.5, and all mental health LOCs, from standard outpatient to acute hospitalization, are available to any qualifying Salt Lake County resident. To qualify for DBHS funded services clients must meet a residency requirement and receive an ASAM or MH 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 SUD 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.

1666

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

2000

	Same response as above.	23
	What are the criteria used to determine who is eligible for a public subsidy?	2000
	<p>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.</p>	862
	How is this amount of public subsidy determined?	2000

	<p>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.</p> <p>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.</p> <p>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.</p>	1430
	How is information about eligibility and fees communicated to prospective clients?	2000
	<p>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 DBHS'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.</p> <p>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.</p>	908
	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at <a href="http://www.niatx.net/Home/Home.aspx">http://www.niatx.net/Home/Home.aspx</a> , or similar structured change model.	2000

	<p>Though DBHS practices elements of the NIATx change process, particularly those under "The Four Aims", no projects directly aimed at incorporating the NIATx change process have occurred in SFY17. However, we will add to DBHS's audit tool all NIATx Measures under "The Four Aims" for SFY18, and we will require Optum to do likewise. As DSAMH is aware, DBHS's model is a large and complex treatment system and implementing the NIATx model will be a long-term process. With the diversity of providers within DBHS's treatment system equating to differing progress on "The Four Aims", the County will educate providers during site visits, in DBHS's monthly PSCC meetings, and in any other opportune meetings, regarding "The Four Aims" and how "The Five Principles", "Promising Practices", and "The Learning Collaborative Model" can guide and assist overall improvement for the individual provider.</p>	894
	<p>Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.</p>	2000
	<p>DBHS is not an NHSC provider. Additionally, DBHS is not advised when any particular area is designated as HPSA.</p>	112
	<p><b>2) Subcontractor Monitoring</b></p>	
	<p>The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:</p>	
	<p>(1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.</p>	
	<p>Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.</p>	2000

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 vendors who are directly contracted with DBHS. This includes our SUD vendors [and also our mental health \(MH\) vendors who received non-Medicaid monies](#). Optum SLCo monitors its 150+ 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 contract of any ASAM LOC higher than ASAM 1.0 [and any MH contract where the client receives five or more hours a week of treatment](#) immediately alerts us when any issues are identified.

A complete list of monitoring tools for SUD items and for MH services is available upon request. 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, Division of Office of Licensing licenses and conflict of interest forms in the contractor's 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.

FY18 Mental Health Area Plan & Budget													Local Authority: Salt Lake County Behavioral Health			Form A	
State General Fund													County Funds				
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue				
FY2018 Mental Health Revenue by Source	1,507,715	13,205,151	673,677	3,428,853	3,381,883	43,412,966	829,251					364,144	\$66,803,640				
State General Fund													County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served		
Inpatient Care (170)		2,017,456		260,265	516,677	6,632,545							\$9,426,943	630	\$14,963.40		
Residential Care (171 & 173)		1,807,956		160,957	463,023	5,943,796							\$8,375,732	760	\$11,020.70		
Outpatient Care (22-24 and 30-50)	546,997	4,626,722	567,125	251,143	1,184,919	15,210,709	492,959					265,173	\$23,145,747	16,000	\$1,446.61		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	189,096	1,523,982		642,203	390,297	5,010,210							\$7,755,788	3,430	\$2,261.16		
Psychotropic Medication Management (61 & 62)	106,969	545,872	106,552		139,800	1,794,597	78,100						\$2,771,890	7,065	\$392.34		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		1,379,902			353,398	4,536,536	243,718						\$6,513,554	2,800	\$2,326.27		
Case Management (120 & 130)		782,058		69,326	200,288	2,571,078	14,474						\$3,637,224	4,125	\$881.75		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		202,531		735,856	51,869	665,838							\$1,656,094	365	\$4,537.24		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	664,653	80,592		6,300	20,640	264,954						10,481	\$1,047,620	1,670	\$627.32		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		209,015		56,478	53,532	687,158							\$1,006,183				
Services to persons incarcerated in a county jail or other county correctional facility				100,983									\$100,983	160	\$631.14		
Adult Outplacement (USH Liaison)				586,292									\$586,292	70	\$8,375.60		
Other Non-mandated MH Services		29,065		559,050	7,440	95,545						88,490	\$779,590	600	\$1,299.32		
FY2018 Mental Health Expenditures Budget	1,507,715	13,205,151	673,677	3,428,853	3,381,883	43,412,966	829,251	0	0	0	0	364,144	\$66,803,640				
State General Fund													County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served		
ADULT	409,981	8,936,296	673,677	3,135,801	1,032,512	26,091,193	579,917					145,173	\$41,004,550	10,100.00	\$4,059.86		
YOUTH/CHILDREN	1,097,734	4,268,855		293,052	2,349,371	17,321,773	249,334					218,971	\$25,799,090	6,850.00	\$3,766.29		
Total FY2018 Mental Health Expenditures	1,507,715	13,205,151	673,677	3,428,853	3,381,883	43,412,966	829,251	0	0	0	0	364,144	\$66,803,640	16,950.00	\$3,941.22		

**FY18 Proposed Cost & Clients Served by Population**

Local Authority: Salt Lake County Behavioral Health

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
5,882,624	ADULT	380	15480.58947
3,544,319	CHILD/YOUTH	250	14177.276
<b>Residential Care Budget</b>			
8,076,878	ADULT	700	11538.39714
298,854	CHILD/YOUTH	60	4980.9
<b>Outpatient Care Budget</b>			
10,943,717	ADULT	9120	1199.968969
12,202,030	CHILD/YOUTH	6880	1773.550872
<b>24-Hour Crisis Care Budget</b>			
5,564,777	ADULT	2700	2061.028519
2,191,011	CHILD/YOUTH	730	3001.384932
<b>Psychotropic Medication Management Budget</b>			
2,287,800	ADULT	5745	398.2245431
484,090	CHILD/YOUTH	1320	366.7348485
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
1,516,341	ADULT	1580	959.7094937
4,997,213	CHILD/YOUTH	1220	4096.07623
<b>Case Management Budget</b>			
3,314,124	ADULT	2700	1227.453333
323,100	CHILD/YOUTH	1425	226.7368421
<b>Community Supports Budget (including Respite)</b>			
1,157,410	ADULT (Housing)	160	7233.8125
798,684	CHILD/YOUTH (Respite)	205	3896.019512
<b>Peer Support Services Budget</b>			
352,504	ADULT	1120	314.7357143
695,116	CHILD/YOUTH (includes FRF)	550	1263.847273
<b>Consultation &amp; Education Services Budget</b>			
881,291	ADULT		
124,892	CHILD/YOUTH		



**FY18 Mental Health Early Intervention Plan & Budget**

**Local Authority:** Salt Lake County Behavioral Health

**Form A2**

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source	1,097,734	295,237	569,638	970,615	970,615			130,481	\$4,034,320		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	191,706		547,171						\$738,877	550	\$1,343.41
MCOT 24-Hour Crisis Care-ADMIN	7,871		22,467						\$30,338		
FRF-CLINICAL	637,733							10,068	\$647,801	525	\$1,233.91
FRF-ADMIN	26,185							413	\$26,598		
School Based Behavioral Health-CLINICAL	225,000	283,593		72,629	932,333			115,267	\$1,628,822	605	\$2,692.27
School Based Behavioral Health-ADMIN	9,239	11,644		2,982	38,282			4,773	\$66,920		
FY2018 Mental Health Expenditures Budget	1,097,734	295,237	569,638	75,611	970,615	0	0	130,521	\$3,139,356	1680	\$5,269.59
* Data reported on this worksheet is a breakdown of data reported on Form A.											

## FORM A - MENTAL HEALTH BUDGET NARRATIVE

**Local Authority:** Salt Lake County Behavioral Health (DBHS)

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

**1a) Adult Inpatient**

Form A1 - FY18 Amount Budgeted:	5,882,624	Form A1 - FY18 Projected Clients Served:	380	
Form A1 - Amount Budgeted In FY17 Area Plan	5,619,720	Form A1 - Projected Clients Served In FY17 Area Plan	380	
Form A1 - Actual FY16 Expenditures Reported by Locals	6,158,889	Form A1 - Actual FY16 Clients Served as Reported By Locals	395	<b>Character Limit/Count</b>
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.				2,500
DBHS'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.				368
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).				1,000

	No significant changes				22
	Describe any significant programmatic changes from the previous year.				400
	No significant programmatic changes from the previous year.				61
	<b>1b) Children/Youth Inpatient</b>				
	Form A1 - FY18 Amount Budgeted:	3,544,319	Form A1 - FY18 Projected Clients Served:	250	
	Form A1 - Amount Budgeted In FY17 Area Plan	2,968,662	Form A1 - Projected Clients Served In FY17 Area Plan	195	
	Form A1 - Actual FY16 Expenditures Reported by Locals	3,710,771	Form A1 - Actual FY16 Clients Served as Reported By Locals	259	<b>Character Limit/Count</b>
	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.				2,500

	<p>DBHS/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, DBHS/Optum has the ability to implement a single case agreement (SCA) with any willing provider.</p>	367
	<p>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).</p>	1,000
	<p>No Significant Changes</p>	22
	<p>Describe any significant programmatic changes from the previous year.</p>	500
	<p>No significant programmatic changes from the previous year.</p>	61

<b>1c) Adult Residential Care</b>					
Form A1 - FY18 Amount Budgeted:	8,076,878	Form A1 - FY18 Projected Clients Served:	700		
Form A1 - Amount Budgeted In FY17 Area Plan	8,342,959	Form A1 - Projected Clients Served In FY17 Area Plan	680		
Form A1 - Actual FY16 Expenditures Reported by Locals	8,001,939	Form A1 - Actual FY16 Clients Served as Reported By Locals	712		<b>Character Limit/Count</b>
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.					3,000
<p>DBHS/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.</p> <p>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.</p> <p>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.</p> <p>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.</p>					1,016
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).					1,000
No significant changes. As an update, Salt Lake County is currently discussing with Optum the feasibility of opening a second male CORE program. However, nothing has been finalized. If this happens we would hope to have it in operation no later than January 1, 2018. Additionally, Optum has been going through the process with First Step House to obtain funding and fulfill other necessary requirements to expand treatment and housing. For the project with First Step House, if successful the soonest it would be viable is FY2019.					535
Describe any significant programmatic changes from the previous year.					400

	No significant programmatic changes from the previous year.				61
<b>1d) Children/Youth Residential Care</b>					
	Form A1 - FY18 Amount Budgeted:	298,854	Form A1 - FY18 Projected Clients Served:	60	
	Form A1 - Amount Budgeted In FY17 Area Plan	430,316	Form A1 - Projected Clients Served In FY17 Area Plan	65	
	Form A1 - Actual FY16 Expenditures Reported by Locals	296,081	Form A1 - Actual FY16 Clients Served as Reported By Locals	56	<b>Character Limit/Count</b>
	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.				3,000

	<p>DBHS/Optum contracts with VBH and other community providers as needed to provide residential care for adolescents and children.</p> <p><b>ARTEC West Campus – VBH</b>  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. Programming can accommodate services for youth with dual-diagnoses, including low cognitive function and developmental delay, and pregnant teens with substance use disorder problems. Medically complex youth are evaluated for admission on a case by case basis. 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.</p> <p><b>Salt Lake County Division of Youth Services (DYS) – Boys and Girls Group Homes</b>  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.</p> <p><b>FAST and FASTer Programs – DYS</b>  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., &lt;30 days), if necessary, so that they may return to their homes with minimal interruption and receive the necessary supports to stabilize crisis situations.</p> <p><b>New Beginnings</b>  New Beginnings is a 16-bed residential facility for adolescent boys and girls, Located on a large campus in West Jordan, the youth have access to school services along with therapeutic services, including medication management.</p> <p><b>Single Case Agreements</b>  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.</p>	2,659
	<p>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).</p>	1,000

		<p>When Salt Lake County submitted the Area Plan we wrote "No significant changes." However, since that time, on May 12, 2017 we were informed that VBH's ARTEC will be closing effective June 30, 2017. Optum is currently working with ARTEC for any current clients that will need a transition. Optum will also be meeting with Odyssey House and UNI's Female Residential program to determine their ability to house additional residential clients. Optum and Salt Lake County plans to investigate alternative placement options and will pursue those within the restraints of our current contracting process.</p>			601
		<p>Describe any significant programmatic changes from the previous year.</p>			500
		<p>In January of 2017, New Beginnings moved their facility to an area with easier access on Redwood Road in West Jordan.</p>			119
		<b>1e) Adult Outpatient Care</b>			
		Form A1 - FY18 Amount Budgeted:	10,943,717	Form A1 - FY18 Projected Clients Served:	9,120
		Form A1 - Amount Budgeted In FY17 Area Plan	12,107,830	Form A1 - Projected Clients Served In FY17 Area Plan	8,501
		Form A1 - Actual FY16 Expenditures Reported by Locals	10,877,900	Form A1 - Actual FY16 Clients Served as Reported By Locals	9,094
		<p>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.</p>			5,000

	<p>DBHS/Optum has a large network of providers 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. DBHS/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.</p> <p>Treatment services for refugees are primarily provided by the Refugee and Immigrant Center, Asian Association of Utah (AAU). AAU provides focused and culturally appropriate treatment to serve the refugee population located in the valley. VBH's outpatient clinics also serve the refugee population.</p> <p>In addition to VBH Outpatient Services, Jordan West Valley Hospital has opened an adult outpatient clinic and two more laxis 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.</p>	1,322
	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).	1,000
	No significant changes.	23
	Describe any significant programmatic changes from the previous year.	400

	DBHS/Optum has added the Lotus Center Inc to the Provider Network. They offer DBT services and their plan is to move their program to a certified DBT program recognized by Linehan Board of Certification.				206
<b>1f) Children/Youth Outpatient Care</b>					
	Form A1 - FY18 Amount Budgeted:	12,202,030	Form A1 - FY18 Projected Clients Served:	6,880	
	Form A1 - Amount Budgeted In FY17 Area Plan	12,574,790	Form A1 - Projected Clients Served In FY17 Area Plan	6,400	
	Form A1 - Actual FY16 Expenditures Reported by Locals	12,009,368	Form A1 - Actual FY16 Clients Served as Reported By Locals	6,568	<b>Character Limit/Count</b>
	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.				5,000

DBHS/Optum has a large network of providers 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 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.

DBHS'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
- Preschool and infant mental health
- Domestic Violence
- Trauma
- Sex Abuse
- In-home Services
- Respite Care
- Family Resource Facilitation

The network also consists of providers specializing in 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**

Services offered include: 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 children, youth and their families.

