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!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
All residents of Salt Lake County are eligible for services regardless of their ability to pay. We do expect residents with insurance, adequate wages, or other forms of payment to pay for as much of their care as possible but payment is based on our Local Authority approved sliding fee schedules. In FY 2017, DBHS 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 (Addition Society of Medicine) levels of care (LOC), from ASAM 1.0 to ASAM 3.5, and all mental health (MH) 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 substance use disorder (SUD) interim groups for individuals who are awaiting enrollment in a program. DBHS will submit their annual Prepaid Mental Health Plan (PMHP) Financial Report (Medicaid Cost Report) to the Utah Division of Substance Abuse and Mental Health (DSAMH) annually within 15 days of finalizing the report with the Department of Health Division of Medicaid Financing.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?
Same response as above. In addition to the above, there are not usually wait times for mental health services. However, if the person is on Block Grant funding and is not pregnant and/or an intravenous drug user, then there is typically a waiting period to get into SUD residential treatment services. The amount of time can be two - six months, depending on the facility and what is occurring with clients presently within these residential facilities. There typically is no wait to up to a two week wait for all outpatient services. However, unless it is contraindicated clinically, if clients must be on a wait list they will typically be invited to attend either ASAM 2.1 or 2.5 LOC. Additionally, all clients are made aware of the Interim Groups offered through the University of Utah's Assessment and Referral Services/Interim Group Services (ARS/IGS). Wait lists are managed by the individual provider. The protocol that each provider has is that the client must call in at certain times (explained to the consumer once they make contact) to confirm their continued interest and receive updates as to where the consumer is on the waiting list. Due to the amount available via the Block Grant being finite, each agency is given a maximum "up to" amount, by contract, that they are entitled to spend during any given contract year. By contract, agencies must limit the spending to 1/12 per month, since it is the expectation of DBHS that the funding last the entire year. If they exceed this amount, any future claims will go into suspension until they are able to rectify the situation.

An assessment is not completed until the person enters treatment. Once that is completed the person will be seen within seven days, many times occurring the same or next day.

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

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

How is this amount of public subsidy determined?

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

Treatment is not just one service but a comprehensive list of services and an entire treatment episode can range from several hundred dollars to several thousand, depending on the need and the length of stay in treatment. Instead of how much of a public subsidy a person will receive, it is based on how much a person can pay.

For the underinsured and uninsured client proof of income must be provided. In addition to this, providers are encouraged to take into account other responsibilities the client has, such as mortgage or rent, paying of fines, child support, and other things for which they are showing that they are a contributing member of society and working toward recovery. For those who are indigent, a history is obtained that shows the need for treatment and the lack of ability to pay for treatment. Based on this information all providers are required by contract to have a sliding fee agreement in every client's file. All providers are educated that the lack of ability to pay for treatment cannot be a barrier to treatment.

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

All residents of Salt Lake County that need behavioral health services are eligible to receive them based on appropriations. All network providers are required via contract to apply the 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.

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

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

DBHS is not an NHSC provider. Additionally, DBHS is not advised when any particular area is designated as HPSA.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

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

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.
All contracted network providers are monitored at least once per year. DBHS staff conduct regular on-site monitoring, electronic monitoring through our electronic health record (EHR), and spot check monitoring as needed for all vendors who are directly contracted with DBHS. This includes our SUD vendors and also our 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 (Utah Web Infrastructure for Treatment Services) 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.

3) DocuSign

Are you utilizing DocuSign in your contracting process? If not, please provide a plan detailing how you are working towards accommodating its use.
Salt Lake County has been working with the State testing DocuSign to see if it meets our needs.. As of this writing we have completed one test. From the first test several issues arose and Salt Lake County is working with the State to coordinate a second test. We are hopeful we can resolve any issues for Salt Lake County and we will be able to support DocuSign moving forward. One caveat, Salt Lake County is exploring implementing its own electronic signature software, if a different software is selected we may need to revisit our support of DocuSign.

FY19 Mental Health Area Plan & Budget — **Local Authority:** Salt Lake County Behavioral Health — **Form A**

FY2019 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund			County Funds									
JRI	$485,237	$435,000											$920,237
Local Treatment Services	$1,091,506	$11,822,068	$546,436	$3,784,837	$4,000,241	$44,178,302	$835,027		$120,000	$760,000		$85,000	$67,223,417
FY2019 Mental Health Revenue by Source	$1,576,743	$12,257,068	$546,436	$3,784,837	$4,000,241	$44,178,302	$835,027	$0	$120,000	$760,000	$0	$85,000	$68,143,654

FY2019 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund			County Funds											
Inpatient Care (170)		$1,923,684		$427,186	$627,817	$6,933,559				$228,845			$10,141,091	700	$14,487.27
Residential Care (171 & 173)	$160,286	$1,641,542		$200,557	$535,736	$5,916,628							$8,454,749	770	$10,980.19
Outpatient Care (22-24 and 30-50)	$229,182	$3,891,651	$384,046	$270,774	$1,270,088	$14,026,726	$532,886		$90,000	$462,958			$21,158,311	15,270	$1,385.61
(outpatient based service with emergency ind =	$206,389	$1,354,886	$20,685	$451,514	$442,184	$4,883,432							$7,359,090	850	$8,657.75
Psychotropic Medication Management (61 & 62)	$71,088	$573,269	$78,585	$9,274	$187,093	$2,066,240	$180,462		$30,000	$68,197			$3,264,208	6,770	$482.16
Psychosocial Rehabilitation (Skills Dev. 100)	$169,399	$1,428,439		$172,486	$466,187	$5,148,539							$7,385,050	2,700	$2,735.20
Case Management (120 & 130)	$127,987	$979,380		$39,822	$319,633	$3,529,992	$1,229						$4,998,043	4,425	$1,129.50
- Housing (174) (Adult)	$68,501	$188,300		$765,181	$61,454	$678,693							$1,762,129	540	$3,263.20
- Adult Peer Specialist	$532,662	$89,098		$250,000	$29,078	$321,138	$120,450						$1,342,426	1,695	$791.99
consultation, collaboration with other county service	$11,249	$164,509	$21,413	$127,906	$53,689	$592,939							$971,705		
other county correctional facility			$41,707	$61,338									$103,045	140	$736.04
Adult Outplacement (USH Liaison)				$559,245									$559,245	95	$5,886.79
Other Non-mandated MH Services		$22,310		$449,554	$7,282	$80,416						$85,000	$644,562	544	$1,184.86
FY2019 Mental Health Expenditures Budget	$1,576,743	$12,257,068	$546,436	$3,784,837	$4,000,241	$44,178,302	$835,027	$0	$120,000	$760,000	$0	$85,000	$68,143,654		

FY2019 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/Federal	Third Party Collections	Cleint Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total FY2019 Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund			County Funds											
ADULT	$485,237	$7,790,607	$546,436	$3,578,528	$2,400,145	$25,979,741	$659,646			$456,000			$41,896,340	9,700	$4,319.21
YOUTH/CHILDREN	$1,091,506	$4,466,461		$206,309	$1,600,096	$18,198,561	$175,381		$120,000	$304,000		$85,000	$26,247,314	6,500	$4,038.05
Total FY2019 Mental Health Expenditures	$1,576,743	$12,257,068	$546,436	$3,784,837	$4,000,241	$44,178,302	$835,027	$0	$120,000	$760,000	$0	$85,000	$68,143,654	16,200	$4,206.40

		Allocations	Required Match	
	IGP	$120,000		Intergenerational Poverty
	MHC	$4,466,461	$893,292	State Children
	EIM	$1,091,506	$218,301	Early Intervention
	MHX	$164,900		Federal Children
	MHS	$7,355,607	$1,471,121	State General
	MHN	$546,436	$109,287	Unfunded
	MHF	$659,646		Federal General
	UZS	$0		Utah Zero Suicide
	FRF	$10,481		Family Resource Facilitator - Federal
	FRF			Family Resource Facilitator - State General Funds
	OPT	$3,600		Peer Support Training
	JRI	$835,237	$167,047	Justice Reinvestment
	JRC	$85,000		Justice Reinvestment - Committee
	CMT			Community Mental Health Training - 1x General Funds

FY19 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	Expected
Inpatient Care Budget			
$5,903,943	ADULT	390	$15,138
$4,237,148	CHILD/YOUTH	310	$13,668
Residential Care Budget			
$8,171,111	ADULT	715	$11,428
$283,638	CHILD/YOUTH	55	$5,157
Outpatient Care Budget			
$8,464,245	ADULT	8,870	$954
$12,694,066	CHILD/YOUTH	6,400	$1,983
24-Hour Crisis Care Budget			
$6,497,670	ADULT	700	$9,282
$861,420	CHILD/YOUTH	150	$5,743
Psychotropic Medication Management Budget			
$2,639,254	ADULT	5,360	$492
$624,954	CHILD/YOUTH	1,410	$443
Psychoeducation and Psychosocial Rehabilitation Budget			
$2,121,979	ADULT	1,650	$1,286
$5,263,071	CHILD/YOUTH	1,050	$5,012
Case Management Budget			
$4,719,470	ADULT	2,925	$1,613
$278,573	CHILD/YOUTH	1,500	$186
Community Supports Budget (including Respite)			
$824,134	ADULT (Housing)	295	$2,794
$937,995	CHILD/YOUTH (Respite)	245	$3,829
Peer Support Services Budget			
$495,005	ADULT	1,270	$390
$847,421	CHILD/YOUTH (includes FRF)	425	$1,994
Consultation & Education Services Budget			
$922,289	ADULT		
$49,416	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
$103,045	ADULT Jail Services	140	$736
Outplacement Budget			
$559,245	ADULT	95	$5,887
Other Non-mandated Services Budget			
$514,950	ADULT	510	$1,010
$129,612	CHILD/YOUTH	34	$3,812
Summary			
Totals			
$41,936,340	Total Adult		
$26,207,314	Total Children/Youth		

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

Unfunded ($2.7 million)			
$546,436	ADULT	510	$1,071
	CHILD/YOUTH		#DIV/0!
Unfunded (all other)			
$4,723,411	ADULT	3,490	$1,353
$1,558,196	CHILD/YOUTH	880	$1,771

FY19 Mental Health Early Intervention Plan & Budget | **Local Authority:** Salt Lake County Behavioral Health | **Form A2**

FY2019 Mental Health Revenue	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: NOTused for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
FY2019 Mental Health Revenue by Source	$1,091,506		$206,309	$553,282	$1,413,565			$130,481	$3,395,143

FY2019 Mental Health Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: NOTused for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	$277,837			$184,775	$421,046				$883,658	570	$1,550.28
MCOT 24-Hour Crisis Care-ADMIN	$12,225			$8,130	$18,256				$38,611		
FRF-CLINICAL	$492,347		$197,614					$10,039	$700,000	550	$1,272.73
FRF-ADMIN	$21,663		$8,695					$442	$30,800		
School Based Behavioral Health-CLINICAL	$275,320			$345,189	$933,202			$114,943	$1,668,654	320	$5,214.54
School Based Behavioral Health-ADMIN	$12,114			$15,188	$41,061			$5,057	$73,420		
FY2019 Mental Health Expenditures Budget	$1,091,506	$0	$206,309	$553,282	$1,413,565	$0	$0	$130,481	$3,395,143	1,440	$8,037.55

* 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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	**$5,903,943**	**Form A1 - FY19 Projected clients Served:**	**390**
Form A1 - Amount budgeted in FY18 Area Plan	**$5,882,624**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**380**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$5,688,203**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**393**
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
DBHS's/Optum's Network consists of contracts with the University Neuropsychiatric Institute (UNI), Jordan Valley West (formerly known as Pioneer Valley Hospital),and St. Mark's Hospital in Salt Lake County for Adult Inpatient Care. Salt Lake County/Optum will contract with out-of-Network facilities on a client by client basis if a client is admitted to a hospital outside of the network.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant changes			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes from the previous year.			