**Youth Empowerment Services**

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

The following programs are offered through Salt Lake County Division of Youth Services (DYS)

**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

**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

	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).	1,000
	No significant changes.	23
	Describe any significant programmatic changes from the previous year.	1,000
	There were no significant programmatic changes	46
<b>1g) Adult 24-Hour Crisis Care</b>		
Form A1 - FY18 Amount Budgeted:	5,564,777	Form A1 - FY18 Projected Clients Served: 2,700
Form A1 - Amount Budgeted In FY17 Area Plan	4,113,963	Form A1 - Projected Clients Served In FY17 Area Plan 2,350
Form A1 - Actual FY16 Expenditures Reported by Locals	5,603,326	Form A1 - Actual FY16 Clients Served as Reported By Locals 2,692
		<b>Character Limit/Count</b>

	<p>Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>	2,500
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	<p>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.</p> <p><b>Mobile Crisis Outreach Teams – UNI</b>  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, 91% of those receiving an outreach visit were diverted from inpatient and emergency room visits. A slight increase from the previous year. The UNI MCOT averages almost 350 contacts per month, of which an average of 299 result in a direct outreach by the MCOT team.</p> <p><b>Receiving Center – UNI</b>  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 118 consumer visits per month. Of these, only 10% 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).</p> <p><b>Crisis Line – UNI</b>  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 3105 calls per month.</p> <p><b>Warm Line – UNI</b>  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 794 calls per month. This average is up by 151.</p>	3,580
	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).	1,000

	No significant changes.				23
	Describe any significant programmatic changes from the previous year.				400
	There were no significant programmatic changes				46
	<b>1h) Children/Youth 24-Hour Crisis Care</b>				
	Form A1 - FY18 Amount Budgeted:	2,191,011	Form A1 - FY18 Projected Clients Served:	730	
	Form A1 - Amount Budgeted In FY17 Area Plan	1,623,953	Form A1 - Projected Clients Served In FY17 Area Plan	720	
	Form A1 - Actual FY16 Expenditures Reported by Locals	2,206,189	Form A1 - Actual FY16 Clients Served as Reported By Locals	726	<b>Character Limit/Count</b>
	Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				4,000

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 clinical 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 17 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.

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).	1,000
	No significant changes.	25
	Describe any significant programmatic changes from the previous year.	1,000
	There were no significant programmatic changes.	47
<b>1i) Adult Psychotropic Medication Management</b>		
Form A1 - FY18 Amount Budgeted:	2,287,800	Form A1 - FY18 Projected Clients Served: 5,745
Form A1 - Amount Budgeted In FY17 Area Plan	2,916,334	Form A1 - Projected Clients Served In FY17 Area Plan 5,850
Form A1 - Actual FY16 Expenditures Reported by Locals	2,281,632	Form A1 - Actual FY16 Clients Served as Reported By Locals 5,728
	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.	<b>Character Limit/Count</b> 2,000

	<p>DBHS/Optum contracts with VBH, Jordan Valley West, and other providers, to provide medication management. All clients have access to a prescriber to adjust, change, or maintain the medication that the client needs. DBHS/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.</p> <p>DBHS/Optum will continue to seek out prescribers in the community for FY2018.</p>	547
	<p>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).</p>	1,000
	<p>No significant changes.</p>	23
	<p>Describe any significant programmatic changes from the previous year.</p>	400
	<p>There were no significant programmatic changes.</p>	47

<b>1j) Children/Youth Psychotropic Medication Management</b>					
Form A1 - FY18 Amount Budgeted:	484,090	Form A1 - FY18 Projected Clients Served:	1,320		
Form A1 - Amount Budgeted In FY17 Area Plan	596,515	Form A1 - Projected Clients Served In FY17 Area Plan	1,400		
Form A1 - Actual FY16 Expenditures Reported by Locals	482,785	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,318		<b>Character Limit/Count</b>
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.					2,500
<p>DBHS/Optum contracts with VBH, Jordan Valley West, and other providers, to provide medication management. All clients have access to a prescriber to adjust, change, or maintain the medication that the client needs. DBHS/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.</p> <p>DBHS/Optum will continue to seek out prescribers in the community for FY2018.</p>					554
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).					1,000
No significant changes.					23
Describe any significant programmatic changes from the previous year.					1,000

There were no significant programmatic changes.				47
<b>1k) Adult Psychoeducation Services &amp; Psychosocial Rehabilitation</b>				
Form A1 - FY18 Amount Budgeted:	1,516,341	Form A1 - FY18 Projected Clients Served:	1,580	
Form A1 - Amount Budgeted In FY17 Area Plan	1,499,878	Form A1 - Projected Clients Served In FY17 Area Plan	1,420	
Form A1 - Actual FY16 Expenditures Reported by Locals	1,498,893	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,562	<b>Character Limit/Count</b>
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.				2,500
<p>DBHS/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.</p> <p>In addition, VBH and Volunteers of America provide Adult Psychoeducation Services.</p> <p>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.</p>				1,206
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).				1,000

	No significant changes.				23
	Describe any significant programmatic changes from the previous year.				400
	There were no significant programmatic changes.				47
	<b>1) Children/Youth Psychoeducation Services &amp; Psychosocial Rehabilitation</b>				
	Form A1 - FY18 Amount Budgeted:	4,997,213	Form A1 - FY18 Projected Clients Served:	1,220	
	Form A1 - Amount Budgeted In FY17 Area Plan	5,559,602	Form A1 - Projected Clients Served In FY17 Area Plan	1,115	
	Form A1 - Actual FY16 Expenditures Reported by Locals	4,939,710	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,199	<b>Character Limit/Count</b>
	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.				2,500

	<p>DBHS/Optum contracts with VBH to provide skills development programs for youth and children. They include:</p> <p>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.</p> <p>School-based Early Intervention Services  These services consist of therapy, case management, and parent/teacher consultation and training. They are currently providing services in 43 schools within 4 school districts in Salt Lake County.</p> <p>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.</p> <p>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.</p> <p>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.</p>	2,137
	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).	1,000
	No significant changes.	23

	Describe any significant programmatic changes from the previous year.				1,000
	There were no significant programmatic changes.				47
<b>1m) Adult Case Management</b>					
	Form A1 - FY18 Amount Budgeted:	3,314,124	Form A1 - FY18 Projected Clients Served:	2,700	
	Form A1 - Amount Budgeted In FY17 Area Plan	4,046,438	Form A1 - Projected Clients Served In FY17 Area Plan	2,200	
	Form A1 - Actual FY16 Expenditures Reported by Locals	3,281,823	Form A1 - Actual FY16 Clients Served as Reported By Locals	2,669	<b>Character Limit/Count</b>
	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.				2,500

	<p>VBH continues to be DBHS'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. 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:</p> <ul style="list-style-type: none"> <li>• Help clients access appropriate services and supports</li> <li>• Assure that services are relevant and meet consumer needs</li> <li>• Ensure continuity and coordination of services provided for eligible clients</li> <li>• Educate clients and their families in how to negotiate the mental health and social system</li> <li>• Empower clients by enabling them to access new roles and responsibilities</li> <li>• Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize</li> <li>• Educate and support clients and their families in learning how to manage their resources</li> </ul> <p>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.</p> <p>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.</p> <p>AAU 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.</p> <p>Hopeful Beginnings provides case management services for adult clients.</p>	2,356
	<p>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).</p>	1,000

	No significant changes.				23
	Describe any significant programmatic changes from the previous year.				400
	There were no significant programmatic changes.				47
	<b>1n) Children/Youth Case Management</b>				
	Form A1 - FY18 Amount Budgeted:	323,100	Form A1 - FY18 Projected Clients Served:	1,425	
	Form A1 - Amount Budgeted In FY17 Area Plan	314,361	Form A1 - Projected Clients Served In FY17 Area Plan	1,150	
	Form A1 - Actual FY16 Expenditures Reported by Locals	319,951	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,424	<b>Character Limit/Count</b>
	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.				3,000

	<p>VBH is DBHS'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:</p> <ul style="list-style-type: none"> <li>• Help clients access appropriate services and supports</li> <li>• Assure that services are relevant and meet consumer needs</li> <li>• Ensure continuity and coordination of services provided for eligible clients</li> <li>• Educate clients and their families in how to negotiate the mental health and social system</li> <li>• Empower clients by enabling them to access new roles and responsibilities</li> <li>• Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize</li> <li>• Educate and support clients and their families in learning how to manage their resources</li> </ul> <p>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).</p> <p>Hopeful Beginnings: Hopeful Beginnings offers case management services and assertive outreach for children and youth using the i-WRAP model.</p> <p>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.</p> <p>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.</p>	2,764
	<p>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).</p>	1,000

	No significant changes.				23
	Describe any significant programmatic changes from the previous year.				1,000
	There were no significant programmatic changes.				47
	<b>1o) Adult Community Supports (housing services)</b>				
	Form A1 - FY18 Amount Budgeted:	857,410	Form A1 - FY18 Projected Clients Served:	160	
	Form A1 - Amount Budgeted In FY17 Area Plan	898,635	Form A1 - Projected Clients Served In FY17 Area Plan	340	
	Form A1 - Actual FY16 Expenditures Reported by Locals	923,357	Form A1 - Actual FY16 Clients Served as Reported By Locals	128	<b>Character Limit/Count</b>
	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.				4,000

#### 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.

Through DBHS funding, 20 Master Lease housing units have been provided for ACT clients. This is in addition to the other housing options funded by Salt Lake County Behavioral Health: 24 housing slots for State Hospital Outplacement, 65 HARP units, 40 RIO units, and 10 CORE II units. These housing opportunities have also been made possible through new and/or expanded partnerships with the Salt Lake County Housing Authority, and local housing and behavioral health providers.

The VOA Homeless Youth Resource Center has opened in Salt Lake County – Optum Bank was a partner in this development.

As an outplacement service, DBHS/Optum contracts with Nephi Todd's and Green Gables to purchase housing for clients needing assistance as they are discharging from the State Hospital. 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 scattered throughout the Salt Lake Valley. RIO units are specifically utilized for severely and persistently mentally ill (SPMI) individuals.

Optum has hired a Director of Housing and Community Partnerships to help create more housing opportunities for our clients. One of these opportunities is the First Step House Project. Salt Lake County and Optum have formed a partnership with First Step House, Blue Line Development, the Salt Lake County Housing Authority, and the Salt Lake City Housing Authority to develop their property on 440 South and 500 East. This project will include 50 affordable housing units for individuals with SMI/SPMI and 25 units for individuals with SPMI/SUD. We will submit a tax credit application in October.

	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).								1,000
	VOA ACT housing was doubled to 20 apartments due to demand and CORE 2 housing will have a full year of operation which is why there is an increase in both expense and clients.  With the State adult outplacement funds an additional 3 housing units will be available, for a total of 24 units.  With County funds an additional 7 HARP units will be available, for a total of 65 units.								382
	Describe any significant programmatic changes from the previous year.								400
	Optum is hosting a Housing Summit to encourage a community conversation on housing and behavioral health services. This summit will bring together partners to educate on the behavioral health and housing systems, identify strengths and barriers, and discuss ways to better collaborate and bridge the gaps to better serve our clients.								334
<b>1p) Children/Youth Community Supports (respite services)</b>									
	Form A1 - FY18 Amount Budgeted:	798,684	Form A1 - FY18 Projected Clients Served:	205					
	Form A1 - Amount Budgeted In FY17 Area Plan	893,830	Form A1 - Projected Clients Served In FY17 Area Plan	215					
	Form A1 - Actual FY16 Expenditures Reported by Locals	705,828	Form A1 - Actual FY16 Clients Served as Reported By Locals	184					<b>Character Limit/Count</b>
	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.								2,500

	<p>DBHS/Optum contracts with Hopeful Beginnings and Summit Community Counseling to provide respite services.</p> <p>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 a couple 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.</p> <p>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.</p>	701
	<p>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).</p>	1,000
	<p>No significant changes.</p>	23
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000
	<p>Summit Community counseling was added as an agency that provides respite services.</p>	83

<b>1q) Adult Peer Support Services</b>					
Form A1 - FY18 Amount Budgeted:	352,504	Form A1 - FY18 Projected Clients Served:	1,120		
Form A1 - Amount Budgeted In FY17 Area Plan	426,524	Form A1 - Projected Clients Served In FY17 Area Plan	2,100		
Form A1 - Actual FY16 Expenditures Reported by Locals	337,513	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,104		<b>Character Limit/Count</b>
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.					2,000
<p>Providing and receiving peer support stands as an integral component of rehabilitation and recovery. DBHS/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 and DBHS/Optum utilizes providers within DBHS/Optum's network of providers to provide this service.</p> <p>In addition to peer support services offered by various providers, in FY 2017 Optum re-introduced the Peer Navigator program, an evidenced based program which is administered exclusively by Optum. This program was restructured to offer services at one locale, Jordan West Valley Outpatient Services, along with receiving referrals from various providers and community stakeholders. The purpose of the fixed site involvement is to better meet the needs and support members who are utilizing outpatient services and to offer mutual support groups in Double Trouble Recovery (DTR). DTR is an evidence based peer facilitated peer support group for individuals that experience co-occurring disorders, i.e., SUD and SMI. Referrals are also received from multiple sources including Utah State Hospital for patients transitioning back into the community, provider agencies such as VBH, UNI, individual providers, and other systems such as Drug Court.</p> <p>Peer mentoring, support, advocacy, and skill building will be provided for these individuals 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 Support Specialists provide consumers with support and linkage to mental health, physical health and social services.</p>					1,962
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).					1,000

	No significant changes.	23
	How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?	1,000
	<p>Per Utah Medicaid, Rehabilitative Mental Health and Substance Use Disorder Services directives, certified peer support specialist are under the supervision of a licensed mental health therapist , or a licensed ASUDC or SUDC when peer support services are provided to individuals with an SUD. Supervisors are expected to follow these guidelines offering ongoing weekly individual and/or group supervision to the Certified Peer Support specialist they supervise.</p> <p>All providers are encouraged to attend the Supervision training offered through the State of Utah Division of Substance Abuse and Mental Health (DSAMH). Additionally, Optum SLCO Recovery and Resiliency can provide technical assistance to In-Network providers with Toolkits for Providers. The Tool Kit addresses misconceptions about using peers in services delivery and includes information on how to bill Medicaid, gives examples of job descriptions and provides information on supervision.</p>	959
	Describe any significant programmatic changes from the previous year.	400
	Optum SLCO, in conjunction with DSAMH, provided training and certified 26 individuals living a life of recovery from serious mental illness and/or substance use disorders were certified as Peer Support Specialists. In FY 2017 an additional training resulted in 28 individual being certified as peer support specialist. 100% of the participants completed the training and received certification.	395

	<b>1r) Children/Youth Peer Support Services</b>				
	Form A1 - FY18 Amount Budgeted:	695,116	Form A1 - FY18 Projected Clients Served:	550	
	Form A1 - Amount Budgeted In FY17 Area Plan	601,669	Form A1 - Projected Clients Served In FY17 Area Plan	450	
	Form A1 - Actual FY16 Expenditures Reported by Locals	472,906	Form A1 - Actual FY16 Clients Served as Reported By Locals	367	<b>Character Limit/Count</b>
	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.				2,500
	<p>Children/Youth Peer Support Services are provided primarily by Family Resource Facilitators (FRFs). DBHS 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.</p> <p>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.</p> <p>There are currently 10 FRFs placed with 7 agencies throughout Salt Lake County. Presently FRFs are anchored at the following agencies or organizations:</p> <ul style="list-style-type: none"> <li>• 2 FTEs Salt Lake County Division of Youth Services</li> <li>• 1 FTE Valley Behavioral Health</li> <li>• 2 FTE The Children's Center</li> <li>• 1 FTE Utah Support Advocates for Recovery Awareness (USARA)</li> <li>• 1 FTE National Alliance on Mental Illness (NAMI) Utah</li> <li>• 2 FTE State of Utah Division of Child and Family Services (DCFS)</li> <li>• 1 FTE 3rd District Juvenile Court</li> </ul>				1,665
	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).				1,000