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	**$4,237,148**	**Form A1 - FY19 Projected clients Served:**	**310**
Form A1 - Amount budgeted in FY18 Area Plan	**$3,544,319**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**250**
Form A1 - Actual FY17 Expenditures Reported by	**$4,424,903**	**Form A1 - Actual FY17 Clients Serviced as**	**315**

Locals		Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
DBHS/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 in emergency departments at any hospital. Should UNI be at capacity, DBHS/Optum has the ability to implement a single case agreement (SCA) with any willing provider.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No Significant Changes			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes from the previous year.			

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	$8,171,111	Form A1 - FY19 Projected clients Served:	715
Form A1 - Amount budgeted in FY18 Area Plan	$8,076,878	Form A1 - Projected Clients Served in FY18 Area Plan	700
Form A1 - Actual FY17 Expenditures Reported by Locals	$7,997,030	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	715
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
DBHS/Optum continually seek ongoing opportunities to contract with community providers, as needed, to provide residential care for the adult clients. Co-Occurring Re-entry and Empowerment (CORE) – Valley Behavioral Health (VBH) CORE is a 16-bed residential facility for mentally ill adult male clients who also have substance use disorder treatment needs. Co-Occurring Re-entry and Empowerment (CORE 2) – VBH is an additional 16-bed residential facility for mentally ill adult female clients as described above opened this past fiscal year. As of February 28, 2018, the Wellness Recovery Center (WRC) ended services to Medicaid enrollees who are residents of Salt Lake County. Opportunities for similarly structured services are being actively pursued. The overall goal will remain the same: to prevent or shorten a hospitalization by providing alternative treatment designed to enhance clients' skills in community living while increasing their stability. Effective May 1, 2018 the Highland Ridge Summit Sub-acute unit was opened. This facility is a private wing in the Highland Ridge Hospital facility that houses up to 10 guests. The concept is to have a residential type setting using services similar to an IOP model inclusive of individual and group therapy, case management, medication,			

recreation, and peer support. This unit is still new and we are still refining the referral process and the access to both MD and nursing services, not on an inpatient basis.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year. As an update, it was determined an addition to the Men's CORE program would not be pursued. Efforts have instead focused on a step down for those in crisis so that inpatient or Utah State Hospital (USH) transitions back into the community could be supported. Additionally, as a long term goal, tax credits were awarded to First Step House for expanded treatment and housing. The development is currently in process and it is anticipated the opening date will be sometime in 2020.

4) Children/Youth Residential Care

Form A1 - FY19 Amount Budgeted:	**$283,638**	**Form A1 - FY19 Projected clients Served:**	**55**
Form A1 - Amount budgeted in FY18 Area Plan	**$298,854**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**60**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$277,595**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**55**

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

DBHS/Optum contracts with community providers as needed to provide residential care for adolescents and children.

Salt Lake County Division of Youth Services (DYS) – Boys and Girls Group Homes
Emergency residential care for youth ages 12 to 18 in the Division of Child and Family Services (DCFS) custody or who are in need of specialized shelter placement because of abuse or neglect.

The Family Assessment and Stabilization Team (FAST) and FASTer Programs – DYS
The FAST program was developed through a collaborative effort between Optum and DYS for Medicaid youth ages 12-17 who are at risk of inpatient hospitalization due to issues with their mental health and/or behaviors. The FASTer program provides stabilization services for children and youth (ages 6-17). With the FASTer model, a Youth Mobile Crisis Outreach Team (MCOT) responds to the initial crisis call. The team then connects the consumer and family to ongoing services, such as in-home intervention services through Hopeful Beginnings or short-term out-of-home placement at the Division of Youth Services Christmas Box House to assist in stabilizing the situation. The FAST and FASTer programs allow children to have a very brief residential stay (i.e., <30 days), if necessary, so that they may return to their homes with minimal interruption and receive the necessary supports to stabilize crisis situations.

New Beginnings
New Beginnings is a 10-bed residential facility for adolescent boys and girls, Located in West Jordan, the youth have access to school services along with therapeutic services, including medication management.

New Beginnings assists each client in the continuation of their education while away from the home by providing an accredited and useful curriculum, which will enable the client to continue on a successful educational path post program discharge.

While in treatment, all clients are able to continue their education through the fully accredited online education system. Students attending the online school have the benefit of accessing a virtual campus from the convenience of New Beginnings. Coursework is completed at their own pace, time, and schedule with the same accreditation offered through public schools. New Beginnings provides an education facilitator at a ratio of 1:4 to assist clients with their educational needs.

New Beginnings offers youth and families multiple options to continue their education while enrolled in treatment. One of these options includes payment for education credits. In the past, New Beginnings has informed parents that they would need to pay, if credits were required in order to access an online school. We have been working diligently with the Jordan School District, where New Beginnings is residing, to overcome this barrier to free education. Currently we have escalated this issue to the State Board of Education and Carol Anderson, to see if we can facilitate a resolution. We hope to have this resolved prior to the 2018/19 school year.

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

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

There is a shift in services from residential treatment to enhanced outpatient services. Although residential treatment is available the focus moving forward will be to enhance outpatient services. Impact to individuals served and funding is not greater than 15%.

Describe any significant programmatic changes from the previous year.

FAST increased from 6 to 16 beds in calendar year 2018. With limited residential beds for youth the focus has been a new Day treatment program with Hopeful Beginnings and strengthening in-home community based services.

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	**$8,464,245**	**Form A1 - FY19 Projected clients Served:**	**8,870**
Form A1 - Amount budgeted in FY18 Area Plan	**$10,943,717**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**9,120**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$8,678,533**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**9,001**

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

DBHS/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.

In the Optum Salt Lake County Member handbook Optum provides a list of mental health and SUD services Medicaid enrollees may receive, which include residential, day treatment, intensive outpatient and standard outpatient services, peer support, medication management, targeted case management, respite care, psychoeducational services (PES), personal services, supportive living, and inpatient psychiatric care. Medicaid enrollees may call Optum at 1-877-370-8953, and hit prompt #3, for assistance from an Optum Care Advocate for additional information on any of these services.

For those who are unfunded, DBHS contracts with several different agencies for services. These are VBH, the Utah Department of Health (UDOH), Volunteers of America (VOA), and Salt Lake County Division of Youth Services (DYS). The majority of services and funding are given to VBH for many of the services which they offer, which include but are not limited to, individual and group therapy, psychiatric services (i.e., medication management), and Targeted Case Management (TCM). However, UDOH is contracted to provide services to the refugee population, VOA is contracted to provide services to the homeless youth, and DYS is contracted to provide peer support via the family resource facilitators (FRFs).

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.

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

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

No significant changes.

Describe any significant programmatic changes from the previous year.

No significant changes.

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

Individuals who are civilly committed are encouraged to participate in individualized treatment services at the least restrictive level of care. Optum's Provider Network includes agencies such as Valley Behavioral Health, Volunteers of America, and Psychiatric Behavioral Solutions that focus on and work closely with the treatment needs of these individuals. If there are civilly committed individuals who are resistant to treatment, Optum as well as other collaborative partners work together to address the resistance and work towards re-engagement in treatment. The process to ensure that civilly committed clients receive services in the least restrictive level of care is the same for all mental health clients, which is utilization management. For all but standard outpatient [i.e., the lowest level of care (LOC)], providers must seek a formal authorization to begin treatment and ongoing authorizations at various points during the client's treatment. Should the provider not be able to demonstrate that the client needs the LOC they are recommending, Optum will work with that provider to transition the client to the clinically necessary LOC.

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	**$12,694,066**	**Form A1 - FY19 Projected clients Served:**	**6,400**

Form A1 - Amount budgeted in FY18 Area Plan	$12,202,030	Form A1 - Projected Clients Served in FY18 Area Plan	6,880
Form A1 - Actual FY17 Expenditures Reported by Locals	$13,015,441	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	6,467

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

DBHS/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.

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, Division of Juvenile Justice Services (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.

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. VBH recently incorporated two existing programs into their Parkview campus: Adolescent Residential Treatment and Education Centers (ARTEC) Day Treatment [now known as Adolescents in Motion (AIMS)], and the Adolescent Substance Abuse Program (ASAP).

ARTEC Day Treatment/AIMS: These centers provide a structured day treatment environment for adolescents requiring additional support to become successful in the community. AIMS focuses on skills development, providing individual, family and group treatment.

Adolescent Substance Use Program (ASAP): ASAP offers standard outpatient and day treatment for youth ages 13-17 who are using/abusing alcohol and/or drugs. This program teaches relapse prevention and mood management along with other skills to help them recover.

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 and recently opened an Intensive Day Treatment program for adolescents serving up to 12 Medicaid consumers. Hopeful Beginnings is also now working with specially trained therapists to provide Trauma specific treatment including the use of Eye Movement Desensitization and Reprocessing (EMDR).

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)
Counseling services include a 60-day intervention, individual counseling, family therapy, and 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 a state agency.

The FAST program provides supportive family-based services to keep children in their homes during times of mental health and behavioral crisis. It is a partnership between DYS, the UNI MCOT and Salt Lake County/Optum. When the MCOT Youth Team is called to a crisis situation they coordinate with DYS to determine appropriate services. DYS provides crisis family interventions to stabilize situations in which a child/youth might otherwise be considered for admission to an acute inpatient psychiatric facility. The intervention services can include:
• Individual and family counseling
• Limited “time out” hours at Youth Services
• Overnight stay for age appropriate youth
• Short-term residential with family therapy
• Family Resource Facilitator Services
• Family classes/groups

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

No significant changes.

Describe any significant programmatic changes from the previous year.

Effective January 1, 2018, the Division of Youth Services added an additional 10 beds to the FAST program for short-term residential services.

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	**$6,497,670**	**Form A1 - FY19 Projected clients Served:**	**700**
Form A1 - Amount budgeted in FY18 Area Plan	**$5,564,777**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**2,700**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$6,604,157**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**686**

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.

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

Mobile Crisis Outreach Teams – UNI
The UNI MCOT is an interdisciplinary team of mental health professionals, including Peer Specialists, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, and crisis follow-up for residents of Salt Lake County 24/7, 365 days per year. The team responds to the call within 10 minutes and arrives at the scene within 30 minutes. The staff assesses the situation and make a determination regarding disposition using all the resources available to provide the best outcome possible using the least restrictive alternatives. In the past year, 90.41% of those receiving an outreach visit were diverted from inpatient and emergency room visits. A slight decrease from the previous year. The UNI MCOT averages almost 388 contacts per month, of which an average of 310 result in a direct outreach by the MCOT team.

Receiving Center – UNI
The Receiving Center (operating 24/7 365 days a year) diverts people from inpatient services and the jail. Law enforcement is encouraged to take non-violent offenders with mental health issues to the Receiving Center instead of directly to the jail. This reduces law enforcement and jail costs while supporting those with mental illness. It is able to receive referrals from law enforcement, MCOT, stakeholders and the community. Consumer-centered crisis services are offered through this “living room” style center and individuals can stay at the center for up to 23 hours to receive what they need to resolve the current crisis — including assessments, medications and other support. The center receives an average of 128 consumer visits per month. Of these, only 9.6% continue on to inpatient stays and less than 1% to the County jail. This facility also operates the crisis line and warm line (see below).

Crisis Line – UNI
The crisis line is a phone line answered by licensed mental health therapists. Staff will triage the call to determine if an immediate referral to the MCOT is needed. If immediate referral to MCOT is not necessary, staff work with the caller in an attempt to deescalate the client. If not truly a crisis, staff can also immediately connect the caller with the Warm Line (see below). The crisis line receives an average of 3082 calls per month. A slight decrease of 23 from the average of previous year.

Warm Line – UNI
The warm line is a confidential anonymous phone line answered by Peer Support Specialists professionally trained to provide support to callers. Staff is trained to connect with, share, and provide support, hope, and a listening ear for peers in times of stress and uncertainty. Callers are connected with someone who can truly understand their struggle because they have “been there before,” or provide a needed local resource or referral. The warm line receives an average of 818 calls per month. This average is up by 24.