	<p>In FY 2017 DYS added two more full time FRFs, which explains increase in costs and clients served.</p>	<p>98</p>
	<p>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	<p>1,000</p>
	<p>Supervision of the FRFs is two-fold. The FRF Coordinator at DYS oversees all programmatic and personnel issues for all 10 FRFs. In addition, the FRFs placed at the various site locations also report to a site supervisor. This person is available for any immediate questions or concerns an FRF may have in the course of working with families referred through site staffings. Site supervision of the FRF takes place every other month and involves the DYS FRF Coordinator, the site supervisor, the mentor, and the FRF. The on-site supervisor can contact the DYS FRF coordinator at any time to discuss any problems or issues involving the FRF. The mentor can also provide input.</p> <p>The DYS FRF Coordinator is encouraged to attend the Supervision training offered through DSAMH. Additionally, the mentor with the UFC provides ongoing training and consultation to the DYS FRF Coordinator. DBHS is available to provide ongoing technical assistance.</p>	<p>949</p>
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>1,000</p>
	<p>There were no significant programmatic changes.</p>	<p>47</p>

<b>1s) Adult Consultation &amp; Education Services</b>							
	Form A1 - FY18 Amount Budgeted:	881,291					
	Form A1 - Amount Budgeted In FY17 Area Plan	651,452					
	Form A1 - Actual FY16 Expenditures Reported by Locals	917,395					<b>Character Limit/Count</b>
	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.						2,000
	<p>Optum SLCo has a Recovery and Resiliency team that consists of family support specialists and peer support specialists (adult services). This 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. 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.</p> <p>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.</p> <p>This team conducts numerous trainings in the community. In FY 2017:</p> <ul style="list-style-type: none"> <li>•221 people in the community were certified in Mental Health First Aid (MHFA) with more trainings scheduled.</li> <li>• Certified 60 individuals in QPR Suicide Prevention. More trainings are in the process of being schedule.</li> </ul> <p>Other training topics presented by this 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.</p> <p>UNI'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.</p> <p>DBHS is deeply rooted in the community with many allied partners. Through these partnerships, DBHS and 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.</p>						1,924
	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).						1,000



	<p>Optum SLCo has a Recovery and Resiliency team that consists of family support specialists and peer support specialists (adult services). This 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. 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.</p> <p>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.</p> <p>In FY18, Optum will continue to:</p> <ul style="list-style-type: none"> <li>• Provide QPR trainings with Optum SLCO., providers, and allied partners</li> <li>• Provide training on the Recovery Model and recovery supports with APRN students at the University of Utah School of Nursing.</li> <li>• 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.</li> </ul>	1,535
	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).	1,000
	<p>Additional time has been requested for the Manager of Recovery and Resiliency to attend the various meetings needed to support our clients. This will allocate more of her salary and benefits to this area. Also, there will be additional QPR trainings held by Optum in FY18 which will require additional staff time to perform. These two factors are what has increased the costs in this area.</p>	392
	Describe any significant programmatic changes from the previous year.	1,000

There were no significant programmatic changes.					47
<b>1u) Services to Incarcerated Persons</b>					
Form A1 - FY18 Amount Budgeted:	100,983	Form A1 - FY18 Projected Clients Served:	160		
Form A1 - Amount Budgeted In FY17 Area Plan	117,683	Form A1 - Projected Clients Served In FY17 Area Plan	150		
Form A1 - Actual FY16 Expenditures Reported by Locals	99,861	Form A1 - Actual FY16 Clients Served as Reported By Locals	151		<b>Character Limit/Count</b>
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.					4,000

	<p>Salt Lake County has developed a nationally recognized sequential intercept model that can be shared with DSAMH upon request.</p> <p>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 community services, 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.</p> <p>Mental Health – Alternatives to Incarceration Transportation ATI transport is available for all mental health providers paneled with Optum. The CRT program has been further enhanced in coordination with VBH’s CORE and CORE 2 residential programs. 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.</p> <p>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 and have established a formal data sharing agreement. We are still waiting for the jail to select and implement their new electronic health record which will allow them 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.</p>	3,515
	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).	1,000

	No significant changes.				23
	Describe any significant programmatic changes from the previous year.				400
	There were no significant programmatic changes.				47
	<b>1v) Adult Outplacement</b>				
	Form A1 - FY18 Amount Budgeted:	586,292	Form A1 - FY18 Projected Clients Served:	70	
	Form A1 - Amount Budgeted In FY17 Area Plan	356,700	Form A1 - Projected Clients Served In FY17 Area Plan	130	
	Form A1 - Actual FY16 Expenditures Reported by Locals	329,772	Form A1 - Actual FY16 Clients Served as Reported By Locals	77	<b>Character Limit/Count</b>
	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.				1,000

	<p>Salt Lake County/Optum provides a discharge planner to proactively facilitate and coordinate the plans for consumers coming out of the State Hospital. One Care Advocate specializing in adults assists the discharge planner. 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 or in independent living situations with wraparound supports such as ACT.</p> <p>It is Salt Lake County's hope that the UNI MCOT, WRC, and wraparound programs such as AOT through VBH or ACT through VOA will continue to greatly reduce the need for State Hospital and inpatient care.</p>	669
	<p>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).</p>	1,000
	<p>Funds previously were in housing moved to outplacement so that the funds could more easily be identified. These additional funds are paying for housings for the state hospital clients.</p>	185
	<p>Describe any significant programmatic changes from the previous year.</p>	400
	<p>There were no significant programmatic changes.</p>	47

	<b>1w) Children/Youth Outplacement</b>							<b>Character Limit/Count</b>
	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.							2,000
	<p>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 ancillary services, such as mileage reimbursement, karate classes, and those services provided for clients <b>who are not funded by Medicaid</b> will be paid for and/or provided to the client directly by DBHS.</p> <p>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.</p>							836
	Describe any significant programmatic changes from the previous year.							1,000
	There were no significant programmatic changes.							47
	<b>1x) Unfunded Adult Clients</b>							
	Form A1 - FY18 Amount Budgeted:	4,962,151	Form A1 - FY18 Projected Clients Served:	3,720				

	Form A1 - Amount Budgeted In FY17 Area Plan	3,077,085	Form A1 - Projected Clients Served In FY17 Area Plan	2,580	
	Form A1 - Actual FY16 Expenditures Reported by Locals	4,270,702	Form A1 - Actual FY16 Clients Served as Reported By Locals	3,262	<b>Character Limit/Count</b>
	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.				3,000
	<p>The funding for the County's uninsured mental health clients is extremely limited and therefore Salt Lake County carefully prioritizes the funding to the below programs.</p> <p>The Utah Department of Health (UDOH) subcontracts with four different organizations: AAU, Catholic Community Services, International Rescue Committee, and Utah Health and Human Rights to provide mental health services for refugees. These services 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.</p> <p>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.</p> <p>VBH provides direct services to two adult 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, persons who are on community civil commitment have access to VBH's full continuum of adult, youth, and children's program, services, and locations.</p> <p>UNI provides crises services for Salt Lake County. These services are described under section 1g.</p>				2,320
	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).				1,000

	The increase in this area is due to the act housing and including of the CABHI grant.				85
	Describe any significant programmatic changes from the previous year.				400
	There were no significant programmatic changes.				47
	<b>1y) Unfunded Children/Youth Clients</b>				
	Form A1 - FY18 Amount Budgeted:	1,841,489	Form A1 - FY18 Projected Clients Served:	1,230	
	Form A1 - Amount Budgeted In FY17 Area Plan	2,789,027	Form A1 - Projected Clients Served In FY17 Area Plan	978	
	Form A1 - Actual FY16 Expenditures Reported by Locals	1,372,115	Form A1 - Actual FY16 Clients Served as Reported By Locals	828	<b>Character Limit/Count</b>
	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.				2,500

	<p>The funding for the County's uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes the funding to the below programs.</p> <p>Salt Lake County has prioritized anticipated funding as follows:</p> <ul style="list-style-type: none"> <li>• Medication management</li> <li>• Psychotherapy services</li> <li>• Case management</li> <li>• Skills development</li> </ul> <p>The Children's Center serves the behavioral health needs of families with preschool aged children. They have a therapeutic preschool program 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.</p> <p>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.</p> <p>VBH provides direct services to two children/youth populations with the funds they receive. First, VBH's provides direct services to uninsured youth/children mental health in two locations (not including the below mentioned school-based services). Second, VBH has a school-based mental health program in 51 different schools, within four school districts.</p>	2,343
	<p>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).</p>	1,000

	The additional costs is in connection with the two new FRFs that have been hired by DYS, as well as the expansion of the school-based services provided by VBH.				159
	Describe any significant programmatic changes from the previous year.				1,000
	There were no significant programmatic changes.				47
	<b>1z) Other non-mandated Services</b>				
	Form A1 - FY18 Amount Budgeted:	779,590	Form A1 - FY18 Projected Clients Served:	600	
	Form A1 - Amount Budgeted In FY17 Area Plan	502,688	Form A1 - Projected Clients Served In FY17 Area Plan	620	
	Form A1 - Actual FY16 Expenditures Reported by Locals	672,060	Form A1 - Actual FY16 Clients Served as Reported By Locals	557	<b>Character Limit/Count</b>
	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.				3,000

	<p>DYS Afterschool Programs: Afterschool Programs focusing on academic and enrichment support are offered at the following schools: Cyprus High School; Kearns Kennedy and Matheson Jr Highs; South Kearns, Elk Run, Lake Ridge, Copper Hills, Magna and Pleasant Green Elementary Schools. 2017 Summer programs are offered at Kearns, Kennedy and Matheson Jr Highs and Magna Library serving Elementary age youth in Magna. Community School Coordinators are available to help connect families to resources at Kearns Jr. and Magna Elementary School. Magna Kearns Youth Court is also being ran through Cyprus Afterschool.</p> <p>On average 500 youth are served daily in the DYS afterschool programs. These services are not reflected in our budget.</p> <p>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.</p> <p>Cooperative Agreements to Benefit Homeless Individuals (CABHI) project has as its goals to enhance a statewide plan to effectively coordinate housing and behavioral health programming using evidence-based practice and to increase housing stability and recovery among those with MH and/or SUD issues who are newly placed in permanent housing. This is accomplished by the use of evidence-based behavioral health practices for those with MH and SUD issues who are homeless, including the chronically homeless veterans. Salt Lake County contracts directly with VBH and VOA/CCC to provide these services.</p>	1,633
	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).	1,000
	CABHI Funding for 3 months was added to balance for this year, which accounts for increase in expense and clients.	114
	Describe any significant programmatic changes from the previous year.	400

	<p>The CABHI program mentioned above is a continuing program from the previous year. There were no significant programmatic changes.</p>	<p>129</p>
	<p><b>2) Client Employment</b></p>	
	<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with <b>Employment First 62A-15-105.2</b></p>	<p><b>Character Limit/Count</b></p>
	<p>Competitive employment in the community (include both adults and transition aged youth).</p>	<p>2,000</p>
	<p>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. <a href="#">The Voc Rehab Specialist and the Team assist the client with resume building, interviewing skills, and employer engagement.</a> The Voc Rehab Specialist conducts occupational assessments, and as the clients are progressing in their recovery, focuses more on employment goals.</p>	<p>445</p>
	<p>Collaborative efforts involving other community partners.</p>	<p>1,500</p>

	<p>Salt Lake County/Optum supports and collaborates with Utah State Division of Substance Abuse and Mental Health in the Peer Support Certification area.</p> <p>In August 2016, Optum offered a Certified Peer Support Specialist (CPSS) training to the community. A total of 28 attended the training and graduated.</p>	306
	Employment of people with lived experience as staff.	1,500
	<p>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.</p> <p>Another important mechanism for employment of consumers as staff in Salt Lake County is the State of Utah Certified Peer Support Specialist (CPSS) program.</p> <p>It is anticipated that during FY2018, the use of CPSS will continue to grow throughout the network.</p>	1,333
	Peer Specialists/Family Resource Facilitators providing Peer Support Services.	1,500

	<p>Salt Lake County/Optum employs four Certified Peer Support 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 10 FRFs in Salt Lake County providing services.</p>	472
	Evidence-Based Supported Employment.	1,500
	<p>See Alliance House above. Additionally, Alliance House is currently waiting on the contracting department at DSAMH to process a three year contract. The purpose of this contract is to braid the Supported Employment of the Individual Placement and Support (IPS) model with the Clubhouse Model and for Alliance House to serve as a training agency to train other Clubhouses in Utah on the Supported Employment model. This aligns well with the Clubhouse International standards, though the Alliance House will be hiring an Employment Coordinator to bring Alliance House into full fidelity with IPS.</p>	596
<b>3) Quality &amp; Access Improvements</b>		
	Identify process improvement activities including implementation and training of:	<b>Character Limit/Count</b>
	Describe access and quality improvements	1,500

	<p>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.</p>	671
	<p>Identify process improvement activities - Implementation</p>	2,000
	<p>The QAPI program promotes continuous quality improvement and recovery &amp; resiliency in the following ways:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Systems are improved through Performance Improvement Projects (PIP): <a href="#">The current PIP, which began in Salt Lake County on July 1, 2015</a>, focuses on suicide prevention by utilizing the Columbia Suicide Severity Rating Scale (C-SSRS).</li> <li>• 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.</li> </ul>	1,728
	<p>Identify process improvement activities - Training of Evidence Based Practices</p>	1,000

	<p>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.</p> <ul style="list-style-type: none"> <li>• Assertive Community Treatment (ACT)</li> <li>• Trauma Focused Cognitive Behavior Therapy</li> <li>• Dialectical Behavior Therapy</li> <li>• Motivational Interviewing</li> <li>• Cognitive Behavior Therapy</li> <li>• Eye Movement Desensitization and Reprocessing (EMDR)</li> <li>• OQ-Analyst</li> <li>• Behavior Therapy</li> <li>• Integrated Dual Disorders Treatment</li> <li>• Exposure Therapy for PTSD</li> <li>• Seeking Safety</li> <li>• Wellness Recovery Action Plan (WRAP)</li> <li>• QPR –Question Persuade and Refer: Suicide Prevention Training</li> <li>• Interpersonal Therapy (IPT)</li> </ul>	882
	Identify process improvement activities - Outcome Based Practices	1,000
	<p>Salt Lake County/Optum will continue to promote the OQ/YOQ as a tool to enhance outcome-based practices. <a href="#">In addition, Optum will offer trainings and guidance on the use of the C-SSRS and Safety Plans to aid in suicide prevention activities.</a></p>	243
	Identify process improvement activities - Increased service capacity	1,000

	No expected changes for FY18.	29
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000
	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. Optum also follows up with routine outreach to providers who receive referrals from inpatient facilities to discuss client participation in their follow-up care.	446
	Identify process improvement activities - Efforts to respond to community input/need	1,000
	Summit Community counseling will begin offering IOP services within FY2017 and Lotus Center Inc is a new agency who specializes in DBT services. Lotus Center Inc, is planning on becoming certified by Linehan Board of Certification. Optum continues to be involved in discussions with several providers to determine their ability to develop needed services.	359
	Identify process improvement activities - Coalition Development	1,000

	<p>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.</p>	311
	<p>Describe how mental health needs for people in Nursing Facilities are being met in your area</p>	1,000
	<p>Optum SLCo works with 2 agencies to provide services to Medicaid consumers in nursing facilities.</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. 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.</li> </ol>	687
	<p>Other Quality and Access Improvements (not included above)</p>	1,000
	<p>All quality and access improvements have been described above.</p>	62