A description of additional adult crisis services funded through the Justice Reinvestment Initiative (JRI) can be found under 34) Justice Reinvestment Initiative, specifically the UNI/Unified Police Department (UPD) Pilot.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	**$861,420**	**Form A1 - FY19 Projected clients Served:**	**150**
Form A1 - Amount budgeted in FY18 Area Plan	**$2,191,011**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**730**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$875,537**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**152**

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.

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 21 who are taken into temporary protective custody by DCFS or law enforcement for alleged abuse and neglect.

Salt Lake County DYS – Shelter Group Home
This program provides 24-hours, 7 days a week emergency intake, assessment, interim residential care and for children ages 12 to 21 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 West Jordan.

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.

Description of the additional youth crisis services funded through JRI (UNI/UPD Pilot) can be found under 34) Justice Reinvestment Initiative.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	**$2,639,254**	**Form A1 - FY19 Projected clients Served:**	**5,360**
Form A1 - Amount budgeted in FY18 Area Plan	**$2,287,800**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**5,745**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$2,704,853**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**5,444**

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

DBHS/Optum contracts with VBH, Jordan Valley West, Psychiatric Behavioral Services and several 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, Advanced Practice Registered Nurses (APRNs), and Registered Nurses (RNs). Where possible, Licensed Practical Nurses (PNs) may provide this intervention.

DBHS/Optum will continue to seek out prescribers in the community for FY19.

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

No significant changes.
Describe any significant programmatic changes from the previous year.
There were no significant programmatic changes.

10) **Children/Youth Psychotropic Medication Management**

Form A1 - FY19 Amount Budgeted:	**$624,954**	**Form A1 - FY19 Projected clients Served:**	**1,410**
Form A1 - Amount budgeted in FY18 Area Plan	**$484,090**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**1,320**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$640,487**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**1,438**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
DBHS/Optum contracts with VBH, Jordan Valley West, Hopeful Beginnings 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. DBHS/Optum will continue to seek out prescribers in the community for FY19.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant changes.
Describe any significant programmatic changes from the previous year.
There were no significant programmatic changes.

11) **Adult Psychoeducation Services & Psychosocial Rehabilitation**

Form A1 - FY19 Amount Budgeted:	**$2,121,979**	**Form A1 - FY19 Projected clients Served:**	**1,650**
Form A1 - Amount budgeted in FY18 Area Plan	**$1,516,341**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**1,580**
Form A1 - Actual FY17	**$2,114,332**	**Form A1 - Actual FY17**	**1,655**

Expenditures Reported by Locals		**Clients Serviced as Reported by Locals**	

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.

Beginning in FY19, DBHS/Optum started contracting directly with Alliance House, an International Certified Clubhouse model program, in Salt Lake City to provide skills development programs for adults. 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 General Education Diplomas (GEDs) or high school diplomas, college education skills and support, and increased life skills.

In addition, VBH and Volunteers of America provide Adult Psychoeducation Services.

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

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	**$5,263,071**	**Form A1 - FY19 Projected clients Served:**	**1,050**
Form A1 - Amount budgeted in FY18 Area Plan	**$4,997,213**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**1,220**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$5,244,105**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**1,071**

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

DBHS/Optum contracts with VBH to provide skills development programs for youth and children. They include:

The Community Based Treatment Unit (CBTU), a school-based mental health intervention program, provides community-based comprehensive mental health programs in a highly structured therapeutic classroom, in partnership with local school districts for children and youth requiring highly structured therapeutic academic settings to succeed and prevent more restrictive placements. CBTU programs include on-site mental health

therapists, behavioral specialists, and counselors who support children in accessing academics, succeeding in schools, and developing healthy social emotional skills to succeed across settings. The model engages case management, individual and family therapy, and psychosocial rehabilitative skills development.

School-based Early Intervention Services
These services consist of therapy, case management, and parent/teacher consultation and training. They are currently providing services in 42 schools within 4 school districts in Salt Lake County, as well as 2 charter schools.

Acute Children's Extended Services (ACES), an after-school partial day treatment program, serving 24 children (age 5-12) concurrently, who are referred for short-term stabilization of acute emotional and behavioral problems. Services include parent training in behavioral management and family therapy, as well as psychiatric evaluation. Intensive, highly structured adjunct mental health treatment often prevents out-of-home placements.

KIDS Intensive Day Services (KIDS) is a short-term, intensive day program for youth ages 5- 17, with serious behavioral and emotional challenges, with a focus on keeping children in their families and in the community. The goal is to prevent more restrictive mental health placements and/or help youth step down from more restrictive settings. The KIDS program has a capacity of 36 clients.

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

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

No significant changes.

Describe any significant programmatic changes from the previous year.

In February, 2018 Hopeful Beginnings started offering Intensive Day Treatment services to up to 12 Medicaid eligible youth. The program will provide services designed to stabilize youth and prevent placement in higher levels of care.

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	**$4,719,470**	**Form A1 - FY19 Projected clients Served:**	**2,925**
Form A1 - Amount budgeted in FY18 Area Plan	**$3,314,124**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**2,700**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$5,206,930**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**2,912**

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.

Targeted Case Management (TCM) is provided to clients with SPMI throughout the service continuum from outpatient services to in-home skills training programs. The goals of TCM are to:

- Help clients access appropriate services and supports
- Assure that services are relevant and meet consumer needs
- Ensure continuity and coordination of services provided for eligible clients
- Educate clients and their families in how to negotiate the mental health and social system

- Empower clients by enabling them to access new roles and responsibilities
- Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize
- Educate and support clients and their families in learning how to manage their resources

Optum has hired a Housing Care Navigator to coordinate case management services for clients who need housing and/or supports to stay housed. Optum has added three providers to provide targeted case management for our clients: Silverado Counseling, Volunteers of America (VOA), and Psychiatric Behavioral Services.

Case Management services have expanded with three additional agencies committing to providing these services to those who are Medicaid eligible and either homeless or recently housed. Silverado Counseling, VOA, and Psychiatric Behavioral Services have all committed to offer services to this targeted population.

The expansion of Case Management services was developed with the goal of helping individuals find and keep their housing and stop the cycle of eviction. However, recognizing this goal could apply to a wide range of our clients, these services are available to all Salt Lake County clients who are enrolled in Medicaid and in need of case management services. Information about this program has been shared with providers, housing providers, inpatient providers, outpatient providers, mental health court, and other community partners.

Though the expansion of Case Management Services is for clients only with traditional Medicaid, our Housing Care Manager helps unfunded clients with the process to become Medicaid eligible and referred into services (i.e., many of these individuals qualify for Medicaid). For those who are unfunded, they are referred to VBH as mentioned in item 5 above.

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

VBH has successfully operated a similar service called the Jail Diversion Outreach Team (JDOT) 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.

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.

Hopeful Beginnings provides case management services for adult clients.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

Case Management services have expanded with three additional agencies committing to providing these services to those who are Medicaid eligible and either homeless or recently housed. Silverado Counseling, VOA, and Psychiatric Behavioral Services have all committed to offer services to this targeted population.

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	**$278,573**	**Form A1 - FY19 Projected clients Served:**	**1,500**
Form A1 - Amount budgeted in FY18 Area Plan	**$323,100**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**1,425**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$307,346**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**1,1513**

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

VBH is 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:

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

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

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

Silverado Counseling, Asian Association, and Youth Empowerment Services offers case management services for youth and families.

Salt Lake County Division of Youth Services-Safe Place: Youth Services manages the nationwide program called "Safe Place in Utah", which is dedicated to helping youth in trouble with a safe place to go for help and/or shelter. More than 88 Safe Place sites are spread throughout Salt Lake County in public places such as libraries, fire stations and recreation centers. Locations can be spotted by the yellow Safe Place sign on the building or in the window. Employees at Safe Place sites are trained to call Youth Services if a youth is asking for help. A Youth Services employee will speak with the youth on the phone and, if desired, transport the youth to a DYS facility. Any youth can access this help either by going to a Safe Place site or coming directly to the Youth Services Juvenile Receiving Center, or text SAFE and their location to 69866.

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

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

No significant changes.
Describe any significant programmatic changes from the previous year.
There were no significant programmatic changes.

15) Adult Community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	**$824,134**	**Form A1 - FY19 Projected clients Served:**	**295**
Form A1 - Amount budgeted in FY18 Area Plan	**$857,410**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**160**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$812,579**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**289**

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

Valley Plaza – VBH

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

Valley Woods – VBH

Valley Woods is a 58-bed 1 & 2 bedroom apartment complex with 3 residential buildings and 1 common area. This program is staffed 24 hours a day with mental health and case management services provided on-site.

Safe Haven 1 & 2 – VBH

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

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

• Valley Home Front – 8 apartments
• Valley Crossroads – 20 apartments
• Oquirrh Ridge West – 12 apartments
• Oquirrh Ridge East – 12 apartments
• Valley Horizons – 20 apartments for mentally ill 55 or older

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

Through DBHS funding, 20 Master Lease housing units have been provided for Assertive Community Treatment

(ACT) clients. This is in addition to the other housing options funded by Salt Lake County Behavioral Health:

approximately 24 housing slots for State Hospital Outplacement, 22 Housing Assistance Rental Program (HARP) units, 38 Right Person In/Right Person Out (RIO) units, and 10 CORE 2 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.

Approximately 24 additional HARP units are accessed by DBHS' providers for their clients. Federal dollars fund these units.

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 now contracts with Nephi Todd's, Evergreen Place and Oasis House to purchase housing for clients needing assistance as they are discharging from the State Hospital. These clients receive supervision, meals, housekeeping, and laundry services.

Unfunded Adult Clients: Salt Lake County/Optum has increased available slots at the above-mentioned housing facilities 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, and the Road Home.

DBHS and Optum have worked with community partners on two low income tax credit projects. VOA has been awarded credits to fund a housing project with community partners: Optum, DBHS, Salt Lake City Housing Authority and Giv Group for a housing project for 22 individuals with serious mental illness. This project is the "Denver Street Apartments." First Step House has also been awarded tax credits for a 75-unit project for a housing project for individuals with serious mental illness. Salt Lake County and Optum have formed a partnership with First Step House, Blue Line Development, and the Salt Lake City Housing Authority to develop their property, , the "5th East Apartments", on 440 South and 500 East. The Tax Credit application was submitted and approved in January 2018, with an anticipated completion date 2020.

We continue to work with other partners and landlords to find additional housing units and to look for the development of new options including working with the Salt Lake County Housing Authority to access vouchers through the NED (non-elderly disabled) voucher program.

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).

Optum has moved clients from Green Gables to Evergreen Place (a more appropriate placement for vulnerable clients), which has a facility for both men and women. Optum also added Oasis House as a housing provider and will be able to house 10 men there. Nephi Todd's will be moving to a larger facility that will house more individuals (number still to be determined).

Also, Optum will be providing housing supports for clients in the new housing facilities (Denver Street and 5th East Apartments) when they become operational.

Describe any significant programmatic changes from the previous year.

Optum has hired a Housing Care navigator and contracted with three additional providers to provide case management services to help keep individuals housed and avoid the cycle of homelessness.

16) Children/Youth Community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	**$937,995**	**Form A1 - FY19 Projected clients Served:**	**245**

Form A1 - Amount budgeted in FY18 Area Plan	**$798,684**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**205**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$924,844**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**238**

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

DBHS/Optum contracts with DYS, Hopeful Beginnings and Summit Community Counseling to provide respite services.

Respite is available for children and youth. This program provides planned respite for the purpose of allowing a period of relief for parents. Respite is used to help alleviate stress in the family, thereby increasing a parent's overall effectiveness. Respite care may be brief (for a couple hours) or extended for several hours, several days a week and may be provided in or out of the child's home. Overnight respite is only provided through DYS on a Single Case Agreement basis and it is limited to no longer than two weeks.

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).

No significant changes.

Describe any significant programmatic changes from the previous year.

DYS was added for overnight respite services with a Single Case Agreement, limited to no longer than two weeks.

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	**$455,005**	**Form A1 - FY19 Projected clients Served:**	**1,270**
Form A1 - Amount budgeted in FY18 Area Plan	**$352,504**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**1,120**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$433,536**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**1,275**

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

Providing and receiving peer support stands as an integral component of rehabilitation and recovery. 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.

Optum continues to offer services through the Peer Navigator Program. For a few hours each week, services are offered at the dedicated site of Jordan West Valley Outpatient Services. Additionally, Seeking Safety and Double Trouble are facilitated at Utah Support Advocates for Recovery Awareness (USARA). Seeking Safety is designed to support those who have experienced trauma. Double Trouble is an evidence-based peer-facilitated peer support group for individuals that experience co-occurring disorders, i.e., substance use disorder (SUD) and serious mental illness (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.

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.

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

No significant changes.

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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 Advanced Substance Use Disorder Counselor (ASUDC) or Substance Use Disorder Counselor (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.

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.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

Just as an FYI, in FY18 in conjunction with USARA 10 individuals were certified. 100% of the participants completed the training and received certification by the Utah Division of Substance Abuse and Mental Health (DSAMH). In April- May 2018 (FY18) there are 26 people registered to be trained.

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	**$887,421**	**Form A1 - FY19 Projected clients Served:**	**425**
Form A1 - Amount budgeted in FY18 Area Plan	**$695,116**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**550**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$561,311**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**299**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
Children/Youth Peer Support Services are provided primarily by Family Resource Facilitators (FRFs). 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. 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. Presently FRFs are anchored at the following agencies or organizations: • 2 Full time equivalent (FTEs) Salt Lake County Division of Youth Services • 1 FTE Utah Division of Juvenile Justice Services • 2 FTE The Children's Center • 1 FTE VOA Homeless Youth Center • 1 FTE National Alliance on Mental Illness (NAMI) Utah • 2 FTE State of Utah Division of Child and Family Services (DCFS) • 1 FTE 3rd District Juvenile Court
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
In FY18 DBHS funded 9 FRFs. In FY19 DBHS will be funding 10 FRFs.
How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?
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 quarter 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. The DYS FRF Coordinator is encouraged to attend the Supervision training offered through DSAMH. Additionally, the mentor with the Utah Family Coalition (UFC) provides ongoing training and consultation to the DYS FRF Coordinator. DBHS is available to provide ongoing technical assistance.
Describe any significant programmatic changes from the previous year.
There were no significant programmatic changes.

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	**$922,289**		

Form A1 - Amount budgeted in FY18 Area Plan	**$881,291**		
Form A1 - Actual FY17 Expenditures Reported by Locals	**$920,887**		

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

Optum Salt Lake County (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. 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.

This team conducts numerous trainings in the community. In FY18:
• 24 people in the community were certified in Mental Health First Aid (MHFA) with more trainings scheduled during the current fiscal year.
• 52 people in the community were certified in Youth Mental Health First Aid with more trainings scheduled during the current fiscal year.

Other training topics presented by this team for community partners, provider trainings, or Optum staff include: Information on Suicide, Recovery, Peer Support, Power of Language, Wellness Recovery Action Plan, Certified Peer Support Specialist Training, Recovery Training at the University of Utah and other community groups, Communication and Language, Peer Support through the Life Span at Generations, Discharge Planning, Peer Navigator Program, Optum's Grievance Process, C3 Court.

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.

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.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	**$49,416**		

Form A1 - Amount budgeted in FY18 Area Plan	**$124,892**		
Form A1 - Actual FY17 Expenditures Reported by Locals	**$49,341**		

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

Optum SLCo has a 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.
They also work with Salt Lake County's/Optum's network of providers to encourage the hiring and utilization of peer counselors to work on multi-disciplinary teams to provide treatment.

In fiscal year (FY)19, Optum will continue to:
• Provide Question, Persuade, and Refer (QPR) trainings with Optum SLCO., providers, and allied partners
• Provide Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMFA) and QPR trainings with Optum SLCO., providers, and allied partners
• Provide training on the Recovery Model and recovery supports with APRN students at the University of Utah School of Nursing.
• 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.
• Brian L. Currie, Associate Director of Treatment Services for DBHS, and Suzann Nowels, Clinical Director of Optum SLCo, attend the monthly System of Care Regional Advisory Council.
Through these partnerships, Salt Lake County/Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff have frequent opportunities to educate the public through all forms of media, community fairs, and other venues.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	**$103,045**	**Form A1 - FY19 Projected clients Served:**	**140**
Form A1 - Amount budgeted in FY18 Area Plan	**$100,983**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**160**
Form A1 - Actual FY17 Expenditures Reported by	**$100,251**	**Form A1 - Actual FY17 Clients Serviced as**	**150**

Locals		Reported by Locals	

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

Salt Lake County has developed a nationally recognized sequential intercept model that can be shared with DSAMH upon request.

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 mental health (MH) budget report is the amount for the Community Response Team (CRT) case managers only. These case managers are not providing services that can be captured by the Substance Abuse Mental Health Information System (SAMHIS).

Mental Health – Alternatives to Incarceration (ATI) 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.

Mental Health Services in Jail
The Salt Lake County Council, serving as the Local Mental Health Authority, appropriates approximately $2,000,000 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. The healthcare services, including mental health services, have been awarded accreditation from the National Commission on Correctional Health Care (NCCHC). Additional county funds are used to fund medications, primary health care, 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 County Council. DBHS is continuing to develop a strong partnership and relationship with our jail and have established a formal data sharing agreement. The jail has implemented their new electronic health record which allows 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. In March 2018 additional meetings occurred to discuss ability to report collected data from the jail mental health system. DBHS will continue these efforts and report updates to DSAMH leadership. Salt Lake County continues to focus on alternatives to incarceration. There continues to be excellent collaboration with the jail and we will continue to collaborate with them on our Alternative to Incarceration programs, including: CRT, CORE, CORE 2, JDOT, ATI Transport and VBH Forensics.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	**$559,245**	**Form A1 - FY19 Projected clients Served:**	**95**
Form A1 - Amount budgeted in FY18 Area Plan	**$586,292**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**70**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$354,482**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**82**

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

Salt Lake County/Optum provides a discharge planner to proactively facilitate and coordinate the plans for consumers coming out of the Utah 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 Nephi Todd's programs or in independent living situations with wraparound supports such as ACT.

During this past year, Green Gables closed while additional housing support was increased for consumers transitioning out of the State Hospital. Organizations such as Evergreen and Oasis now offer housing that provides meals and supervision.

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).

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.

Describe any significant programmatic changes from the previous year.

Green Gables closed and all residents receiving subsidized housing were transitioned to other living arrangements. Evergreen and Oasis have both expanded the number of units of available to those transitioning out of the Utah State Hospital.

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	**$**	**Form A1 - FY19 Projected clients Served:**	
Form A1 - Amount budgeted in FY18 Area Plan	**$**	**Form A1 - Projected Clients Served in FY18 Area Plan**	
Form A1 - Actual FY17 Expenditures Reported by Locals	**$**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	

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

The Children's Outplacement Program (COP) and funding are managed by Salt Lake County/Optum in a cooperative manner. Salt Lake County/Optum staff sit on the COP committee. Salt Lake County/Optum

recommends children for consideration of State COPs assistance and recommends an appropriate array of services. Approved treatment services will be provided through the Salt Lake County/Optum provider network. Approved ancillary services, such as mileage reimbursement, karate classes, therapeutic recreational activities, and those services provided for clients who are not funded by Medicaid will be paid for and/or provided to the client directly by DBHS.

Optum/Salt Lake County meets twice a month with the Division of Youth Services and Hopeful Beginnings, to address the needs and better coordinate the care for children and youth and their families with complex needs.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	**$5,269,847**	**Form A1 - FY19 Projected clients Served:**	**4,000**
Form A1 - Amount budgeted in FY18 Area Plan	**$4,962,151**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**3,720**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$6,342,089**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**4,363**

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

The funding for the County's uninsured mental health clients is extremely limited and therefore Salt Lake County carefully prioritizes the funding to the below programs.

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.

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.

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.

VBH provides adult behavioral health treatment services at several different address locations depending on the need and/or services the adult requires. The easiest way to report this information is to provide the reader with the

link to VBH's website that lists locations for all of VBH's behavioral health treatment centers, which can be found here. Medicaid and unfunded consumers are able to access services through VBH without a disruption in their treatment due to funding changes.

UNI provides crisis services for Salt Lake County. These services are described under section 1g.

Individuals on commitment are committed to the LMHA, Salt Lake County Division of Behavioral Health (DBHS). Those individuals have access to the services within the Optum network if they are Medicaid eligible. The Optum providers will work with the court to respond with reports and updates of treatment, if the individual chooses to engage in treatment. If the committed person is unfunded, then they are referred to Valley's adult programs to access services with them.

Individuals placed on commitment are tracked through the 3rd District Court, the University of Utah Designated Examiner program and DBHS. Any change in treatment provider triggers a transfer notification to the court. The subsequent provider will then receive notice of further court dates for reporting. When no provider is listed, the MCOT team has been assigned to follow up and track down the committed individual to ensure the court's order is maintained.

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

The decrease of approximately $1 million is due to the federal Cooperative Agreements to Benefit Homeless Individuals (CABHI) ending. We are hopeful that State funding will ultimately allow one of the two previous CABHI Assertive Community Outreach Team's (ACOT) to continue into SFY19 but it was not included because the funding is unclear. If the funding becomes available the CABHI ACOT service will continue into SYF19; otherwise, the program will end on July 1, 2018.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	**$1,558,196**	**Form A1 - FY19 Projected clients Served:**	**880**
Form A1 - Amount budgeted in FY18 Area Plan	**$1,841,489**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**1,230**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$1,445,541**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**821**

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

The funding for the County's uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes the funding to the below programs.
Salt Lake County has prioritized anticipated funding as follows:
• Medication management
• Psychotherapy services
• Case management
• Skills development

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.

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 42 different schools, within four school districts.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	**$644,562**	**Form A1 - FY19 Projected clients Served:**	**544**
Form A1 - Amount budgeted in FY18 Area Plan	**$779,590**	**Form A1 - Projected Clients Served in FY18 Area Plan**	**600**
Form A1 - Actual FY17 Expenditures Reported by Locals	**$841,873**	**Form A1 - Actual FY17 Clients Serviced as Reported by Locals**	**579**

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

DYS Afterschool Programs: 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. 2018 Summer programs are offered at Kearns, Kennedy and Matheson Jr Highs and Magna and Elk Run Elementary. 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.

On average 500 youth are served daily in the DYS afterschool programs. These services are not reflected in our budget.

Civil Commitments: The County is responsible for the civil commitment court, and specifically, DBHS is responsible for the required sanity assessments by licensed professionals and various administrative costs to host the court at UNI. These services are entirely funded with County General Fund.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
The decrease of approximately $200,000 is due to the federal Cooperative Agreements to Benefit Homeless Individuals (CABHI) ending. We are hopeful that State funding will ultimately allow one of the two previous CABHI Assertive Community Outreach Team's (ACOT) to continue into SFY19 but it was not included because the funding is unclear. If the funding becomes available the CABHI ACOT service will continue into SYF19; otherwise, the program will end on July 1, 2018.
Describe any significant programmatic changes from the previous year.
The CABHI program was not included this year.