	<b>4) Integrated Care</b>	<b>Character Limit/Count</b>
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	3,000
	<p>Optum and each of the four ACO's meet on a monthly basis to hold staffings of high utilizing clients. These meetings result in improved coordination for our most vulnerable clients.</p> <p>Additionally, multiple conversations have and continue to occur with the Department of Health and the ACO's on the potential for integrated pilots moving forward. Some discussions focus on the ability to integrate behavioral health and physical health dollars through some form of a Medicaid expansion, another revolves around integration of dollars for the restricted population.</p> <p>New discussions have also been initiated with Intermountain and Select Health to determine the feasibility of implementing two pilots. One effort is to assist new mothers being discharged from LDS hospital that also have substance use disorders and connect them to SL County services once released from the hospital. Another effort surrounds assisting Intermountain's new Access Center patients in connecting individuals with behavioral health conditions to SL County services. Project Reality has expressed an interest in participating in these projects.</p> <p>The following partnerships have been developed with the following Federally Qualified Health Centers and primary care organizations:</p> <p>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 Utahns, this is their first and only chance at a diagnosis and ongoing treatment. By increasing homeless Utahns' 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 use disorder assessment and treatment referrals.</p> <p>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.</p> <p>Volunteers of America – Health Clinic – VOA/CCC operates its integrated health clinic for Medicaid and non-Medicaid clients. VOA's clinic integrates care for mental health, substance use disorders, and medical health.</p>	2,518
	Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	3,000

	<p>The Salt Lake County/Optum treatment network is committed to addressing co-occurring disorders. 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, AAU expanded their services to become a dual diagnosis enhanced program.</p> <p>The division continues to work with VOA/CCC through the CABHI grant, and VBH for the CABHI state-enhancement grant to provide services to homeless individuals with co-occurring mental health and substance use disorders in Salt Lake County. 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.</p> <p>Both VOA/CCC and VBH are conducting outreach in the jail, shelters, meal sites, and other known areas where this population is known to congregate to provide screenings and assessments of individuals to determine eligibility for services. Once an individual is determined eligible VOA/CCC works 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.</p> <p>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.</p>	2,874
	Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	3,000



	<p>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.</p> <p>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 10 FRFs placed with 7 agencies throughout Salt Lake County.</p> <p>Presently FRFs are anchored at the following agencies or organizations:</p> <ul style="list-style-type: none"> <li>• 2 FTEs Salt Lake County Division of Youth Services</li> <li>• 1 FTE Valley Behavioral Health</li> <li>• 2 FTE The Children’s Center</li> <li>• 1 FTE Utah Support Advocates for Recovery Awareness (USARA)</li> <li>• 1 FTE NAMI Utah</li> <li>• 2 FTE State of Utah Division of Child and Family Services (DCFS)</li> <li>• 1 FTE 3rd District Juvenile Court</li> </ul>	1,796
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000
	No significant changes expected.	32
	Describe any significant programmatic changes from the previous year.	1,000

	There were no significant programmatic changes.	47
	<b>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</b>	Yes [1]
	<b>5b) Children/Youth Mental Health Early Intervention</b>	<b>Character Limit/Count</b>
	Describe the <b>Mobile Crisis Team</b> activities you propose to undertake and identify where services are provided. <b>Please note the hours of operation.</b> For each service, identify whether you will provide services directly or through a contracted provider.	5,000
	<p>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.</p> <p>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.</p>	1,024
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000

	No significant changes expected.	32
	Describe any significant programmatic changes from the previous year.	1,500
	There were no significant programmatic changes.	47
	Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000
	<p>In additional to the total number of youth contacts and outreaches, DBHS collects the following outcomes:</p> <ul style="list-style-type: none"> <li>• Number of contacts/outreaches that avoided out-of-home placement;</li> <li>• Number of contacts/outreaches avoided legal involvement;</li> <li>• Number of individuals that received assistance when they were in danger of harming themselves or others; and</li> <li>• Number of police calls avoided.</li> </ul> <p>No expected increases.</p>	402

5c) Children/Youth Mental Health Early Intervention	Character Limit/Count
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.	5,000
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.	542
Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000
The expected changes will come mainly from the Intergenerational Fund (IGP). VBH's IGP clinicians have provided School-based mental health services at five new IGP identified schools and have increased services in over 15 existing IGP served schools, these services include assessments, individual, family therapy, and case management. VBH has expanded access to medication management for identified students in IGP schools. There is expected to be a increase of 300 students served due to the additional IGP funds.	519
Describe any significant programmatic changes from the previous year, including TANF. <b>(Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)</b>	1,500

	<p>Sent list of school locations to Children's Team when we had our recent DSAMH audit.</p> <p>There were no significant programmatic changes.</p>	133
	Describe outcomes that you will gather and report on.	1,500
	<p>DBHS will continue to use the Mental Health Early Intervention Data &amp; 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, and grade point average will be reported.</p>	352
	<p><b>6) Suicide Prevention, Intervention &amp; Postvention</b></p>	<p><b>Character Limit/Count</b></p>
	Describe the current services in place in suicide prevention, intervention and postvention.	3,000

	<p>Optum's Recovery and Resiliency team have provided the following trainings in collaboration with other stakeholder's and community partners.</p> <ul style="list-style-type: none"> <li>• Certified 221 individuals in Mental Health First Aid and Youth Mental Health First Aid combined.</li> <li>• Certified 60 individuals in QPR Suicide Prevention.</li> </ul> <p>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 after hospitalization (FUH). 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, 2015, Optum SLCO demonstrated that 49.08% attended an appointment within seven days post-discharge and an additional 18.32% attended an appointment within 30 days, for a total of 67.40% attending an appointment post-charge from a hospital.</p> <p>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.</p> <p>Optum SLCo attends the Salt Lake Suicide Prevention Coalition meeting. Additionally, Optum's Recovery and Resiliency (R&amp;R) Team has been invited to participate in the DSAMH Peer Support Conference Planning and DSAMH Utah Behavioral Health Planning and Advisory Council as well as the USARA Advisory Council. The R&amp;R Team frequently meets with providers for the purpose of collaboration and coordination of care. For example: the ACO Learning Collaborative, Clinical Review meeting with VBH, Field Care Advocacy Meetings at UNI, VOA ACT Team Meeting, Fast/Faster Meetings with DYS. Finally, as the Recovery and Resiliency Manager, Julie Hardle will participate in media campaigns throughout the year. Most recently, Julie participated in four television interviews to discuss Mental Health Awareness Month: two with 4Utah, one with 2Fresh Living, and one with KUED.</p>	2,391
	Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.	1,500

	<p>The normal baseline period was January 1 - December 31, 2015. However, Salt Lake County received permission for a baseline period from October 1, 2015-December 31, 2015. During this baseline period 218 Columbia Suicide Severity Rating Scale (C-SSRS) screenings were conducted with a total of 6,180 clients serviced resulting in a rate of 3.5%. Fifty-four individuals indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 100.0% of the time. During CY2016, all providers were expected to use the C-SSRS during initial intake and then ongoing use per clinical judgement. It was also expected that the Stanley Brown Safety Plan be completed as applicable within 24 hours of identification of risk of suicide. For CY2016, 5,803 screenings were conducted with a total of 13,681 clients serviced during this period at a rate of 42.4%. Nine hundred and seventy-three individuals indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 93.6% of the time. Throughout the upcoming year, additional trainings will be provided on 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. Additionally, all provider audits will contain a focus on the use of these tools.</p>	1,358
	<p>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 as specific efforts for your clients.</p>	1,500
	<p>Our Clinical Operations Team coordinates care with our crisis programs and community providers to help our clients access the care they need.</p> <p>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.</p> <p>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.</p>	1,482
	<p><b>7) Justice Reinvestment Initiative</b></p>	<p><b>Character Limit/Count</b></p>
	<p>Identify the members of your local JRI implementation Team.</p>	4,000

	<p>DBHS recognizes JRI as a countywide initiative affecting multiple stakeholders including the county jail, courts, and district attorney's office. As a result when implementing a JRI strategy DBHS was committed to broad support of county stakeholders, including approval from the following Criminal Justice Advisory Council stakeholders prior to implementing programming with JRI community based treatment funding:</p> <p>Salt Lake County Mayor, CJAC Chair, Mayor Ben McAdams  Salt Lake County Council, Councilman Jim Bradley  Salt Lake County Council, Councilman Max Burdick  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 Sherriff for Correctional Services, Pamela Lofgreen  Salt Lake County Human Services Director, Karen Crompton  Salt Lake Legal Defender Association Director, Rich Mauro  Salt Lake County Criminal Justice Services Director, Kele Griffone  Third District Court Presiding Judge, Randall Skanchy  Justice Court Judges, Brendan McCullagh &amp; John Baxter  LEADS Chair, South Salt Lake City Police, Chief Carruth  Draper City, Mayor Troy Walker  Utah State Courts, Justice Court Administrator, Jim Peters  Statewide Association of Prosecutors, Paul Boyden  Utah State Department of Corrections, Executive Director Rollin Cook  Utah House of Representatives, Representative Eric Hutchings  Salt Lake City Police Department, Chief Brown  Utah Third District Court Administrator, Peyton Smith  Salt Lake City Prosecutor's Office, Division Administrator, Valerie Wilde</p> <p>Additional stakeholders that participated in implementing these programs included:</p> <p>Community Treatment Providers (Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, and House of Hope).  West Valley City Prosecutor's Office Private Defense Bar  Community Connections Center (SLC PD Social Work Program)</p>	<p>1,996</p>
	<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	<p>8,000</p>

### Intensive Supervision Probation (ISP)

DBHS continues to partner with the Sheriff's Office and Criminal Justice Services (CJS) on the ISP program. This program targets high-risk individuals sentenced to County probation at CJS. Clients receive an LS/CMI risk assessment and an ASAM assessment to determine appropriate level of care. Clients are supervised in the community by officers from the Sheriff's Office and receive intensive case management services through CJS. With the assistance of JRI funds, DBHS provides two dedicated assessment workers, seated at CJS with the officers and case managers, prioritized access to treatment services, and access to five 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.

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 additional county funds extended are not included in this budget. ISP received the 2016 National Association of Counties Achievement Award, and was selected to present at the national Adult Probation and Parole Association Conference in Cleveland, OH in August 2016. In April 2017, ISP received the Sheriff's Office Distinguished Unit award.

As this program has evolved, ATR services, access to the Vivitrol Program and recovery support services have been added (through a new contract with Utah Support Advocates for Recovery Awareness (USARA)). As of February 2017, there are 171 participants and 43 graduates. 83% of clients referred into ISP were assessed for treatment, 79% have remained engaged in treatment, and graduates enjoy a 41% reduction in risk scores.

### Pre-Prosecutorial Diversion & Operation Diversion

A Pre-Prosecutorial Diversion program was implemented in February 2016, and was designed with an eye towards prevention. Partners included 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).

This program diverted low-risk offenders with low-high need (SUD) into quick access to assessments and treatment, whereby defendants had the option to comply with treatment and have no charges filed if they were successful after a six month period. Not long after implementation, system changes occurred that made this program no longer viable. These changes included: 1)The jail's need to implement a cap-management plan due to overcrowding that diverted low-level offenders from the booking process; 2)The lower number of individuals screened while incarcerated for SUDs due to the voluntary nature of the state's screen; and 3)The decision to screen out crimes that involve victims, again reducing the pool of individuals that would meet criteria.

Fortunately these efforts translated well into a new justice related county initiative called Operation Diversion, created to address the health and safety crisis in the Rio Grande homeless population. This effort commenced after months of planning, with the first operation occurring September 29th, 2016, and was a rich collaboration between Behavioral Health Services, the Sheriff's Office, City Police and others.

Through this project a temporary pop-up receiving center was set up where a person was booked, received legal advice from a legal defender on what to expect, then after receiving a risk/need assessment, and an assessment for placement into behavioral health services, they ended by meeting with both DA and LDA and entered into a voluntary diversion agreement. Under this agreement, no charges would be filed as long as the person was willing to enter into treatment that day. These individuals were then provided transportation directly to a treatment provider, most making a first stop at a methadone treatment facility to limit the impacts of withdrawal and enhance treatment engagement.

	Identify your proposed outcome measures.	1,000
	<p>DBHS has developed several outcomes to track for each of the programs described above. All outcome matrixes <a href="#">can be provided upon request</a>. To track recidivism data for justice involved-individuals, DBHS <a href="#">secured a data-sharing agreement</a> with the county jail. <a href="#">DBHS is working in coordination with CJAC to create criminal recidivism reports</a>. <a href="#">CJAC has proposed new methodology for recidivism studies</a>. We are reviewing methodological changes, and look to be able to identify cost drivers in the criminal justice system and how specific JRI (and other) programs can reduce these associated costs. Additional outcomes that are being collected <a href="#">through the EHR and self-sufficiency matrix (through SLCo Criminal Justice Services)</a> for this population include—treatment and discharge status, numbers served, costs/client, education, employment, income, transportation, and housing status.</p>	879

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Salt Lake County Behavioral Health		Form B	
FY2018 Substance Use Disorder Treatment 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	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 FY2018 Revenue				
Drug Court	1,052,858	-	1,246,998	215,000	473,000	222,396	-	9,360	-	53,428	-	\$3,273,040				
Drug Offender Reform Act	1,053,564	25,000	40,000	-	55,000	-	-	-	-	40,000	-	\$1,213,564				
JRI	655,017	-	865,000	71,899	158,178	-	-	-	107	44,822	1,510,000	\$3,305,023				
Local Treatment Services	3,532,022	1,890,000	2,804,000	451,101	3,460,822	3,157,577	840,109	-	21,000	555,000	1,195,000	\$17,906,631				
Total FY2018 Substance Use Disorder Treatment Revenue	\$6,293,461	\$1,915,000	\$4,955,998	\$738,000	\$4,147,000	\$3,379,973	\$840,109	\$9,360	\$21,107	\$693,250	\$2,705,000	\$25,698,258				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	322,260	-	586,361	-	-	422,994	112,542	-	-	741	557,088	\$2,001,986	1,805	\$1,109		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	1,870,270	716,666	1,066,412	288,806	1,579,727	946,995	230,555	-	9,227	222,391	1,176,498	\$8,107,547	909	\$8,919		
Outpatient (Methadone: ASAM I)	36,966	96,507	152,426	33,568	201,019	164,772	43,947	-	-	125,571	95,238	\$950,014	946	\$1,004		
Outpatient (Non-Methadone: ASAM I)	1,153,206	512,538	1,180,885	199,481	1,114,232	855,539	207,630	-	7,748	209,198	110,182	\$5,550,639	3,981	\$1,394		
Intensive Outpatient (ASAM II.5 or II.1)	1,006,589	553,526	1,296,112	203,704	1,177,532	761,993	185,011	9,360	4,132	38,625	315,376	\$5,551,960	2,025	\$2,742		
Recovery Support (includes housing, peer support, case management and other non-clinical )	1,502,176	-	321,477	-	-	-	-	-	-	7,115	70,000	\$1,900,768	766	\$2,481		
Other (Screening & Assessment, Drug testing, MAT)	401,994	35,763	352,325	12,441	74,490	227,680	60,424	-	-	89,609	380,618	\$1,635,344	3500	\$467		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$6,293,461	\$1,915,000	\$4,955,998	\$738,000	\$4,147,000	\$3,379,973	\$840,109	\$9,360	\$21,107	\$693,250	\$2,705,000	\$25,698,258	13,932	\$1,845		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	1,376,993	1,016,501	867,167	321,853	1,851,361	30,034	840,109	1,264	1,670	170,427	393,362	\$6,870,741				
All Other Women (18+)	597,319	176,504	446,875	113,460	651,198	370,784	-	348	167	53,791	477,971	\$2,888,417				
Men (18+)	4,035,816	196,004	3,376,042	120,313	666,254	2,596,066	-	7,748	1,108	466,873	1,819,619	\$13,285,843				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	283,333	525,991	265,914	182,374	978,187	383,089	-	-	18,162	2,159	14,048	\$2,653,257				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$6,293,461	\$1,915,000	\$4,955,998	\$738,000	\$4,147,000	\$3,379,973	\$840,109	\$9,360	\$21,107	\$693,250	\$2,705,000	\$25,698,258				

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Salt Lake County Behavioral Health	Form B1
FY2018 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 FY2018 Expenditures		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	20749	0	0	0	\$20,749		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	629776	291309	339148	78997	\$1,339,230		
Outpatient (Methadone: ASAM I)	4032	7297	25369	2006	\$38,704		
Outpatient (Non-Methadone: ASAM I)	212996	587709	223110	15471	\$1,039,286		
Intensive Outpatient (ASAM II.5 or II.1)	240928	831329	200022	65871	\$1,338,150		
Recovery Support (includes housing, peer support, case management and other non-clinical )	0	567341	0	0	\$567,341		
Other (Screening & Assessment, Drug testing, MAT)	105083	8580	26447	3034	\$143,144		
FY2018 DORA and Drug Court Expenditures Budget	\$1,213,564	\$2,293,565	\$814,096	\$165,379	\$4,486,604		

## FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

**Local Authority:** Salt Lake County Behavioral Health (DBHS)

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	\$2,001,986	Form B - FY18 Projected Clients Served:	1,805	
Form B - Amount Budgeted In FY17 Area Plan	\$1,751,256	Form B - Projected Clients Served In FY17 Area Plan	1,851	
Form B - Actual FY16 Expenditures Reported by Locals	\$1,832,903	Form B - Actual FY16 Clients Served as Reported By Locals	1,653	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
<p>DBHS 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:</p> <ol style="list-style-type: none"> <li>Volunteers of America/Cornerstone Counseling Center (VOA/CCC) Social Detoxification Center: A 60 - bed facility in Salt Lake for men and women.</li> <li>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.</li> </ol> <p>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.</p> <p><a href="#">See JRI section Operation Diversion</a></p>				841
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).				2000

	No significant changes.				23	
	Describe any significant programmatic changes from the previous year.				2000	
	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.				323	
<b>2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)</b>						
	Form B - FY18 Amount Budgeted:	\$8,104,762	Form B - FY18 Projected Clients Served:	909		
	Form B - Amount Budgeted In FY17 Area Plan	\$6,179,768	Form B - Projected Clients Served In FY17 Area Plan	820		
	Form B - Actual FY16 Expenditures Reported by Locals	\$6,669,573	Form B - Actual FY16 Clients Served as Reported By Locals	990		<b>Character Limit/Count</b>
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000	

	<p>DBHS and Optum currently contract with four residential treatment providers for ASAM 3.1, 3.3, and/or 3.5 services. A process of pre-authorization and utilization review is in place in order to utilize residential services appropriately. The following agencies perform this pre-authorization function:</p> <ul style="list-style-type: none"> <li>• Optum for Medicaid clients;</li> <li>• ARS for DORA, juvenile drug court, and family dependency drug court clients; and</li> <li>• DBHS for all other adults and youth, as well as Family Dependency Drug Court.</li> </ul> <p>See JRI Section Operation Diversion</p>	541	
	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).	2000	
	<p>We are anticipating a significant increase in clients served and expense due to the County funded expansion of the JRI Intensive Supervision Program (ISP) and the Operation division, funded with a combination of one-time dollars, which made 63 residential beds available to SLC PD referrals. The client served counts appear to go down, which is incorrect. Salt Lake County served 748 clients in residential care in SFY16. The State mistakenly added the short and long-term residential client counts together to get 990. Due to significant duplication where some individuals are served in both short and long-term residential, those duplicates must be removed to get to the true unduplicated count of clients served. We assumed the same case rate in our SFY18 budget.</p>	771	
	Describe any significant programmatic changes from the previous year.	2000	
	No significant programmatic changes are anticipated at this time.	67	

3) Outpatient (Methadone - ASAM I)					
Form B - FY18 Amount Budgeted:	\$950,014	Form B - FY18 Projected Clients Served:	946		
Form B - Amount Budgeted In FY17 Area Plan	\$1,189,915	Form B - Projected Clients Served In FY17 Area Plan	643		
Form B - Actual FY16 Expenditures Reported by Locals	\$912,924	Form B - Actual FY16 Clients Served as Reported By Locals	938		<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.				2000	
<p>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/CCC Detox and other providers as needed. Medicaid clients also have the option of receiving opioid treatment and withdrawal services at the Fourth Street Clinic.</p> <p>See JRI section Operation Diversion</p>				433	
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).				2000	
No significant changes.				23	
Describe any significant programmatic changes from the previous year.				2000	

No significant changes.				23
<b>4) Outpatient (Non-methadone – ASAM I)</b>				
Form B - FY18 Amount Budgeted:	\$5,548,315	Form B - FY18 Projected Clients Served:	3,981	
Form B - Amount Budgeted In FY17 Area Plan	\$7,229,392	Form B - Projected Clients Served In FY17 Area Plan	4,650	
Form B - Actual FY16 Expenditures Reported by Locals	\$5,622,429	Form B - Actual FY16 Clients Served as Reported By Locals	4,013	<b>Character Limit/Count</b>
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
<p>DBHS and Optum contract 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 (FCC), the Refugee and Immigrant Center - Asian Association of Utah (AAU), Odyssey House, and VOA/CCC, for all levels of care, and can be accessed by any client currently served.</p> <p>Please see attached list of providers by LOC and population.</p> <p><a href="#">See JRI section Operation Diversion</a></p>				625
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).				2000



	<p>DBHS <a href="#">and Optum</a> 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 FCC, AAU, Odyssey House, and VOA/CCC for all levels of care and can be accessed by any client currently served.</p> <p>Please see attached list of providers by LOC and population.</p> <p><a href="#">See JRI section Operation Diversion</a></p>	463	
	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).	2000	
	No significant change.	22	
	Describe any significant programmatic changes from the previous year.	2000	
	No significant programmatic changes are anticipated at this time.	67	

<b>6) Recovery Support Services</b>						
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.						
Form B - FY18 Amount Budgeted:	\$1,907,644	Form B - FY18 Projected Clients Served:	766			
Form B - Amount Budgeted In FY17 Area Plan	\$1,141,907	Form B - Projected Clients Served In FY17 Area Plan	580			
Form B - Actual FY16 Expenditures Reported by Locals	\$971,411	Form B - Actual FY16 Clients Served as Reported By Locals	441		<b>Character Limit/Count</b>	
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000	
<p>DBHS operates the Drug Court Access to Recovery (ATR) and the Parole ATR (PATR) programs to provide clients with services that support their recovery. 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. DBHS supports the Recovery Oriented Systems of Care initiative.</p> <p>DBHS continues to provide access to Vivitrol for clients actively engaged in SUD treatment. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center and the Martindale Clinic to provide medical care and Vivitrol injections to participating clients. Referrals can come from any DBHS network provider, through CATS in the Jail, the Department of Corrections Treatment Resource Centers, or through Intensive Supervision Probation. Those who attend regular case management appointments and remain engaged in treatment are eligible to receive monthly Vivitrol treatment at no additional charge to the client.</p> <p>In addition to the above, DBHS manages SLCo'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 these clients (numbers not reflected above). Currently, behavioral health case managers are completing the VI-SPDAT to prioritize clients. Salt Lake County's temporary rental assistance program adopts a Rapid Re-Housing model that engages clients every 3 months to assess housing needs and progress made. 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.</p>					1987	
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).					2000	

	<p>The significant increase is due to the inclusion of ATR programs (e.g. PATR) that had previously not been included in the Area Plan budget.</p> <p>The new MAT funding for Vivitrol has now been included as well (\$666k). However, DBHS is still awaiting official state approval of this appropriation. In the event that the funding is confirmed, DBHS would expand services for the Vivitrol Program to approximately 150 additional clients to receive 6 or more injections. This would include intakes and case management for approximately 300 new clients. The remainder of these funds will be used to fund community treatment to support the Vivitrol Program, as it is clinically appropriate to combine MAT and treatment. The program is scalable in that we have identified average injection costs and per client injections, among other collected data. Expansion strategies and exact increases in clients served remain contingent upon official state notice.</p>	944					
	Describe any significant programmatic changes from the previous year.	2000					
	<p>No significant program changes.</p> <p>Any significant programmatic changes to the Vivitrol Program remain contingent upon notice of state funding.</p>	142					
<b>7) Peer Support Services</b>							
	FY18 Amount Budgeted:	\$8,811	FY18 Projected Clients Served:	141			
	Amount Budgeted In FY17 Area Plan	N/A	Projected Clients Served In FY17 Area Plan	N/A			
	Actual FY16 Expenditures Reported by Locals	\$8,811	Actual FY16 Clients Served as Reported By Locals	141		<b>Character Limit/Count</b>	
	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.					2,000	

	<p>Providing and receiving peer support stands as an integral component of rehabilitation and recovery. Salt Lake County and Optum are dedicated to the Peer Support Specialist Program and work to expand the peer workforce in Salt Lake County.</p> <p>Certified Peer Support Specialists are currently employed at Valley Behavioral Health, Odyssey House, and House of Hope. First Step House is in the process of hiring Certified Peer Support Specialist.</p> <p>Peer Support Specialists provide consumers with linkage to support services for SUD issues, mental health, physical health and social services. This service promotes the recovery model and provides tools for coping with and recovering from a substance use disorder.</p>	713	
	<p>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).</p>	1,000	
	<p>Not anticipating change.</p>	24	
	<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>Per Utah Medicaid, Rehabilitative Mental Health and Substance Use Disorder Services directives, certified peer support specialist are under the supervision of a licensed mental health therapist, or a licensed ASUDC or SUDC when peer support services are provided to individuals with an SUD. Supervisors are expected to follow these guidelines offering ongoing weekly individual and/or group supervision to the Certified Peer Support specialist they supervise.</p> <p>All providers are encouraged to attend the Supervision training offered through the State of Utah Division of Substance Abuse and Mental Health (DSAMH). Additionally, Optum SLCO Recovery and Resiliency can provide technical assistance to In-Network providers with Toolkits for Providers. The Tool Kit addresses misconceptions about using peers in services delivery and includes information on how to bill Medicaid, gives examples of job descriptions and provides information on supervision.</p>	958	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	

	No significant programmatic changes are anticipated at this time.	67	
<b>8) Opioid Treatment and Recovery Support Formula Funds</b>			
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> <li>1. Contract with Opioid Treatment Programs (OTP);</li> <li>2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);</li> <li>3. Provision of evidence based-behavioral therapies for individuals with OUD;</li> <li>4. Support innovative telehealth in rural and underserved areas;</li> <li>5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;</li> <li>6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;</li> <li>7. Enhance or support the provision of peer and other recovery supports.</li> </ol>	<b>Character Limit/Count</b>	
	Describe the activities you propose and identify where services will be provided.	2000	
	<p>STR Grant 1.8M Formula Dollars--Pending State approval of Federal Funds. Salt Lake County cannot fully define programmatic development without exact County appropriation. Preliminarily, DBHS is assuming this allocation to be \$739,565.</p> <p>Contingent upon receiving state approval for this amount, DBHS proposes to:  Increase access to clinically appropriate evidence-based MAT for clients residing in the southwest region of Salt Lake County. DBHS is working with Project Reality to provide these services by opening a new location in this region, possibly in coordination with another existing network treatment provider. These funds would be used to assist in the siting of an additional Project Reality clinic offering the full spectrum of MAT and general outpatient therapy. A portion of the funding would be used for infrastructure upgrades to meet CSAT, DEA, and CARF requirements designated for an Opioid Treatment Program (OTP), and to retain staff to provide these MAT services. Additionally, the remaining funds would be utilized to offer client-specific MAT for up to 300 unique clients annually at the new location, and Project Reality's existing Salt Lake City location.</p>	1182	
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000	

		<p>The agency will advertise the additional funding and new location to the target community through other community providers and in areas where limited access of this information would be. They will be coordinating recruitment efforts with local law enforcement, social services organizations, through the Salt Lake County Coordinating Council monthly, and through medical providers. The provider will utilize Spanish speaking staff and a national translation service for immediate translation services into any other languages. The program will also reduce stigma and address bias, beliefs, values and norms by educating individuals with OUD, family members, and others engaged with these individuals (e.g. police, DCFS, medical providers) on the benefits and outcomes of MAT.</p>	777	
		<p>Describe how your plan will improve access and outcomes for individuals with OUD in your community.</p>	2000	
		<p>The southwest region of Salt Lake County is void of any publicly-funded OTP. According to the DSAMH needs assessment, this new location would provide greater access to five of the ten statewide hotspots identified with the highest rates of ED encounters and opioid-related deaths. Outcomes are estimated to be improved based on the ability to provide clients access to an evidence-based therapy as prescribed by a licensed MAT prescriber.</p> <p>Further, the treatment milieu will be designed to foster patient-therapist relationships early in the treatment process to increase motivation and retention while facilitating change. They intend to accomplish this using Motivational Interviewing and other EBPs; intakes performed by therapists for early engagement and rapport; involving the therapists during dosing for mental health monitoring, assessments of stability, crisis intervention and relapse prevention; and 24-hour crisis on-call telephone access to support re-adaptation and functioning.</p>	995	
		<p>For each service, identify whether you will provide services directly or through a contracted provider.</p>	2000	
		<p>All services are to be provided through Project Reality and/or another current Salt Lake County network treatment provider.</p>	123	

<b>9) Quality &amp; Access Improvements</b>		
	Identify process improvement activities including implementation and training of:	<b>Character Limit/Count</b>
	Describe access and quality improvements.	3000
	<p>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.</p> <p>Through the above, the quality of care is monitored consistently. DBHS requires all providers to notify the Division when any new or ongoing authorization is needed. At that time, a Quality Assurance (QA) Coordinator will review the most recent treatment plan/ASAM update for medical necessity. These requests are not automatically approved. 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 QA 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.</p> <p>Optum and DBHS have developed similar preauthorization processes in order to reduce confusion with providers. The overall medical necessity expectations and licensure of those reviewing the request are the same. Slight procedural variations are present such as how authorizations are communicated.</p>	2242
	Identify process improvement activities - implementation.	2000

	<p>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.</p> <p>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.</p> <p>Additionally, <a href="#">ongoing</a> training <a href="#">is</a> provided to help educate and inform all providers on the ASAM criteria and manual.</p>	1120	
	Identify process improvement activities - Training of Evidence Based Practices.	2000	
	<p>DBHS and Optum continues to support providers in their use of evidenced-based practices; <a href="#">however, the individual providers have the responsibility of obtaining training for evidence-based practices. All current providers have to provide evidenced-base practices by contract.</a> DBHS and Optum have seen increased use of evidenced-based practices by providers including increased use of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution-focused Therapy, Trauma Awareness Focused Therapy, Strengthening Families, and gender specific treatments.</p>	574	
	Identify process improvement activities - Outcome Based Practices.	2000	

	<p>The OQ and YOQ are mandated by contract to be used by every provider. Provider training regarding the scoring and practical use increased during FY17. This has resulted in more providers utilizing the OQ/YOQ to full fidelity. DBHS and Optum monitor client files for these measures during scheduled audits. What we have seen in FY17 is not only that more providers are using these tools, but that they are improving in making these tools part of the individualized treatment for the client. Training will be ongoing in FY18.</p> <p>Correctional Program Checklist (CPC) - The CPC is a tool developed to assess correctional intervention programs and is used to ascertain how closely those programs meet known principles of effective intervention. Several studies conducted by the University of Cincinnati-of both adult and juvenile programs-were used to develop and validate the indicators on the CPC. These studies found strong correlations with outcome between overall scores, domain areas, and individual items.</p> <p>The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either "HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT"; or "INEFFECTIVE".</p> <p>DSAMH JRI Certification process.</p>	1820	
	Identify process improvement activities - Increased Service Capacity.	2000	
	Optum monitors access of services through collaboration and coordination of care with SUD providers as well as contact with those Medicaid enrollees seeking services. During FY2017, with the exception of those with co-occurring disorders and criminal involvement, access to SUD services for Medicaid enrollees has been immediate.	332	
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000	