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive employment in the community (include both adults and transition aged youth).
The ACT Team has a Vocational Rehabilitation (Voc Rehab) Specialist as part of the multidisciplinary team that works with the clients to focus on education and employment goals. The Voc Rehab Specialist and the Team assist the client with resume building, interviewing skills, and employer engagement. The Voc Rehab Specialist conducts occupational assessments, and as the clients are progressing in their recovery, focuses more on employment goals. Optum SLCO has been working with Volunteers of America, Utah to operationalize the SE-IPS Program. Volunteer of America – Utah identified a program administrator and has hired a supervisor and two employment specialists. The team is engaged in training (i.e., ACRE, WESTAT, State of Utah SE/IPS training), connection to State of Utah Vocational Rehabilitation liaison, workflow within VOA- Utah for referral and coordination purposes, and working with community partners and potential employers. They are planning a job fair for the latter part of June 2018. The Division of Substance Abuse and Mental Health will be offering oversight to ensure that fidelity measures are met. During Fiscal 2019, Optum will continue to support the implementation of this program.
Collaborative efforts involving other community partners.
As the Supported Employment – Individual Placement and Support (SE-IPS) Program is implemented, Volunteers of America has developed a community partnership with the local Chambers of Commerce, Department of Workforce Services, and Vocational Rehabilitation. These will be ongoing relationships that will be integral to the overall success of the program and the clients which VOA will serve. Additionally, though it is not a specific community partnership, but we believe it helps set things in motion for the strengthening of current partnerships and setting up future partnerships, to date in FY18 the Optum SLCO Recovery and Resiliency team has held two Optum SLCO Peer Specialist trainings in an effort to create employment opportunities for those with lived experience. All 35 individuals have been certified by DSAMH and many are presently working in Salt Lake County for providers and community partners including ten at USARA.

Employment of people with lived experience as staff.
Beginning in FY2018, DBHS/Optum started contracting directly with Alliance House, an International Certified Clubhouse model program, in Salt Lake City to provide skills development programs for adults. 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. Another important mechanism for employment of consumers as staff in Salt Lake County is the State of Utah Certified Peer Support Specialist (CPSS) program. It is anticipated that during FY19, the use of CPSS will continue to grow throughout the network.
Peer Specialists/Family Resource Facilitators providing Peer Support Services.
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.
Evidence-Based Supported Employment.
See Alliance House above. Additionally, Alliance House is currently contracting directly with DSAMH. 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. In FY18, DBHS implemented a contractual performance goal (PG) with Optum to develop an IPS program with an additional provider. VOA was chosen as the partner, and both agencies are working to grow the new program according to the goals outlined in the PG. FY18 goals include staffing with appropriate employees under the direction of the state Supportive Employment team, participating in all appropriate trainings, and growing the caseload to 30 clients by the end of year one. In FY19, this PG extends to applying to become a vocational rehabilitation center, and having the program reach fidelity. DSAMH will be offering oversight to ensure that the fidelity measures are met. We are monitoring the growth and progress of the program.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements
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.

Identify process improvement activities - Implementation

The QAPI program promotes continuous quality improvement and recovery & resiliency in the following ways:
• Communication: With consumers, youth, families, providers and other stakeholders, is essential to understand the current and developing needs in the system. Salt Lake County/Optum seeks to empower individuals and families to live in their communities with health and wellness, dignity, security, and hope.
• Performance measurement: The focus on indicators of recovery and resiliency in addition to monitoring clinical and administrative oversight functions leads to interventions to improve quality in these areas. These performance measures are further demonstrated by specific metrics outlined in the QAPI Work Plan.
• Consumer and Family Involvement in Planning and Goal Setting: Consumers and family members (as appropriate) are involved in development of recovery and resiliency goals. Consumer and family involvement is monitored through audits of clinical records and feedback from consumers and family members through a variety of communication avenues.
• Systems are improved through Performance Improvement Projects (PIP): The current PIP, which began in Salt Lake County on July 1, 2015, focuses on suicide prevention by utilizing the Columbia Suicide Severity Rating Scale (C-SSRS) for risk assessment and by developing consumer specific safety plans.
• The Cultural Responsiveness Committee: In conjunction with the Consumer Advisory Committee, this group provides feedback regarding implementation of support services in our community, while building cultural competence within the SLCO/Optum network of providers.

Identify process improvement activities - Training of Evidence Based Practices

In addition to the processes outlined in the QAPI plan, Salt Lake County/Optum utilizes national benchmarks 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 the Substance Abuse and Mental Health Services Administration (SAMHSA).
• Assertive Community Treatment (ACT)
• Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
• Dialectical Behavior Therapy (DBT)
• Motivational Interviewing (MI)
• Cognitive Behavior Therapy (CBT)
• Eye Movement Desensitization and Reprocessing (EMDR)
• Outcome Questionnaire (OQ)-Analyst
• Behavior Therapy
• Integrated Dual Disorders Treatment
• Exposure Therapy for Post Traumatic Stress Disorder (PTSD)
• Seeking Safety
• Double Trouble in Recovery
• Mental Health First Aid
• Wellness Recovery Action Plan (WRAP)
• QPR Gatekeeper Training for Suicide Prevention
• Interpersonal Therapy (IPT)
• Medication Assisted Treatment (MAT)
• Moral Reconation Therapy (MRT)

Each provider is responsible to provide the appropriate supervision of staff to maintain fidelity to the Evidence-based Practice (EBP). The Optum Provider Handbook offers instructions to supervisors and clinicians regarding the expectations for supervision, which would include that if an EBP is promoted as being used, it is used to fidelity.

Additionally, Supervisory Protocol agreement language between Optum and Network Providers explicitly states that the treatment provided will be consistent with the Level of Care and Best Practice Guidelines (these guidelines are all in alignment with evidence based treatment as per the American Psychiatric Association Practice Guidelines).

During audits, Optum also reviews the implementation adherence to the use of best practice guidelines as per the supervisory protocol standard.

Identify process improvement activities - Outcome Based Practices
Salt Lake County/Optum will continue to promote the OQ/Youth Outcome Questionnaire (YOQ) as a tool to enhance outcome-based practices. In addition, Optum will offer trainings and guidance on the use of the C-SSRS and Safety Plans to aid in suicide prevention activities.
Identify process improvement activities - Increased service capacity
Optum and Hopeful Beginnings have developed an agreement to begin offering Day Treatment services. The current capacity is 12 with opportunity to expand during FY19 if needed. Case Management services have expanded with three additional agencies committing to providing these services to those who are Medicaid eligible and either homeless or recently housed. Silverado Counseling, VOA, and Psychiatric Behavioral Services have all committed to offer services to this targeted population.
Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals
The coordination of care initiative has continued to increase 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. Optum will always take into consideration an single case agreement (SCA) for a provider outside of our network if the consumer has a pre-existing relationship with that provider and/or if the provider has a specialty that meets the specific needs of the Medicaid consumers (such as Eating Disorder outpatient treatment). The Optum Clinical Team responds to all consumers and primary care physician (PCP) offices/clinics who contact us to make a referral for outpatient services for their Medicaid enrollees. The Optum clinical team is available to help consumers access behavioral health needs.
Identify process improvement activities - Efforts to respond to community input/need
Optum continually assesses the needs of the community. During this past year, arrangements were made with Grandfamilies, a facility that focuses on support of kinship placements, to offer therapeutic services to Medicaid eligible youth and their families. Optum has also expanded the relationship with both Hopeful Beginnings and Summit Community Counseling. Both agencies are being sought out to provide services to vulnerable youth and adults. Finally, Optum has focused on increasing case management services to the homeless and recently housed by partnering with 3 additional providers in the community.
Identify process improvement activities - Coalition Development
Salt Lake County/Optum works closely with the three 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.
Describe how mental health needs for people in Nursing Facilities are being met in your area
Optum SLCo works with 2 agencies to provide services to Medicaid consumers in nursing facilities. 1. Valley Behavioral Health offers a program known as Specialized Rehabilitation Services (SRS). This program provides mental health services, including medication management, to Medicaid consumers in nursing facilities. Referrals are made directly to VBH from the nursing facilities. Optum SLCo will also recommend a referral if Medicaid enrollees are identified as benefiting from this service. 2. For those who are receiving Assertive Community Treatment (ACT) services, ACT is willing to travel to wherever the member is residing within Salt Lake County, including nursing facilities.

Other Quality and Access Improvements (not included above)

All quality and access improvements have been described above.

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

Optum and each of the four Accountable Care Organizations (ACO's) meet on a quarterly basis to hold staffings of high utilizing clients. These meetings result in improved coordination for our most vulnerable clients. New this year, the ACOs are notified by Optum clinical team of an inpatient psychiatric admission for their members. They are also notified of the discharge and the discharge medications that the member is prescribed. The ACOs use this information to ensure follow up with discharge services and support as needed.

In 2018 Salt Lake County began participating in a National Governors Association (NGA) led initiative with State Medicaid and the DSAMH. The goal of this project is to explore future integration opportunities.

The following partnerships have been developed with the following Federally Qualified Health Centers and primary care organizations:
4th Street Clinic – Helps homeless Utahns 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.

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

Volunteers of America – Health Clinic – 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.

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.

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 American Society of Addiction Medicine (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) and females (CORE 2). Additionally, AAU expanded their services to become a dual diagnosis enhanced program.

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.

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., Human

Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

During the past year, Optum network trainings have continued to include a focus on the importance of the physical health assessment components as well as coordinating with Primary Care Physicians (PCPs) as needed for their services.

During this past year, the Optum Clinical Team educated the ACOs and providers on the metabolic effects of second generation antipsychotics on consumers. Optum developed a coordinated "flyer" that was sent to the entire provider network on 3 different occasions. The flyer offered information on metabolic syndrome and the outcomes if not addressed. The flyer also provided a point person to contact for each of the ACOs.

ACT consumers are actively participating in the new SAMHSA grant with the Department of Health and VOA/CCC to participate in a co-located medical and mental health project. This project will be closely coordinated between the ACT psychiatrist and medicine doctor (MD) to ensure the whole health and wellness aspects are being addressed.

Additionally, Optum Care Advocates collaborate with the respective ACOs on a case by case basis when it is noted that the consumer's medical needs, such as the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), Diabetes and Pregnancy, are a component of their mental illness and/or a part of their recovery. Each ACO has an identified person that is our contact point. The ACO then staffs the case and Optum will be contacted in return with their recommendation and/or plan to help address the medical status. Optum then coordinates with the treating mental health provider what the medical plan is and who to coordinate with for their collaborative care. In some cases Optum has been able to proactively access health care services for consumers coming out of USH, so that medical support is available upon immediate return to the community. This process is fluid and responsive on an as needed basis in order to meet consumer needs.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.

Salt Lake County/Optum continues to emphasize implementing Recovery Plus to full fidelity. Salt Lake County/Optum continues to educate providers on the Recovery Plus Program and the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Recovery Plus continues to be addressed at provider meetings and trainings. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also being educated to ensure that any type of nicotine delivery system is addressed with the client. Salt Lake County/Optum has also incorporated a review of Recovery Plus initiatives during audits providing a forum for another conversation about the importance of offering cessation services to clients.

The Optum Salt Lake County website, under Recovery & Resiliency, lists both a link and phone number to Utah's smoking cessation resources: UtahQuitNet.com and 1-800-QUIT-NOW. Optum providers are required to screen for nicotine use as part of the assessment process, diagnose accordingly, and to refer consumers to cessation services when indicated. In addition, Recovery Plus program and contact information is made available through all providers.

Each provider is strongly encouraged, and mandated by contract, to provide nicotine cessation for those clients who are willing to receive these services. While these services do include UtahQuitNet.com and 1-800-QUIT-NOW, providers are also encouraged to use recommended medication assisted treatment, where appropriate.

30) Children/Youth Mental Health Early Intervention

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

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

The FRF program services are designed to provide family peer support services to parents and/or caregivers of children/youth with complex needs. Generally, FRFs have a family member with a mental illness giving them their lived experience necessary to have understanding and empathy for the families they work with. They also have experience and knowledge navigating various systems and agencies. They provide resource coordination, advocacy, assistance with the 504 Special Needs Education plan and Individualized Education Plan (IEPs), and wraparound to fidelity. The main goal of the program is to keep children at home with their families and in their community. This is achieved through support, education, skill building, and use of natural supports. There are currently 10 FRFs placed with 7 agencies throughout Salt Lake County.