	Feedback is received from multiple sources including, but not limited to, consumer feedback, meetings with providers, other community stakeholders, and data gathered for encounter purposes. All information is analyzed and services are expanded to increase access for Medicaid and Non-Medicaid funded individuals as per funding availability.	343	
	Identify process improvement activities - Efforts to respond to community input/need.	2000	
	Optum and DBHS participate in the Salt Lake County Alcohol and Drug Coordinating Council (CC). Participants include both providers and community stakeholders. This council offers an effective forum for discussing community issues and planning for interventions designed to meet the needs of community.	306	
	Identify process improvement activities - Coalition Development	2000	
	DBHS and Optum works closely with community providers, and other community stakeholders such as USARA and NAMI to coordinate a continuum of services . In addition, DBHS/Optum led a coordinated service effort to outline processes and agency contacts to improve communication and accessibility to services.	304	
	Other Quality and Access Improvements (not included above)	2000	

	No additional improvements that have not been included above.	61	
	<b>10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility</b>	<b>Character Limit/Count</b>	
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000	
	<p>Corrections Addictions Treatment Services (CATS) at 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. The CATS program is also a direct referring partner for the Vivitrol Program.</p> <p>Currently, CATS includes 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).</p> <p>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.</p> <p><a href="#">Any clients county-wide referred to the Vivitrol Program can be served.</a></p>	1276	
	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).	2000	

	No significant changes.	24	
	Describe any significant programmatic changes from the previous year.	2000	
	DBHS has begun offering Vivitrol treatment and case management services to clients leaving the Utah State Prison and receiving treatment at the Treatment Resource Centers. An ATR case manager works directly with the clients at the halfway houses to provide MAT education and offer access to the Vivtrol Program for those struggling with an OUD or alcohol dependence.	366	
	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.	2000	
	DBHS does not spend any SAPT funds on jail-based programming. The division utilizes County funds and other State funds for these programs.	140	

	Character Limit/Count
<p><b>11) Integrated Care</b></p>	2000
<p>Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.</p> <p>Optum and each of the four ACO's meet on a monthly basis to hold staffings of high utilizing clients. These meetings result in improved coordination for our most vulnerable clients.</p> <p>Three of DBHS' providers currently offer integrated physical and behavioral health services. Those include Volunteers of America, Odyssey House and the 4th St. Clinic. Additional coordination between behavioral health providers and physical health providers occur. One example is a collaboration between the Midtown Community Health Center and multiple behavioral health providers through the Vivitrol Program.</p> <p>Additionally, multiple conversations have and continue to occur with the Department of Health and the ACO's on the potential for integrated pilots moving forward. Some discussions focus on the ability to integrate behavioral health and physical health dollars through some form of a Medicaid expansion, another revolves around integration of dollars for the restricted population.</p> <p>New discussions have also been initiated with Intermountain and Select Health to determine the feasibility of implementing two pilots. One effort is to assist new mothers being discharged from LDS hospital that also have substance use disorders and connect them to SL County services once released from the hospital. Another effort surrounds assisting Intermountain's new Access Center patients in connecting individuals with behavioral health conditions to SL County services. Project Reality has expressed an interest in participating in these projects.</p>	1542
<p>Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	2000
<p>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.</p> <p>The Division currently contracts with Fourth Street Clinic for behavioral health assessments for uninsured homeless clients. Additionally, DBHS partners 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.</p>	818
<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000



	<p>DBHS <a href="#">and Optum</a> contract 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.</p> <p>Additionally, DBHS <a href="#">and Optum</a> contract 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.</p> <p>Some of the specific, specialized services provided to women include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• BIONIC (Believe It Or Not I Can) is a women's recovery group.</li> <li>• Project Reality has a pregnancy group that addresses MAT and pregnancy as well as the withdrawal when the baby is born.</li> </ul>	1410	
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect.</p> <p>Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000	
	<p><a href="#">Children of families receiving substance use disorder treatment receive therapeutic/developmental services during the day while their parents are attending group/individual therapy sessions. These services include assessment, individual and family therapy, practicing pro-social and health behaviors. For children in the transition program they are eligible to continue to receiving services while their parents work and move into permanent or transitional housing.</a></p> <p><a href="#">All programs also coordinate care with DCFS and CPS assisting mothers to meet service plan goals, arrange visitation as allowed by court or family agreement, and contingency plans for emergencies.</a></p>	666	
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000	

	<p>The parent and children programs provide case management assistance with obtaining children's records such as birth certificates and social security cards, obtaining Medicaid or other financial supports, and monitoring court dates. Efforts are made to set up educational, mental health, and/or developmental referrals for current and future assistance. Case management services also involve working with families to manage financial assistance already in place.</p> <p>Childcare includes services provided directly to children without parents present such as maintaining daily routines, assisting with activities or daily living, or engaging in recreational activities.</p> <p>Transportation includes child and family appointments outside of the program, attending court, or other events necessary to healthy family functioning.</p>	816	
	Describe any significant programmatic changes from the previous year.	2000	
	No significant programmatic changes are anticipated at this time	64	
<b>13) Adolescent (Youth) Treatment</b>			
	Form B - FY18 Amount Budgeted:	\$2,653,257	
	Form B - Amount Budgeted In FY17 Area Plan	\$3,389,257	
	Form B - Actual FY16 Expenditures Reported by Locals	\$2,756,540	<b>Character Limit/Count</b>
	Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation.	2000	

	<p>DBHS and Optum contract 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.</p> <p>Some of the evidence-based practices employed by our providers are:</p> <ul style="list-style-type: none"> <li>• Multifamily Psychoeducation Group (MFG)</li> <li>• Trauma Focused Cognitive Behavior Therapy</li> <li>• Dialectical Behavior Therapy</li> <li>• Motivational Interviewing</li> <li>• Cognitive Behavior Therapy</li> <li>• Behavior Therapy</li> <li>• Integrated Dual Disorders Treatment</li> <li>• Seeking Safety</li> <li>• Wellness Recovery Action Plan (WRAP)</li> </ul> <p>Additionally, some of the specific specialized services provided to adolescents include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• A “Young Adult” program with Volunteers of America to deliver services to individuals age 17 to 23 to further support their transition into adulthood.</li> <li>• Gender specific treatment.</li> </ul> <p>In order to incorporate the ten key elements of quality adolescent treatment, DBHS will have this as a discussion item during the monthly PSCC meetings. Additionally, DBHS and Optum have a robust monitoring system (see "Governance and Oversight Narrative", section 2 for more detail). DBHS and Optum will incorporate the key elements of quality adolescent treatment into the monitoring tools. This includes providing immediate feedback and training to the providers as problems are identified.</p>	1776	
	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).	2000	
	No significant changes.	23	

	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.				2000	
	<p>Each agency providing treatment collaborates closely with other State agencies serving children and youth to ensure that needs are being met. Both DBHS and Optum monitor these efforts and request that providers document their efforts at collaboration in the client plan. DBHS and Optum participate in the weekly Multiagency Staffing (MAS). This staffing also includes representatives from Juvenile Court, Granite School District, other treatment providers including SUD.</p> <p>No significant programmatic changes have occurred during this past year.</p>				548	
	<b>14) Drug Court</b>					
	Form B - FY17 Amount Budgeted: Felony	\$2,303,605	Form B - FY18 Amount Budgeted: Felony	\$1,726,224		
	Form B - FY17 Amount Budgeted: Family Dep.	\$403,195	Form B - FY18 Amount Budgeted: Family Dep.	\$814,096		
	Form B - FY17 Amount Budgeted: Juvenile	\$98,118	Form B - FY18 Amount Budgeted: Juvenile	\$165,379		
	Form B - FY17 Recovery Support Budgeted	\$948,517	Form B - FY18 Recovery Support Budgeted	\$567,341	<b>Character Limit/Count</b>	
	Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000	

	<p>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.</p> <p>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.</p> <p>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.</p>	1608	
	Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).	2000	
	<p>Felony Drug Court (FDC): Clients receive SUD treatment through either CJS (ASAM 1.0 and 2.1) or through other SLCo 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.</p> <p>CJS uses a number of evidence-based curriculums with drug court clients including Seeking Safety and Moral Reconciliation 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. Ongoing training is provided by CJS staff trained by the curriculum authors. 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.</p> <p>Family Dependency Drug Court: 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.</p> <p>Juvenile Drug Court (JDC): Clients have access to DBHS's full network of contracted youth providers for treatment and case management services.</p>	1419	
	Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).	2000	

	<p>All adult Drug Court clients are eligible to participate in the County's MAT services. All services are contracted out. These include methadone or suboxone through Project Reality and the Vivitrol Program. The injections for the Vivitrol Program are administered via Odyssey House's Martindale clinic or Midtown Community Health Clinic. SUD treatment is available through First Step House, Odyssey House, Clinical Consultants, Vivitrol services are described under the RSS Section.</p>	486	
	<p>Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)</p>	2000	
	<p>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 2-3 times per week, including weekends and holidays, the client will be sent to TASC to test.</p> <p>Family Dependency Drug Court and Juvenile Drug Court clients are tested randomly twice a week by the treatment provider they are being served through.</p>	966	
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000	
	<p>There are no additional fees effective SFY2018.</p>	47	

	Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).				2000	
	All Felony Drug Court staff are trained to use the LS/CMI. Each person who enters Drug Court will be given an entrance LS/CMI, ongoing reassessments, and will be given an exit LS/CMI. The reason for having this assessment occur is to fully address the eight criminogenic needs, while improving case management skills. This has become a priority for case managers this past year, which contributes to a reduction in recidivism rates and improves public safety.				459	
	Describe the Recovery Support Services you will provide with Drug Court RSS funding.				2000	
	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.				1270	
<b>15) Justice Reinvestment Initiative</b>						
	Form B - FY17 Amount Budgeted:	\$697,016	Form B - FY18 Amount Budgeted:	\$3,305,023		<b>Character Limit/Count</b>
	Identify the members of your local JRI Implementation Team.				2000	

	<p>DBHS recognizes JRI as a countywide initiative affecting multiple stakeholders including the county jail, courts, and district attorney's office. As a result when implementing a JRI strategy DBHS was committed to broad support of county stakeholders, including approval from the following Criminal Justice Advisory Council stakeholders prior to implementing programming with JRI community based treatment funding:</p> <p>Salt Lake County Mayor, CJAC Chair, Mayor Ben McAdams  Salt Lake County Council, Councilman Jim Bradley  Salt Lake County Council, Councilman Max Burdick  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 Sheriff for Correctional Services, Pamela Lofgreen  Salt Lake County Human Services Director, Karen Crompton  Salt Lake Legal Defender Association Director, Rich Mauro  Salt Lake County Criminal Justice Services Director, Kele Griffone  Third District Court Presiding Judge, Randall Skanchy  Justice Court Judges, Brendan McCullagh &amp; John Baxter  LEADS Chair, South Salt Lake City Police, Chief Carruth  Draper City, Mayor Troy Walker  Utah State Courts, Justice Court Administrator, Jim Peters  Statewide Association of Prosecutors, Paul Boyden  Utah State Department of Corrections, Executive Director Rollin Cook  Utah House of Representatives, Representative Eric Hutchings  Salt Lake City Police Department, Chief Brown  Utah Third District Court Administrator, Peyton Smith  Salt Lake City Prosecutor's Office, Division Administrator, Valerie Wilde</p> <p>Additional stakeholders that participated in implementing these programs included:</p> <p>Community Treatment Providers (Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, and House of Hope).  West Valley City Prosecutor's Office Private Defense Bar  Community Connections Center (SLC PD Social Work Program)</p>	1996	
	Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.	6000	5943

## Intensive Supervision Probation (ISP)

DBHS continues to partner with the Sheriff's Office and Criminal Justice Services (CJS) on the ISP program. This program targets high-risk individuals sentenced to County probation at CJS. Clients receive an LS/CMI risk assessment and an ASAM assessment to determine appropriate level of care. Clients are supervised in the community by officers from the Sheriff's Office and receive intensive case management services through CJS. With the assistance of JRI funds, DBHS provides two dedicated assessment workers, seated at CJS with the officers and case managers, prioritized access to treatment services, and access to [five](#) 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.

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 additional county funds extended are not included in this budget. [ISP received the 2016 National Association of Counties Achievement Award, and was selected to present at the national Adult Probation and Parole Association Conference in Cleveland, OH in August 2016. In April 2017, ISP received the Sheriff's Office Distinguished Unit award.](#)

[As this program has evolved, ATR services, access to the Vivitrol Program and recovery support services have been added \[through a new contract with Utah Support Advocates for Recovery Awareness \(USARA\)\]. As of February 2017, there are 171 participants and 43 graduates. 83% of clients referred into ISP were assessed for treatment, 79% have remained engaged in treatment, and graduates enjoy a 41% reduction in risk scores.](#)

[For additional information regarding changes in budget please refer to the SA Budget Form.](#)

## Pre-Prosecutorial Diversion & Operation Diversion

A Pre-Prosecutorial Diversion program was implemented in February 2016, and was designed with an eye towards prevention. Partners included 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).

This program diverted low-risk offenders with low-high need (SUD) into quick access to assessments and treatment, whereby defendants had the option to comply with treatment and have no charges filed if they were successful after a six month period. [Not long after implementation, system changes occurred that made this program no longer viable. These changes included: 1\)The jail's need to implement a cap-management plan due to overcrowding that diverted low-level offenders from the booking process; 2\)The lower number of individuals screened while incarcerated for SUDs due to the voluntary nature of the state's screen; and 3\)The decision to screen out crimes that involve victims, again reducing the pool of individuals that would meet criteria.](#)

[Fortunately these efforts translated well into a new justice related county initiative called Operation Diversion, created to address the health and safety crisis in the Rio Grande homeless population. This effort commenced after months of planning, with the first operation occurring September 29th, 2016, and was a rich collaboration between Behavioral Health Services, the Sheriff's Office, City Police and others.](#)

[Through this project a temporary pop-up receiving center was set up where a person was booked, received legal advice from a legal defender on what to expect, then after receiving a risk/need assessment, and an assessment for placement into behavioral health services, they ended by meeting with both DA and LDA and entered into a voluntary diversion agreement. Under this agreement, no charges would be filed as long as the person was willing to enter into treatment that day. These individuals were then provided transportation directly to a treatment provider, most making a first stop at a methadone treatment facility to limit the impacts of withdrawal and enhance treatment engagement.](#)

	Identify training and/or technical assistance needs.							2000
	ISP Team is looking to incorporate self-care trainings for the team.							68
	<b>16) Drug Offender Reform Act</b>							
	In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:							
	Form B - FY18 Amount Budgeted:	\$1,213,564						
	Form B - Amount Budgeted In FY17 Area Plan	\$1,118,875						
	Form B - Actual FY16 Expenditures Reported by Locals	\$1,190,190						<b>Character Limit/Count</b>
	<b>Local DORA Planning and Implementation Team:</b> 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.							2000
	Peyton Smith, Third District Court Executive James Duckworth, AP&P DORA Administrator Mitch Park/Blake Nakamura, SLCo District Attorney Tim Whalen, 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.							428

	<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?</p>	2000	
	<p>We served 190 DORA clients in FY16. We estimate that we will serve a similar number of DORA clients in FY18. We believe that in excess of 50% of those currently in DORA treatment will still be in treatment on July 1, 2017.</p>	225	
	<p><b>Continuum of Treatment Services:</b> Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2018, 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.</p>	2000	
	<p>The full continuum of SUD treatment and recovery services are available to DORA clients as described within the area plan.</p>	122	
	<p><b>Evidence Based Treatment:</b> Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.</p>	2000	

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 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.