Presently FRFs are anchored at the following agencies or organizations:
• 2 FTEs Salt Lake County Division of Youth Services
• 1 FTE Utah Division of Juvenile Justice Services
• 2 FTE The Children's Center
• 1 FTE VOA Homeless Youth Center
• 1 FTE National Alliance on Mental Illness (NAMI) Utah
• 2 FTE State of Utah Division of Child and Family Services (DCFS)
• 1 FTE 3rd District Juvenile Court

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant changes expected.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes

31) Children/Youth Mental Health Early Intervention

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

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

The Youth MCOT is flexible, multi-faceted, and immediately accessible to families, children and adolescents at risk for hospitalization or out-of-home placement. They work closely with community partners who specialize in child and family issues including DYS and Hopeful Beginnings. All staff are state certified Designated Examiners who

can evaluate and initiate commitment procedures for those under the age of 18.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant changes expected.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

In additional to the total number of youth contacts and outreaches, DBHS collects the following outcomes:
• Number of contacts/outreaches that avoided out-of-home placement;
• Number of contacts/outreaches avoided legal involvement;
• Number of individuals that received assistance when they were in danger of harming themselves or others; and
• Number of police calls avoided.

No expected increases.

32) Children/Youth Mental Health Early Intervention

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

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

The following are schools that VBH is currently in, divided by school district. In Granite school district VBH is involved with specific programs rather than specific schools. The purpose of working with these programs is to identify and work with children/youth who are more likely to be the targeted population of Mental Health Early Intervention.
The number to the right of the listed school/program is the hours staff are in that specific school/program per week.

Salt Lake City School District	Hours/Week
Backman Elementary	34
East High School	32
Edison Elementary	8
Emerson Elementary	5
Escalante Elementary	16
Franklin Elementary	7
Glendale Middle School	24
Highland High School	16
Horizonte High School	20
Liberty Elementary	8
Meadowlark Elementary	8
Mountain View Elementary	32
Newman Elementary	16
Northwest Middle School	8

Parkview Elementary	12
Riley Elementary	6
Rose Park Elementary	32
Wasatch Elementary	11
Washington Elementary	24
West High School	30
Whittier Elementary	35

Granite School District

Turning Point/sStep	8
Safe School Risk Assessment	8

Canyons School District

Alta High School	8
East Midvale Elementary	32
Midvale Middle	24
Midvale Elementary	4
Sandy Elementary	24

Murray School District

Hillcrest Middle School	4
Horizon Elementary	5
Liberty Elementary	5
Murray High School	8
Parkside Elementary	8
Riverview Jr. High	4
Viewmont Elementary	8

Charter Schools

School of the Performing Arts	5
Pacific Heritage Academy	3
Salt Lake Center for Science Education	6

Please note, VBH was in three other schools in the Canyons School District but the individual school made the decision to enter into an agreement with Hopeful Beginnings and so VBH had to cease services there. Those schools are NOT included in the above list. Additionally, Murray School District is contemplating using Hopeful Beginnings for the 18/19 school year so VBH may no longer be in those schools. However, as no agreements have been reached and it is VBH's intention to continue to serve the schools listed under Murray School District, those have been left intact.

Regarding staffing for the 18/19 school year, VBH reports that with the current staff, including some shifting of current staff placements, and the addition of two clinicians transitioning to school-based in the fall, they anticipate being able to perform the current hours listed for the schools.

Additionally, VBH school-based leadership will be meeting with VBH administration. The purpose is to ask for the prioritization of hiring for the school-based program. Though they can serve the present schools with the current staff, they are also admittedly spread a bit thin. Hiring additional school-based staff will lessen the workload and increase morale.

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

No significant changes.

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

There were no significant programmatic changes.

Describe outcomes that you will gather and report on.

DBHS will continue to use the Mental Health Early Intervention Data & Outcomes Report form which has been provided by DSAMH. Specifically for the school-based programs, data for total clients served, number of schools and school districts served, YOQ, and other indicators such as Office Disciplinary Referral, and grade point average will be reported.

33) Suicide Prevention, Intervention & Postvention

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

Optum's Recovery and Resiliency team have provided the following trainings in collaboration with other stakeholders and community partners.
• 24 people in the community were certified in Mental Health First Aid (MHFA) with more trainings scheduled during the current fiscal year.
• 52 people in the community were certified in Youth Mental Health First Aid with more trainings scheduled during the current fiscal year.

In addition to the above, the clinical operations/care advocacy teams' manage/pre-certify inpatient (IP) acute admissions and concurrent reviews which are post emergency department (ED), coordinating stabilization and safety. Optum has employees who function as a Discharge Specialist and they attend 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). Those who function as a Discharge Specialist are known as Optum Care Advocates (CAs). Optum employs licensed mental health professionals within our Clinical Team that all have over five years' experience in working with the Medicaid population. The meetings at the inpatient facilities are with the assigned facility Care Advocate. These CAs manage pre-authorization, concurrent and discharge planning for each Medicaid enrollee hospitalized. They also manage all the higher level of care requests for all behavioral health services, mental health and SUD services. Optum is frequently contacted by MCOT, ED crisis staff and Receiving Center to collaborate on consumers who are struggling and to arrange/align crisis services when needed.

The CA group is small enough to have some specialization – ie, youth vs adult, and are knowledgeable about many of the individual Medicaid enrollees with complicated and/or high utilization of services. This model allows us to become more invested in our enrollees outcomes and personalize services as needed. They are also the first voice one would hear in calling Optum for help in finding behavioral health treatment or care. Optum coordinates the care of the Medicaid population with their ongoing outpatient providers, notifying them of any inpatient admission and facilitating the collaboration with the inpatient treatment teams on discharge planning planning/outpatient care.

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, 2016, Optum SLCO demonstrated that 56.65% attended an appointment within seven days post-discharge and an additional 13.67% attended an appointment within 30 days, for a total of 70.32% attending an appointment post-charge from a hospital.

If a consumer is not admitted and there is a clear mental health presentation Optum SLCo will refer and follow-up with Network provider (existing or new). The level of care can be routine outpatient (OP) or more intensive services such as VOAs ACT or VBHs AOT. If the ED presented or notified Optum of the presentation we would always recommend the appropriate level of care and follow up.

Optum SLCo attends the Salt Lake Suicide Prevention Coalition meeting. Additionally, Optum's Recovery and Resiliency (R&R) Team has been participating 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&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 a television interview with ABC 4 News focusing on Youth MHFA..

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 Performance Improvement Plan (PIP).

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 calendar year (CY)16, 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. For CY17, 6,345 screenings were conducted with a total of 12,546 clients serviced during this period at a rate of 50.6%. 1081 individuals indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 97.1% 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, the importance of submitting this data through Optum's provider facing portal, Provider Connect, with be presented. All provider audits will contain a focus on the use of these tools.

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

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

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

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

During the DSAMH FY18 monitoring visit, four charts (of sixteen reviewed) did not have a C-SSRS, Additionally, one chart which did have a C-SSRS did not have an adequate safety plan. I would refer the reader to DBHS' response to the DSAMH monitoring report, which is due on June 28, 2018.

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

DBHS recognizes Justice Reinvestment Initiative (JRI) Programming 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 (CJAC) stakeholders prior to implementing programming with JRI community based treatment funding:

Chair, Mayor Ben McAdams	Salt Lake County
Vice Chair, Hon. Brendan McCullaugh	Judge, West Valley City Justice Court
Noella Sudbury	CJAC Coordinator
Honorable John Baxter	Judge, Salt Lake City Justice Court
Paul Boyden	Statewide Association of Prosecutors
Jim Bradley	Salt Lake County Council
Mike Brown	Chief of Police, Salt Lake City Police Department
Max Burdick	Salt Lake County Council
Jack Carruth	Chief of Police, South Salt Lake City
Rollin Cook	Director, Utah State Department of Corrections
Karen Crompton	Director, Salt Lake County Human Services
Sim Gill	District Attorney, Salt Lake County
Kele Griffone	Director, Criminal Justice Services
Representative Eric Hutchings	Utah House of Representatives
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Association
Jim Peters	State Justice Court Administrator
Peyton Smith	Third District Court Administrator
Honorable Randall Skanchy	Judge, Third District Court
Jeff Silvestrini	Mayor, Millcreek City
Tim Whalen	Director, Salt Lake County Behavioral Health Services
Valerie Wilde	Division Administrator, Salt Lake City Prosecutor's Office
Rosie Rivera	Sheriff, Salt Lake County

Additional stakeholders that participated in implementing these programs included:

Community Treatment Providers (Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, House of Hope and the University of Utah Neuropsychiatric Institute).
West Valley City Prosecutor's Office Private Defense Bar
Community Connections Center [the Salt Lake City Police Department (SLC PD) Social Work Program]

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

Justice Reinvestment Initiative

Salt Lake County receives Justice Reinvestment Initiative (JRI) dollars through two funding streams, the FY16 formula-based dollars and the FY18 competitive application-based dollars.

Formula-based Funding

In 2016, utilizing the initial formula-based funding as seed dollars, the Intensive Supervision Probation (ISP) program, CORE 2 and a Prosecutorial Pre-Diversion Program (Operation Diversion) were implemented. Operation Diversion enjoyed high treatment retention rates through the voluntary referral phase, and ended treatment referrals July 1st, 2017 as funding for this program ended. ISP and CORE 2 remain in operation. Outcomes for all of these programs may be viewed in the JRI section of the area plan attachment. Additional funding sources for these programs include County General Fund, Federal Medicaid dollars, City dollars, and one-time Commission on Criminal and Juvenile Justice (CCJJ) grant dollars.

Application-based Funding

Beginning July 1st, 2017, utilizing the application-based dollars, ISP was expanded, additional Drug Court residential capacity was funded, and a new Unified Police Department (UPD)/University of Utah Neuropsychiatric Institute (UNI) Pilot was started, collocating a licensed mental health professional with a UPD officer to respond to mental health crises in the community.

Please find program descriptions below for FY19, and associated outcome measures attached in the JRI section of the area plan attachments.

FY19 Justice Reinvestment Initiative Programs

Intensive Supervision Probation

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 are evaluated using the Level of Service/Case Management Inventory (LS/CMI) risk tool, along with an ASAM assessment to determine appropriate level of supervision and care. They are supervised in the community by deputies from the Sheriff's Office and receive intensive case management services through CJS. With the assistance of JRI funds, DBHS provides three dedicated assessment workers, two of which are seated at CJS with the officers and case managers, as well as prioritized access to treatment services, and 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. We have also seen drastic reductions in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system. As this program has evolved, Access to Recovery (ATR) services, access to evidence-based medication assisted treatment (MAT), and recovery support services were added in 2016 and 2017 [through a new contract with Utah Support Advocates for Recovery Awareness (USARA)]. Since 2015, over 61% of all clients have been referred due to drug-related offenses and over 99% have struggled from moderate or greater SUD. Additionally, 34.2% of all clients have identified opiates as a primary substance of abuse (30% of all males and 41.9% of all females).

In March 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 (NACo) 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.

In July 2017, ISP was awarded an additional $1.4M in new JRI funds from the Justice Reinvestment Committee. Leveraging these new state funds, ISP was able to fund the third licensed mental health professional to provide additional clinical assessments. The program also was able to expand treatment capacity, funding an active caseload of 280 clients. By utilizing county founds, ISP was able to expand supervision and case management capacity as well (hiring 2 additional case managers and 3 Sheriff's Office deputies).

In expanding the program to the new capacity, over 150 new clients were enrolled into ISP in a six-month period, up from the original program capacity of 180 clients. Since inception, ISP has now surpassed 600 referrals. The result of this rapid expansion led to a large number of phase one clients needing the highest levels of case management, supervision, and treatment. Through March 2018, there are 295 participants and 100 graduates. 86.7% of all clients referred into ISP have been assessed for treatment, 73.1% have remained actively engaged in treatment, and graduates enjoy a 43.6% reduction in risk scores.

DBHS does not anticipate additional unique clients served on top of the previous fiscal year's estimates because no additional funds were allocated for FY19.

Please refer to the attached JRI slides for outcomes and demographic information.

Drug Court Treatment Expansion

Beginning July 1st, 2017, an additional $500,000 was made available to Drug Court utilizing a fund code that accelerates access to treatment slots. Historically, the waiting list for Drug Court participants to admit to a residential program was long, creating frustration with the court and teams, and was the impetus in prioritizing dollars for this population. During this same year, the State implemented the Targeted Adult Medicaid (TAM) program providing new Medicaid funding for non-parenting Drug Court participants earning less than 5% of the FPL. These new funding streams enabled Salt Lake County providers to grow in a very large way, approximately doubling the residential treatment capacity in the county.

The Division of Behavioral Health Services (DBHS) requires providers to utilize TAM prior to accessing JRI funding. As a result, the Division is experiencing an underutilization of JRI dollars. As an example, the average monthly spend of Drug Court funding went from approximately $75,000 in October, to approximately $15,000 in

December 2017.

The anticipated demand for JRI Drug Court funding remains an unknown for FY19, as the county aggressively enrolls participants into TAM, and as the system adjusts to this new funding stream. DBHS will be working to determine the average number of eligible participants, gain an understanding of the impacts of a limited one-year benefit (ending eligibility for those who gain employment after that one year period), the availability of workforce within our provider system, and other factors involved.

For those reasons and based on the commitment made to the court, DBHS will continue with the $500,000 budgeted for FY19, monitor utilization and work closely with state leadership to adjust as needed going forward.

Should the full $500,000 be utilized, it is anticipated this would fund treatment for up to 75 clients. The majority of clients will be receiving residential treatment, however Criminal Justice Services requested allowing the funds to be utilized for outpatient treatment as well. On a conservative estimate for residential care only, these funds would cover eleven beds and approximately 33 clients, assuming a four month average residential length of stay.

Please refer to the attached JRI slides for additional demographics on this population.

DBHS does not anticipate additional unique clients served on top of the previous fiscal year's estimates because no additional funds were allocated for this Drug Court treatment expansion for FY19.

CORE 2

DBHS continues to utilize FY16 formula-based JRI funding as seed dollars for CORE 2. This is a Valley Behavioral Health 16-bed dual-diagnosis residential facility for women, focusing on medium/high risk and medium/high need participants with supportive housing attached upon discharge. This program was implemented due to community requests and impressive outcomes seen previously with the CORE program for men. This program coordinates closely with multiple criminal justice stakeholders, and quickly developed a substantial wait list. Based on data collected from the partial implementation year in FY16, the complete program year in FY17, and the partial year in FY18, we anticipate serving 65 females in CORE 2 in FY19. Approximately 75% of the participants in the program each fiscal year have been new clients, with about 25% remaining in services from the previous fiscal year.

DBHS does not anticipate additional unique clients served on top of the previous fiscal year's estimates because no additional funds were allocated for FY19.

Please refer to the attached JRI slides for information on outcomes.

UPD/UNI Mental Health Unit Pilot

After receiving the JRI application-based dollars in July 2017, pilot stakeholders began the process of writing and finalizing contracts and memorandums of understanding (MOU's), and assigning a UNI licensed clinician. The program became operational in November of that year (with JRI dollars supporting the cost of one clinician).

Through this pilot, a licensed mental health professional is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. This program serves the cities of Taylorsville, Kearns, Magna, Riverton, Holladay, Millcreek, Midvale, Canyons, Herriman, and White City.

The objectives of this pilot are to:

- Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
- Provide mental health consumers and their families with linkages to services and supports
- Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate
- Reduce repeated law enforcement responses to the same location, and
- Free up patrol officers to respond to other calls.

Through additional county dollars, the Mental Health Unit is made up of one sergeant, one detective, and nine secondary officers in each precinct that work with the unit one to two days a month. The unit also utilizes interns from the University of Utah in assembling the program database.

This effort enjoys a commitment to problem solving and a fruitful collaboration between law enforcement, Salt Lake

County Behavioral Health, the University of Utah Neuropsychiatric Institute and the greater community of Salt Lake County.

Given the delay in implementation, DBHS has only four months of data to estimate FY19 client counts. Based on recent trends, DBHS would anticipate serving approximately 430 unique clients in FY19. Without any additional funds in FY19 this would not represent a change in estimates of unique clients served from the prior year.

Additional Programming

To support Operation Rio Grande (ORG), DBHS expanded its contract with the University of Utah Assessment and Referral Services to provide for the hiring of one assessment worker. This licensed clinician will go into the jail to perform assessments for ORG Drug Court candidates on an ongoing basis as they become identified. It is estimated that 9 assessments will occur a week. This would equate to approximately 450 assessments a year. Please bear in mind there may be substantial duplication in these numbers as clients assessed may also receive treatment with JRI Drug Court funding, or may abscond for a few months, be booked again and require a new assessment. This estimate may also vary depending on ebbs and flows of Drug Court rosters.

Budget:
JRI programs serve individuals with both mental health and substance use disorders. Budgets for these programs are separated appropriately between the MH and SUD Area Plans.

Identify your outcome measures.

DBHS has developed multiple outcome measures for the programs listed above. Please reference the JRI section in the area plan attachments for detailed information on these measures.

Additionally, DBHS enjoys a data sharing agreement with the Salt Lake County Jail, and receives support from Salt Lake County Information Services in accessing this data. A data analyst was hired in December of 2017, and is actively working to match program cohorts with jail data to analyze reductions in new-charge bookings, and length of stay in the Salt Lake County jail due to these bookings. Preliminary results have been compiled and DBHS works now towards validation efforts with jail staff, Information Services staff, and the Criminal Justice Advisory Council staff prior to releasing this data. Initial data gathering has revealed additional data tables that would assist in this process, so DBHS will be working towards expanding the data sharing agreement to incorporate these tables. DBHS would like to recognize the efforts of these stakeholders, without whom these efforts would not have been possible. Lastly, DBHS recently gained access to court data, which will allow analysis in the future regarding convictions as well.

FY19 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Salt Lake County Behavioral Health **Form B**

FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay,	Other Revenue (gifts, donations,	TOTAL FY2019 Revenue
Drug Court	$946,727	$21,000	$1,325,814	$337,862	$837,341	$199,368		-	$25	$85,000	-	$3,753,137
Drug Offender Reform Act	$1,090,945	-	-	$47,128	$109,966	-	-	-	$150	$45,000	-	$1,293,189
JRI	$2,557,834	-	$870,000	-	-	-	-	-	$500	$35,000	$2,173,000	$5,636,334
Local Treatment Services	$2,965,554	$1,684,395	$2,524,594	$175,406	$3,291,640	$3,166,026	$840,109	$3,087,577	$55,000	$375,000	$430,000	$18,595,301
Total FY2019 Substance Use Disorder Treatment	$7,561,060	$1,705,395	$4,720,408	$560,396	$4,238,947	$3,365,394	$840,109	$3,087,577	$55,675	$540,000	$2,603,000	$29,277,961

FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures	Total FY2019 Client Served	Total FY2019 Cost/ Client Served
Screening and Assessment Only	$216,209	$28,492	$299,086	$4,182	$60,695	$170,696	$44,703	$339,451	$1,678	$84,783	-	$1,249,975	2,678	$467
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	$304,464	-	$295,002	-	-	$598,423	$157,438	$480,000	-	-	$1,029,000	$2,864,327	2,300	$1,245
Residential Services	$3,129,338	$645,106	$1,367,865	$237,193	$1,653,116	$1,078,126	$266,147	$94,223	$8,043	$219,149	$1,027,018	$9,725,324	1,007	$9,658
Outpatient: Contracts with Opioid Treatment	$230,214	$68,128	$209,353	$8,991	$143,203	$226,864	$59,685	$741,065	-	$135,141	-	$1,822,644	1,720	$1,060
Office based Opiod Treatment (Buprenorphine,	$666,666	-	-	-	-	-	-	$500,000	-	-	-	$1,166,666	350	$3,333
Outpatient: Non-Methadone (ASAM I)	$1,272,697	$461,354	$1,004,999	$87,049	$1,020,344	$592,847	$137,107	$38,320	$31,367	$86,938	$242,806	$4,975,828	4,137	$1,203
Intensive Outpatient	$1,594,373	$502,315	$954,218	$222,981	$1,361,589	$698,438	$175,029	$283,006	$14,587	$13,989	$304,176	$6,124,701	2,173	$2,819
Recovery Support (includes housing, peer support,	$147,099	-	$589,885	-	-	-	-	$611,512	-	-	-	$1,348,496	1,021	$1,321
FY2019 Substance Use Disorder Treatment	$7,561,060	$1,705,395	$4,720,408	$560,396	$4,238,947	$3,365,394	$840,109	$3,087,577	$55,675	$540,000	$2,603,000	$29,277,961	15,386	$1,903

FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures
Pregnant Women and Women with Dependent	$1,455,066	$969,284	$755,433	$318,509	$2,409,261	$77,500	$840,109	-	$10,160	$374,031	$312,682	$7,522,035
All Other Women (18+)	$648,407	$176,413	$670,043	$57,969	$438,494	$384,967	-	$943,803	$17,134	$115,566	$203,228	$3,656,024
Men (18+)	$5,146,106	$122,145	$3,101,393	$40,137	$303,605	$2,617,300	-	$2,143,774	$7,071	$41,982	$2,087,090	$15,610,603
Youth (12- 17) (Not Including pregnant women or	$311,481	$437,553	$193,539	$143,781	$1,087,587	$285,627	-	-	$21,310	$8,421	-	$2,489,299
Total FY2019 Substance Use Disorder	$7,561,060	$1,705,395	$4,720,408	$560,396	$4,238,947	$3,365,394	$840,109	$3,087,577	$55,675	$540,000	$2,603,000	$29,277,961

	Allocations	Required Match	
JRI	$655,017	$131,003	Justice Reinvestment
JRC	$1,902,817		Justice Reinvestment - Committee
SPL	$154,339	$30,868	State Prevention
STL	$3,078,549	$615,710	State Treatment
WTA	$694,734	$138,947	State Womens TX
DOR	$1,090,945		DORA
PTR	$350,000		Dept of Corrections PATR
MTS	$666,666		Medication Assisted Therapy (MAT)
RSS	$147,099		Recovery Support Services
ADC	$500,291		Drug Court - State
ADC	$320,337		Drug Court - State Restricted
ADC	$199,368		Drug Court - Federal
STR1	$1,246,304		Utah Opioid STR Grant
BJA			BJA Federal Grant
FPL	$1,716,915		Federal Prevention
WTD	$917,609		Pregnant Women and Women with Dependent Children
FTL	$3,088,526		Federal General TX
PFS1	$65,723		SPF-PFS
PRX1	$0		Utah's Strategic Prevention Framework for Prescription Drugs
SOP1	$0		Utah Opioid STR Grant Project (Prevention)
CTC	$0		Communities that Care training - General Funds
OPG1	$0		Opioid Prevention Grant (SAPT Funding)

Subtracted from State Treatment

210,000 WTX - Womens Residential Treatment

Cell: Q33
Comment: Match amount based off of original State General Fund allocation. Partial amounts have been moved to State Drug Court, but are still part of match calculation.