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Salt Lake County Behavioral Health				Form C						
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 FY2018 Revenue		
FY2018 Substance Abuse Prevention 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										
FY2018 Substance Abuse Prevention Revenue	\$162,788.00		\$278,044.00			\$1,713,294.00	\$157,892.00					\$2,312,018		
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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
FY2018 Substance Abuse Prevention Expenditures Budget	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	8481		25000			92414	157892					6000	\$283,787	\$258,787.00
Universal Indirect			4000										\$4,000	
Selective Services	109217		155408			1147242						13000	\$1,411,867	\$1,189,929.00
Indicated Services	45090		93636			473638						3000	\$612,364	\$518,728.00
FY2018 Substance Abuse Prevention Expenditures Budget	\$162,788	\$0	\$278,044	\$0	\$0	\$1,713,294	\$157,892	\$0	\$0	\$0	\$0	\$22,000	\$2,312,018	\$1,967,444
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures	53000	1398294	35000	150000	75000	2000	\$1,713,294							

**FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE**

Local Authority:

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

**Executive Summary**

In this section, **please write an overview or executive summary of the entire plan**. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

**Character Limit/Count**

**6,000**

This report is a summary of the Salt Lake County SUD (Substance Use Disorder) Prevention program planning process. The SUD Prevention program is housed within Community Health in the Salt Lake County Health Department. This document will provide a description of the SUD Prevention program.

The State of Utah, as required by state law (Title 17-43-201 et. Seq. of the Utah Code), is one of 23 states within the U.S. to deliver its public substance abuse services through county government. Salt Lake County has been providing substance abuse treatment and prevention services on behalf of the citizens of Salt Lake County for more than 30 years. Salt Lake County, like many large urban county and governmental agencies across the U.S., delivers services in the private sector through a system of providers contracted based on a public-private partnership model.

Assessing the SUD Prevention needs within Salt Lake County includes the review of several factors. We review available data, the population of the county, the diversity of the many communities within Salt Lake County and the cycle of purchasing prevention programming through a Request for Proposal (RFP) process every three years. The RFP process allows Salt Lake County to use the expertise of a pool of qualified providers and drive costs down through the competitive bid process. We are currently in the third year of this three-year cycle.

After reviewing the data and receiving input from our community partners, several issues of concern were identified by the community partners which are detailed in this report. Although we pay close attention to specific drugs being abused within the community such as alcohol, tobacco, E-cigarettes, marijuana and prescription drugs, research is clear that attitudes and behaviors are changed by influencing risk and protective factors. Responsible prevention is to use Best Practice Substance Use Disorder Prevention to lower risk factors and increase protective factors. The Best Practice Research Based Prevention programs we fund are proven by research to decrease risk factors and increase protective factors. In addition, when we implement best practice substance abuse prevention programs, the research states we are also reducing risk factors and increasing protective factors connected with delinquency, violence, teen pregnancy, depression and anxiety.

Salt Lake County currently provides a comprehensive array of prevention services ranging from early pregnancy programs to increased education for the elderly. We use tested, effective, best practice evidence based programs and we encourage other community-based organizations in our county to align with evidence-based community programs and processes such as Communities that Care (CTC) and Community Anti-Drug Coalitions of America (CADCA) models. Salt Lake County believes these proven community centered prevention models are critical elements of reaching the goal of reducing substance use and improving the quality of life for the citizens of Salt Lake County.

Salt Lake County builds community readiness and community capacity by educating and encouraging our communities to learn about and support Science Base Prevention. We do this by training coalitions, the community, and individuals in prevention science. We also look for opportunities to educate and network with the community. We actively seek out communities, entities, and individuals that are prevention ready and facilitate movement towards community-centered evidence-based prevention practices. Each year our prevention staff gives several prevention presentations as a way of raising readiness by discussing prevention. The ultimate aim of Capacity Building is to prevent the misuse of drugs by educating all members of the community in the science of prevention. When individuals and communities understand the science of prevention, they influence the process within their communities as it relates to funding and providing science based prevention.

Before a program is implemented, extensive planning is involved so that we know the strategies that are already being provided in the community. The planning details include program goals, objectives, tracking of outcomes, strategies to reach goals, and time lines for outcomes. All our programs are implemented with logic models that detail who will receive services, when, how, dosage and what the expected results will be. Program evaluation occurs on two levels. First, the Salt Lake County SUD Prevention staff audit each provider yearly to ensure contracted programs are being provided according to the contract and with fidelity. We also track available community surveys that document community behavior.

Although it can be difficult to ascertain if our programs are effective community wide, our review of the pre and post tests, community surveys, and other data document our success. Best Practice Programs that are administered to fidelity are proven to change attitudes and behaviors. The Student Health and Risk Prevention (SHARP) Survey is our primary tool for knowing youth usage rates within the County and the State. This tool shows our strategies are effective in not only having the lowest usage rates in the nation, but in our efforts to continue driving down the use of drugs.

We recognize there are many factors that contribute to usage rates. When comparing data from Salt Lake County and the U.S., we can see our prevention efforts are successful. Research documents when prevention is administered according to Best Practice Standards, many substance use problems can be prevented.

5640

1) **Assessment**

Example:

	<p>The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.</p>	<p><b>Character Limit/Count</b></p>				
	<p><b>Things to Consider/Include:</b>  Methodology/what resources did you look at? What did it tell you?  Who was involved in looking at data?  How did you come up with the prioritization?  Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.</p>	<p>1,060,000</p>				

Assessing the Substance Use Disorder Prevention need within Salt Lake County is driven by several factors which include available data, the population of the county, the diversity of the many communities within Salt Lake County and the cycle of purchasing prevention programming through a Request for Proposal (RFP) process every three years. The main data sources reviewed are the Student Health and Risk Prevention (SHARP) Survey, the Utah Indicator Based Information System for Public Health (IBIS), and the Behavioral Risk Factor Surveillance System (BRFSS). Utah Statewide Substance Abuse Epidemiology Profile Report. The United States Census Bureau projects the population of Salt Lake County to be approximately 1.2 million people. The population is housed within about 20 different communities. Five of the communities have coalitions that are specific to Substance Use Disorder Prevention. While it is possible to find needs that are shared by each community, differences also exist due to the size of the county. As a result, conclusions are made for the county but individual communities also conduct assessments with our support and technical assistance. Salt Lake County purchases prevention services through a RFP process. This allows the County to use the expertise of a pool of qualified providers and drive costs down through the competitive bid process. The providers, as a part of their proposal, also assess the needs within the community and propose ways of filling the needs.

The data for the assessment was reviewed by Salt Lake County SUD Prevention staff, community partners, coalitions, and our network of providers. The SHARP's data analysis was completed by Bach Harrison.

After reviewing the data and receiving input from our community partners, several issues of concern were identified by all the community partners. Alcohol use among sixth, eighth, tenth, and twelfth graders in Salt Lake County has seen consistent decreases in the trend data over the past ten years. It is significant to note the alcohol use decrease is being seen while total alcohol sales and consumption in the State of Utah is increasing significantly. As of 2015, alcohol use was down to a low of 8.7% from a high of 15.1% in 2005 for all grades combined. Salt Lake County's 30-day alcohol consumption among youth is consistently higher than the State of Utah numbers, though the gap between the County and the State has been narrowing over the past several years.

Overall, 30-day substance use in Salt Lake County remains well below the national numbers and slightly higher than State of Utah averages. Over the past decade, many substances have seen consistently low usage and some have seen consistent decreases. A select few areas have seen some modest spikes with the most alarming being the increase in E-cigarette use.

Marijuana use among sixth, eighth, tenth, and twelfth graders in Salt Lake County has seen consistent minor increases in recent history. However, it is pleasing to note that 30-day marijuana usage in Salt Lake County is slightly down from a high of 8.3% in 2013 to 7.1% in 2015. This represents a greater rate of decline when compared to the state overall.

Prescription drug use among sixth, eighth, tenth, and twelfth graders had seen a minor increase from 2003 to 2015 but has now remains relatively stagnant. Current 30-day usage among the above listed grades in Salt Lake County is 2.6% which is comparable to usage for the same grades statewide.

We have seen a dramatic rise in nicotine use by adolescents associated with the introduction of E-cigarettes. Data on youth use of E-cigarettes first became available in 2011 and since that time all grade use has skyrocketed more than 360%. A use rate of 9.7% in 2015 is nearly 4 times higher than the rate of use for conventional cigarettes.

Although we pay close attention to the specific drugs being abused within the community, research is clear that attitudes toward drug misuse and behaviors are changed by influencing risk and protective factors. Best practice Substance Use Disorder Prevention is to lower risk factors and increase protective factors. It is clear four risk factors are concerningly high and four protective factor are weak.

Risk Factors identified as being high and needing to be reduced include:

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

Protective Factors identified as low and needing to be strengthened include:

- Rewards for Prosocial Involvement (Community Domain)
- Opportunities for Prosocial Involvement (Family Domain)
- Family Attachment (Family Domain) and
- Rewards for Prosocial Involvement (Family Domain).

Using the Salt Lake County Prevention Services Plan and updating priorities with data such as the SHARP survey, Salt Lake County will match our funding and service delivery to those local priorities. With increased data from the Health Department (HD) including "community health indicators", Salt Lake County may re-prioritize or add additional priorities to our plan such as prescription drug overdose prevention. Salt Lake County will continue to prioritize evidence-based services being provided with fidelity. Salt Lake County supports the State's directive in having 90% of all services tested as evidence-based.

Salt Lake County currently provides a comprehensive array of prevention services ranging from early pregnancy programs to increased education for the elderly. We use tested, effective, best practice evidence based programs as we encourage other community-based organizations in our county to align with evidence-based community programs and processes such as Communities that Care (CTC) and Community Anti-Drug Coalitions of America (CADCA) models. Salt Lake County 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. We build community readiness and community capacity by encouraging our communities to learn about and support science based prevention. Salt Lake County 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. Salt Lake County supports current prevention coalitions and all the current healthy city coalitions. Salt Lake County will participate in establishing at least one new Communities That Care coalition in FY2018.



Several strategies or programs were presented to Salt Lake County by agencies within the county through our RFP process. Salt Lake County and a committee of our community partners reviewed several proposals. Contracts were awarded to 18 agencies to provide several programs. A list of the agencies and programs is documented below.

The programs are being funded by our Federal Block Grant and State General Fund. We are also working with several coalitions within the county. Each of the coalitions are unique and are in various stages of formation. We prioritize providing them with support which includes training to increase their knowledge of prevention principals and training to teach them how to build effective coalitions. We are very careful to not take ownership of the coalitions. If local communities do not have ownership of their coalition, they are at high risk to lose community buy in, support, and sustainability.

**Prevention Funded Agencies and Short Program Descriptions:**

**SALT LAKE COUNTY AGING SERVICES**

**LIVING WELL WITH A CHRONIC CONDITION (CDSMP)**

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.

Enhance Wellness

Personal health coaching for adults 60 years of age or older

**ASIAN ASSOCIATION OF UTAH**

**PARENTING WISELY**

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.

**LIFE SKILLS**

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.

**YELL**

The YELL program has lessons on teamwork, decision making, and what makes a good leader.

**DARE TO BE YOU**

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.

SPRING PROGRAM AT ROSE PARK, 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.

**BIG BROTHERS BIG SISTERS**

Mentoring At-Risk Youth: 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.

**MENTORING AT-RISK YOUTH REFUGEE POPULATIONS**

Same as above but focused on Refugee populations

**BOYS AND GIRLS CLUB GREATER SALT LAKE**

**PROTECTING YOU, PROTECTING, ME:**

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. PY/PM 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.

**KEEPIN' IT REAL:**

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.

**CENTRO DE LA FAMILIA**

Nuevo Dia (New Day) is a 12-month program conceptualized into three major components: life skills, education, and advocacy. Mothers and Daughter- based services. The program is Strengthening Latino Families.

**CORNERSTONE COUNSELING CENTER**

**(VOLUNTEERS OF AMERICA)**

**ALL STARS**

Provides social skills training and drug prevention education for high risk classrooms in grades six, seven, and eight.

LIVING SKILLS 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

VOICES The VOICES curriculum is for at risk junior high school boys and girls who participate in 10 sessions focusing on gender specific skill building to deal with the unique risk factors and concerns youth face at this time in their lives.

FAMILIES PLUS 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.

LIFE SKILLS is a classroom based prevention program which teaches students personal and social skills



Program evaluation occurs on two levels. First, evaluation is written into the contract between Salt Lake County and its providers. The providers are contracted to administer Best Practice programs to fidelity and according to program design. The contract also requires the providers to include program evaluations. This is often done with pre and post testing. Program evaluations are often subcontracted out by our providers. Second, our office conducts an annual audit of each program to ensure programs are being administered to fidelity. We check to see if staff are trained and the programs are implemented as designed. We attend a session of the program to view it as it is being taught. We monitor to make sure the dosage in each training is correct. We monitor the number of sessions, the length of sessions, the frequency of delivery, the quality of delivery, the presenter's expertise and enthusiasm in conveying the material, the participant involvement, the attendance, and the active engagement of participants. Best Practice Programs that are administered to fidelity are proven to change attitudes and behaviors.

1128

6) Attach Logic Models for each program or strategy.

**Logic Model 1**

Program Name		Cost to Run Program		Evidence Based: Yes or No		
Agency		Tier Level:				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic						
Measures & Sources						

**Logic Model 2**

Program Name		Cost to Run Program		Evidence Based: Yes or No	
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Agency		Tier Level:				
Logic	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Measures & Sources						

**Program: Adolescent Capacity and Empowerment Program (ACE) Date: FY18**

<b>Program Name:</b> Adolescent Capacity and Empowerment Program (ACE)		<b>Evidence Based?</b> Yes-Tier 2		FY2018			
<b>Provider Name:</b> The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)		<b>Yearly Cost -</b> \$55,000					
<b>LSAA; Salt Lake County</b>							
Logic	Goal	Factors	Focus Population		Strategies	Outcomes	
			U	S		Short	Long
	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: FY18

Program Name: Family Strengthening: Dare to Be You (DTBY)		Evidence Based		YES -National Registry	FY2018			
Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)		Yearly Cost -		\$75,000				
LSAA, Salt Lake County								
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	SELECTIVE	I		Short	Long
	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: FY18

<b>Program Name:</b> Parenting Support and Information: Parenting Wisely		<b>Evidence Based</b> YES -National Registry		FY2018				
<b>Provider Name:</b> The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)		<b>Yearly Cost -</b> \$15,000						
<b>LSAA; Salt Lake County</b>								
Measures and Sources	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	Indicated		Short	Long
	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
	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: FY18

Program Name: SEAS Program Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU) LSA; Salt Lake County		Evidence Based - Yes -Researched based, not on registry Yearly Cost - \$60,000					
	<b>Goal</b>	<b>Factors</b>	<b>Focus Population</b>		<b>Strategies</b>	<b>Outcomes</b>	
			U	SELECTIVE		I	Short
<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; SLCSD 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: FY18

Program Name: Leaders and Counselors in Training (LCIT) Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU) LSAA; Salt Lake County		Evidence Based YES Researched based, not on registry Yearly Cost - \$20,000						
Measures and Sources	Goal	Factors	Focus Population		Strategies	Outcomes		2023 SHARP Data
			U	SELECTIVE I		Short	Long	
	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	
	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		

Program Name: Stanford Self-Management Programs

Evidence Based: Yes - National Registry

FY2018

Provider Name: Salt Lake County Aging & Adult Services

Yearly Cost: \$45,000

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Measures & Sources	2012 IBIS 2015 TESS	SLCoAAA Pre/post test	Participant Information Forms			Attendance Records	SLCoAAA Pre/Post Test 2016 TESS	2020 IBIS 2020 TESS
	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

Program Name: Selective Population, Mentoring Program & Refugee Mentoring Program	Evidence Based	Yes -National Registry	FY2018
Provider Name: Big Brothers Big Sisters of Utah (BBBSU)	Yearly Cost: \$55,000		

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population		Strategies	Outcomes	
			S			Short	Long
	1. Reduce 30 day alcohol use among youth 6-17 years old.	<ol style="list-style-type: none"> <li>Favorable attitudes toward antisocial behaviors</li> <li>Lack of Commitment to School</li> <li>Family Attachment</li> </ol>	<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 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:  - 32.8% in 2013 to 31.9% in 2016, 31% in 2015, and 30% by 2018 (6<sup>th</sup> grade)  - 37% in 2013 to 36.3% in 2016, 35.6% in 2015, and 35% by 2018 (8<sup>th</sup> grade)  - 36.5% in 2013 to 36% in 2016, 35.6% in 2015, and 35.1% by 2018 (10<sup>th</sup> grade)</p>	
				<p>3. Youth reporting positive family attachment will increase from:  - 64.1% in 2013 to 64.7% in 2016, 65.3% in 2017, and 66% by 2018 (6<sup>th</sup> grade)  - 65.8% in 2013 to 66.5% in 2016, 67.2% in 2017, and 68% by 2018 (8<sup>th</sup> grade)  - 65.9% in 2013 to 66.5% in 2016, 67.3% in 2017,</p>		

					<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



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

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population		Strategies	Outcomes	
				1			
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 participants and at least quarterly contact with all continuing participants to ensure continuous individualized support to achieve positive youth outcomes</p>	<p>5. Youth reporting a lack of commitment to school will decrease from:  - 32.8% in 2013 to 31.9% in 2016, 31% in 2015, and 30% by 2018 (6<sup>th</sup> grade)  - 37% in 2013 to 36.3% in 2016, 35.6% in 2015, and 35% by 2018 (8<sup>th</sup> grade)  - 36.5% in 2013 to 36% in 2016, 35.6% in 2015, and 35.1% by 2018 (10<sup>th</sup> grade)</p>	
				<p>6. Youth reporting positive family attachment will increase from:  - 64.1% in 2013 to 64.7% in 2016, 65.3% in 2017, and 66% by 2018 (6<sup>th</sup> grade)  - 65.8% in 2013 to 66.5% in 2016, 67.2% in 2017, and 68% by 2018 (8<sup>th</sup> grade)  - 65.9% in 2013 to</p>		



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 – FY2018

Program Name: "Keepin' it REAL"		Evidence Based: <b>Y</b> N -National Registry		FY2018				
Provider Name: Boys & Girls Clubs of Greater Salt Lake		Yearly Cost: \$21,654						
LSAA; Salt Lake County								
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<b>S</b>	I		Short	Long
	Reduce underage drinking, cigarette, and marijuana use.  Reduce underage drinking, cigarette, and marijuana use among Hispanic and Black youth.	Early Initiation of Drug Use  Perceived Risk of Drug Use	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)	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.  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.	Underage drinking will decrease from 26% LTU in 2013 to 21% LTU in 2019, all races; 38% to 32%, Hispanic; 26% to 21%, Black.  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.  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.
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 – FY2018

Program Name: “Protecting You, Protecting Me” Provider Name: Boys & Girls Clubs of Greater Salt Lake		Evidence Based: <input checked="" type="radio"/> Y <input type="radio"/> N - National Registry Yearly Cost: \$21,654		FY2018			
LSAA; Salt Lake County							
Logic	Goal	Factors	Focus Population		Strategies	Outcomes	
			U	S		Short	Long
	Reduce underage drinking, cigarette, and marijuana use.	Early Initiation of Drug Use Perceived Risk of Drug Use	School age youth, ages 6 – 12, who are members, or recruited as members, of Salt Lake City Boys & Girls Clubs.		“Protecting You, Protecting Me” @ 60 min – 1x per week for 8 weeks, 2x per year @ 3 Boys & Girls Club sites (Capitol West, Lied and Sugar House)	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.	Underage drinking will decrease from 26% LTU in 2013 to 21% LTU in 2019, all races; 38% to 32%, Hispanic; 26% to 21%, Black.
	Reduce underage drinking, cigarette, and marijuana use among Hispanic and Black youth.					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.	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.
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 Y -National Registry

FY2018

Provider Name: Centro de la Familia de Utah

Yearly Cost - \$59,000

LSAA; Salt Lake County

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

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  
 Provider Name: Children's Service Society (CSS)

Evidence Based Y N -Tier 3  
 Yearly Cost: \$27,744.00

FY2018

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
	Prevent use of Alcohol in a Second Generation	Parental Attitudes Favorable to Antisocial Behavior	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
		Family Attachment						

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

FY2018

Provider Name: Granite School District (GSD)

Yearly Cost: \_\$ 40,866 \_

LSAA; Salt Lake County

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

Measures & Sources	2013 GSD SHARP Report	2013 GSD SHARP Report	Program Records	Botwin 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 Y N -National Registry

FY2018

Provider Name: Housing Opportunities Inc.

Yearly Cost: \$46,748.76

LSAA, Salt Lake County

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

				<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>	use drugs.	
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				participate.		
Measures & Sources	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 Y N -National Registry

FY2018

Provider Name: Housing Opportunities Inc.

Yearly Cost: \$32,376

LSAA, Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
	Reduce the risk for future Marijuana and alcohol use in households with children 0-5	Family Management Pro-social involvement in the family and community Family Attachment	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.			As described by NREP the Parents as Teachers Program consists of the following four components: <u>Personal Visits</u> 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	85% of participants who attend 70% of the home visits will increase their family management skills from 70% to 90% 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% 85% of participants who attend 70% of	Reduce lifetime Marijuana use among 10 <sup>th</sup> graders from 17.2% to 10% in 2023 Reduce lifetime Alcohol use among 10 <sup>th</sup> graders from 28.9% to 20% in 2023

				<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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Measures & Sources	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 Y N -National Registry

FY2018

Provider Name: Housing Opportunities Inc.

Yearly Cost: \$57,624

LSAA; Salt Lake County

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

				completion <u>TGFDV</u> 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. 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.		
Measures & Sources	2013 SHARP 2008 HACSL Needs Assessment	2013 SHARP Archival Data	Attendance Records	Attendance Records Homework Completion Records TGFDV pre/post evaluations Parent and Youth Satisfaction Surveys Daily Activity Log	SHARP Data TGFDV Pre/Post Evaluations Parent and Youth Satisfaction Surveys	2023 SHARP Annual Comparisons

Program Name: Strengthening Families Program  
 Provider Name: Urban Indian Center of Salt Lake

Evidence Based Y N -National Registry  
 Yearly Cost \$15,000

FY2018

LSAA, Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	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

FY20187

Provider Name: Project Reality

Yearly Cost: \$101, 875.05

LSAA, Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
<p>Logic</p>	<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>-Indicated high-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>		



Measures & Sources	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

FY2018

Provider Name: Project Reality

Yearly Cost: \$125,000

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
<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 65% 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>			



Measures & Sources	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)

Evidence Based  Y -National Registry

FY2018

Provider Name: City of South Salt Lake

Yearly Cost: \$45,000

LSAA; Salt Lake County

Goal	Factors	Focus Population			Strategies	Outcomes	
		U	<input type="checkbox"/> S	I		Short	Long
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

			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

LSAA: Salt Lake County

Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(includes dosage)</i>	Outcomes	
		Univ	Sel	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
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</p> <p>All High Schools within the Granite School District</p> <p>Horizonte Instruction and Training Center</p> <p>Innovations Early College Preparation High School</p> <p>Boys and Girls Clubs of Greater Salt Lake</p> <p>Juvenile Justice Services Division of Child and Family Services</p>	X		<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 likely 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 Youth Works program completion</p> <p>10% Decrease in ATOD use by 2023</p>
Logic							

				<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>		
<p>Measure &amp; Sources</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>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>	<p>Registration – Interview process</p>	<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  Y -National Registry  
 Yearly Cost: \$45,000

FY2018

LSAA; Salt Lake County

Measures & Sources	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	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
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: **SPY HOP PRODUCTIONS**  
 Provider Name: **SPY HOP PRODUCTIONS**

Evidence Based  Y  N -Tier 2  
 Yearly Cost: \$105,000

FY2018

LSAA; Salt Lake County

Measures & Sources	Goal	Factors (2 Risk Factors, 2 Protective Factors)	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
	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%.	
	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	

## SPORT© Program

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Program Provider: Neighborhood Action Coalition at University of Utah

LSAA: Salt Lake County

Evidence- based: Yes -National Registry

FY2018

Yearly Cost: \$34,730

Goal	Risk /Protective Factor(s)	Focus Population			Strategies <i>(Includes dosage)</i>	Outcomes	
		Univ	Sel	In		Short <i>factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
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 Boys and Girls Club of Midvale, Midvale Middle School and Community Building	Community center	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
Logic	-----						

Measure & Sources	SHARP Data	SHARP Data	Attendance Sheets	<ul style="list-style-type: none"> <li>- Staff Reports</li> <li>- Curriculum checklist/lesson plans</li> <li>- Worksheet completion checklist</li> <li>- Pre-Post tests provided in SPORT curriculum</li> <li>- Follow-up phone calls with parents</li> </ul>	<ul style="list-style-type: none"> <li>- Completion of Fitness Feedback Sheet</li> <li>- Pre- and Post-consultation interviews/surveys</li> <li>- Hillcrest (Midvale) Cone SHARP Survey</li> </ul>	Hillcrest (Midvale) Cone SHARP Data
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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	Ind		Short <i>(factors- with how much change)</i>	Long <i>(goal- with how much change)</i>
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		

Logic

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: \_\_\_\_\_

FY2018

LSAA; Salt Lake County

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

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

Evidence Based Y -National Registry

FY2018

Yearly Cost: \_\_\_\_\_

Provider Name:

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
	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 Y N -National Registry

FY2018

Provider Name: Volunteers of America UT/ Cornerstone Counseling

Yearly Cost : \$21,829.50

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
<b>Logic</b>	1. Decrease early initiation of ATOD use 2. Decrease favorable attitudes towards ATOD use.	1. Early initiation of problem behavior 2. Attitudes favorable toward the problem behavior	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.	1. Decrease early initiation of problem behavior by 2.5% from 2015 to 2017 2. Decrease attitudes favorable toward the problem behavior by 2.5% from 2015 to 2017	1. Decrease early initiation of ATOD use by 2% in 2022 2. Decrease favorable attitudes towards ATOD use by 2% by 2022

<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)

Evidence Based Y N-National Registry

FY2018

Provider Name: Volunteers of America, Utah

Yearly Cost: \$24,874.50

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
	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%	Reduce ATOD use by 3% by 2022
						Family management skills will increase 2.5%	Family conflict will decrease 2.5%.	

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  N -National Registry

FY2018

Provider Name; Volunteers of America UT/ Cornerstone Counseling

Yearly Cost: \$19,899.00

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			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 Y N -National Registry

FY2018

Provider Name: Volunteers of America UT/ Cornerstone Counseling

Yearly Cost: \$ \$80,055.36

LSAA; Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	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: Daily Alcohol, Tobacco, and Other Drugs Classes

Evidence Based Yes -National Registry

FY2018

Provider Name: Salt Lake County Division of Youth Services (DYS)

Yearly Cost: \$37,376

LSAA; Salt Lake County

Measures & Sources	2013	2013	Program Logs Attendance Records Pre and Post Assessments	Program Logs Attendance Records Pre and Post Assessments	Outcomes	
					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
Goal	Factors	Focus Population	Strategies	Outcomes		
		U	Selected	I		

Program Name: Girls Circle (Discovering Possibilities)

Evidence Based Yes -National Registry

FY2018

Provider Name: Salt Lake County Division of Youth Services

Yearly Cost: \$19,876.80

Measures & Sources	Goal	Factors	Focus Population			Strategies	Outcomes	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.	
2013 SLCO SHARPPS								
2013 SLCO SHARPPS								
Program Logs Attendance Record Pre and Post Assessments								
Rosters and Pre and Post Assessments								
2013 SLCO SHARPPS								
2013/2017 SLCO SHARPPS								

Program Name: Strengthening Families

Evidence Based Yes - National Registry

FY2018

Provider Name: Salt Lake County Division of Youth Services

Yearly Cost: \$24,846.00

LSAA, Salt Lake County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	Selected	I		Short	Long
	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

FY2018

Provider Name: Salt Lake County Division of Youth Services

Yearly Cost: \$37,376

LSAA; Salt Lake County

Measures & Sources	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		
2013 SLCO SHARPS	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs Attendance Records Pre and Post Assessments	Rosters	2013 SLCO SHARPS	2013/2017 SLCO SHARPS		

<b>FY18 Substance Use Disorder Treatment Federal Opioid Grant</b>			<b>Local Authority:</b> Salt Lake County Behavioral Health	<b>Form B-OG</b>
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FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	739565	\$739,565
<b>Total FY2018 Substance Use Disorder Treatment Revenue</b>	<b>\$739,565</b>	<b>\$739,565</b>

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)				#DIV/0!
Outpatient (Methadone: ASAM I)	739565	\$739,565	300	\$2,465
Outpatient (Non-Methadone: ASAM I)				#DIV/0!
Intensive Outpatient (ASAM II.5 or II.1)				#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical )				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)				#DIV/0!
<b>FY2018 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$739,565</b>	<b>\$739,565</b>	<b>300</b>	<b>\$2,465</b>

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	169116	\$169,116
All Other Women (18+)	73286	\$73,286
Men (18+)	497163	\$497,163
Youth (12- 17) (Not Including pregnant women or women with dependent children)		



## 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

**Salt Lake County  
Division of Behavioral Health  
DUI Assessment Co-pay schedule - Adult**

**Number of family members**

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

**Salt Lake County  
Division of Behavioral Health  
DUI Assessment Co-pay schedule - Adult**

**Number of family members**

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

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



**COUNTY COUNCIL**

**Steven L. DeBry, Chair**  
District #5

**Jenny Wilson**  
At-Large A

**Richard Snelgrove**  
At-Large B

**Jim Bradley**  
At-Large C

**Arlyn Bradshaw**  
District #1

**Michael Jensen**  
District #2

**Aimee Winder-Newton**  
District #3

**Sam Granato**  
District #4

**Max Burdick**  
District #6

April 25, 2017

Mr. Tim Whalen, Director  
Behavioral Health Services Division  
Rm. S2-300, Government Center  
Salt Lake City, Utah

Dear Mr. Whalen:

The Salt Lake County Council, at its meeting held this day, approved the Salt Lake County Local Authority Area Plan for Behavioral Health Services for State Fiscal Year 2018.

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

**Respectfully yours,**

**SALT LAKE COUNTY COUNCIL**

**SHERRIE SWENSEN, COUNTY CLERK**

By   
Deputy Clerk

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**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 160424 & 160237, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY:** \_\_\_\_\_

**By:**   
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

**PLEASE PRINT:**

**Name:** Richard Snelmore

**Title:** Vice Chair, Salt Lake County Council

**Date:** 4/25/17