FY19 Drug Offender Reform Act & Drug Court Expenditures | **Local Authority:** Salt Lake County Behavioral Health | **Form B1**

FY2019 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 FY2019 Expenditures
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	$32,436	-	-	-	$32,436
Residential Services	$608,282	$393,494	$674,951	$64,327	$1,741,054
Outpatient	$839	$2,205	$9,209	-	$12,253
Outpatient	$170,788	$827,692	$57,299	$34,414	$1,090,193
Intensive Outpatient	$448,284	$465,493	$360,527	$119,848	$1,394,152
Recovery Support (includes housing, peer support,	-	$736,984	-	-	$736,984
Other (Screening & Assessment, Drug testing, MAT)	$32,560	$4,083	$2,154	$457	$39,254
FY2019 DORA and Drug Court	$1,293,189	$2,429,951	$1,104,140	$219,046	$5,046,326

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!**

1) **Screening and Assessment Only**

Form B - FY19 Amount Budgeted:	**$1,249,950**	**Form B - FY19 Projected clients Served:**	**2,678**
Form B - Amount Budgeted in FY18 Area Plan	**$N/A**	**Form B - Projected Clients Served in FY18 Area Plan**	**N/A**
Form B - Actual FY17 Expenditures Reported by Locals	**$1,183,993**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**2,537**
Describe 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.			
Salt Lake County Division of Behavioral Health Services (DBHS) practices the philosophy that there is "no wrong door to treatment." What this means is that though we do contract with The University of Utah's Assessment and Referral Services/Interim Group Services (ARS/IGS) for substance use disorder (SUD) assessments, any of DBHS' twelve SUD contracted providers may conduct the assessment and refer into services.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant change			
Describe any significant programmatic changes from the previous year.			
No significant change			

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

Form B - FY19 Amount Budgeted:	**$2,864,265**	**Form B - FY19 Projected clients Served:**	**2,300**
Form B - Amount Budgeted in FY18 Area Plan	**$2,001,986**	**Form B - Projected Clients Served in FY18 Area Plan**	**1,805**

Form B - Actual FY17 Expenditures Reported by Locals	**$2,514,811**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**1,929**

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.

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:
1. Volunteers of America/Cornerstone Counseling Center (VOA/CCC) Social Detoxification Center: A facility in Salt Lake for men and women.
2. Salt Lake County's Division of Youth Services (DYS) program located in South Salt Lake provides detoxification services on an "as needed" basis for adolescents.

DBHS provides access to dedicated law enforcement jail diversion detox beds at VOA. Additionally, during FY18 new detox beds were added to support clients involved in Operation Rio Grande.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

15 new detox beds were added to support clients involved in Operation Rio Grande.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

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

Form B - FY19 Amount Budgeted:	**$10,125,067**	**Form B - FY19 Projected clients Served:**	**1,007**
Form B - Amount Budgeted in FY18 Area Plan	**$8,107,547**	**Form B - Projected Clients Served in FY18 Area Plan**	**909**
Form B - Actual FY17 Expenditures Reported by Locals	**$9,580,537**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**953**

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.

DBHS and Optum currently contract with four residential treatment providers for ASAM (American Society of Addiction Medicine) 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:

• Optum for Medicaid clients;
• ARS for Drug Offender Reform Act (DORA), juvenile drug court, and family dependency drug court clients; and

• DBHS for all other adults and youth, as well as Family Dependency Drug Court (FDDC).

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

No significant changes.

Describe any significant programmatic changes from the previous year.

There has been a significant residential treatment expansion in Salt Lake County. The primary funding source is the new Targeted Adult Medicaid (TAM) funding, not included in the budget due to it going directly to our provider network. Salt Lake County still believes there is significant need for individuals who will not be TAM eligible. We believe these clinical trends will be established in fiscal year (FY)2019. We will work closely with the State Division to evaluate how best to use new funding as the trends become clear.

4) Outpatient (Methadone - ASAM I)

Form B - FY19 Amount Budgeted:	**$1,822,613**	**Form B - FY19 Projected clients Served:**	**1,720**
Form B - Amount Budgeted in FY18 Area Plan	**$950,014**	**Form B - Projected Clients Served in FY18 Area Plan**	**946**
Form B - Actual FY17 Expenditures Reported by Locals	**$1,040,321**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**982**

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.

For individuals who are not eligible for Medicaid, DBHS contracts with one provider, Project Reality, to deliver this service. Project Reality now has two locations, one in their historical location of Salt Lake City (SLC) and this past year opened a second office in Murray. Additionally, Project Reality 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.

Also see section 10, which includes methadone services provided through State Targeted Response (STR) funding.

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).

Significant increase due to new STR funding, which was not included in the state fiscal year (SFY)18 Area Plan budget.

Describe any significant programmatic changes from the previous year.

Significant STR-funded expansion of Project Reality SLC and the opening of a new Project Reality office in Murray. The increased funding is nearly doubling the availability of medication assisted treatment (MAT), utilizing methadone.

5) **Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)**

Form B - FY19 Amount Budgeted:	**$1,166,666**	**Form B - FY19 Projected clients Served:**	**400**
Form B - Amount Budgeted in FY18 Area Plan	**N/A**	**Form B - Projected Clients Served in FY18 Area Plan**	**N/A**
Form B - Actual FY17 Expenditures Reported by Locals	**$N/A**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**N/A**

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.

DBHS continues to provide access to Vivitrol for clients actively engaged in SUD treatment. DBHS partners with the Salt Lake County (SLCo) Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, and the Utah Department of Corrections to provide medical care and Vivitrol injections to participating clients. Referrals can come from any DBHS network provider, through Correctional Addictions Treatment Services (CATS) in the Jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, 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. Please refer to the area plan attachments for a Vivitrol Program report detailing reductions in new charge jail bookings, jail length of stay and other pertinent outcomes.

DBHS has contracted with Clinical Consultants to further expand the availability of Vivitrol and other Office Based MAT services to county residents eligible for federal STR funding. DBHS has made consistent efforts to coordinate with the STR Opioid Treatment Programs (OTPs) to transfer over any clients who are eligible to utilize STR funds.This effort allows the division to broaden the reach of state MAT funds.

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).

We are anticipating a significant increase as Clinical Consultants project will be fully ramped up going into FY19. There is not prior actual or budget information for this category because this is a new category in the Area Plan.

Describe any significant programmatic changes from the previous year.

Only change is that these programs will be fully implemented by the end of FY18 and more efficient (assuming lower case rates) going into FY19.

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

Form B - FY19 Amount Budgeted:	**$4,775,719**	**Form B - FY19 Projected clients Served:**	**4,137**
Form B - Amount Budgeted in FY18 Area Plan	**$5,550,639**	**Form B - Projected Clients Served in FY18 Area Plan**	**3,981**
Form B - Actual FY17 Expenditures Reported by Locals	**$4,514,925**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**3,911**

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.
DBHS and Optum contract with 12 agencies to provide the full continuum of outpatient ASAM levels of care (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), Odyssey House, and VOA/CCC, for all levels of care, and can be accessed by any client currently served. A list of providers by LOC and population is available upon request.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant change.
Describe any significant programmatic changes from the previous year.
No significant programmatic changes are anticipated at this time.

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

Form B - FY19 Amount Budgeted:	**$5,924,563**	**Form B - FY19 Projected clients Served:**	**2,173**
Form B - Amount Budgeted in FY18 Area Plan	**$5,551,960**	**Form B - Projected Clients Served in FY18 Area Plan**	**2,025**
Form B - Actual FY17 Expenditures Reported by Locals	**$5,535,341**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**2,030**

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.
DBHS and Optum 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, Odyssey House, and VOA/CCC for all levels of care and can be accessed by any client currently served. A list of providers by LOC and population is available upon request.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant change.
Describe any significant programmatic changes from the previous year.
No significant programmatic changes are anticipated at this time.

8) **Recovery Support Services**

Form B - FY19 Amount Budgeted:	**$1,348,496**	**Form B - FY19 Projected clients Served:**	**1,021**
Form B - Amount Budgeted in FY18 Area Plan	**$1,900,768**	**Form B - Projected Clients Served in FY18 Area Plan**	**766**
Form B - Actual FY17 Expenditures Reported by Locals	**$707,632**	**Form B - Actual FY17 Clients Serviced as Reported by Locals**	**536**

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.

DBHS operates the Drug Court Access to Recovery (ATR) and the Parole Access to Recover (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 Utah Support Advocates for Recovery Awareness (USARA's) efforts to advocate for recovery awareness. DBHS supports the Recovery Oriented Systems of Care initiative.

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 and supports both substance use disorder (SUD) and mental health (MH) clients. The budget for these programs is addressed in the MH area plan.

Working with state legislative leadership through the Department of Workforce Services and the State Division of Substance Abuse and Mental Health, Salt Lake County started a Sober Living voucher program. Residential providers have the ability to refer to a state licensed sober living facility, offered through a voucher/authorization process similar to Recovery Support Services (RSS). Clients have the ability to utilize a sober living facility for 6 months. The initial award was for $300,000 in SFY 18. At this writing, Salt Lake County is unsure of the available funding for 2019. Due to demand, DBHS is working to expand the number of available providers.

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

The significant decrease from the prior Area Plan is due to MAT Vivitrol program being moved to a different row category.

Describe any significant programmatic changes from the previous year.

No significant program changes.

9) **Peer Support Services**

Form B - FY19 Amount Budgeted:	**$9,000**	**Form B - FY19 Projected clients Served:**	**150**
Form B - Amount Budgeted in FY18 Area Plan	**$8,811**	**Form B - Projected Clients Served in FY18 Area Plan**	**141**

Form B - Actual FY17 Expenditures Reported by Locals	N/A	Form B - Actual FY17 Clients Serviced as Reported by Locals	N/A

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.

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.

Certified Peer Support Specialists are currently employed at Valley Behavioral Health, First Step House, Odyssey House, and House of Hope.

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.

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).

Not anticipating change.

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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 Advanced Substance Use Disorder Counselor (ASUDC) or Substance Use Disorder Counselor (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.

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.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated at this time.

10) Opioid (STR) Treatment Funds

The allowable uses for this funding are described in the SFY 18 Division Directives:
1. Contract with Opioid Treatment Programs (OTP);
2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);
3. Provision of evidence based-behavioral therapies for individuals with OUD;
4. Support innovative telehealth in rural and underserved areas;
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;
6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;

7. Enhance or support the provision of peer and other recovery supports.
Describe the activities you propose and identify where services will be provided.
STR Grant—Formula Funds: DBHS continues to partner with Project Reality to offer clinically appropriate evidence-based MAT for clients residing in the central region of Salt Lake County (FY18 Project Reality expansion in Murray). The Murray clinic offers the full spectrum of MAT (methadone, Suboxone, and Vivitrol) and general outpatient therapy. This expansion offers client-specific MAT for up to 300 unique clients annually between the Murray and Salt Lake City locations. STR Grant—Application Funds: DBHS continues to partner with Clinical Consultants to offer clinically appropriate evidence-based MAT for clients residing in the southwest region of Salt Lake County (FY18 Clinical Consultants new OTP in West Jordan). The OTP offers clients Suboxone and Vivitrol, coupled with all outpatient treatment services. This new clinic offers client-specific MAT for up to 133 unique clients.
How will you identify, engage and retain individuals in your area with opioid use disorders?
Project Reality and Clinical Consultants advertise the expansion of services and the new locations to the target community through other community providers and in areas where limited access to this information can be found. They coordinate recruitment efforts with local law enforcement, social services organizations, through the Salt Lake County Coordinating Council monthly, and through medical providers. The programs assist in reducing stigma and addresses bias, beliefs, values and norms by educating individuals with Opioid Use Disorders (OUD's), family members, and others engaged with these individuals [e.g. police, Division of Child and Family Services (DCFS), medical providers] on the benefits and outcomes of MAT. Both programs actively work with the Salt Lake County Vivitrol program to identify referral pathways for current County clients, and for opportunities to work with the Department of Corrections.
Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.
The central and southwest regions of Salt Lake County lack any publicly-funded opioid treatment programs (OTPs). According to the DSAMH needs assessment, these locations provide greater access to five of the ten statewide hotspots identified with the highest rates of opioid-related emergency department (ED) encounters and overdose 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. Further, the treatment milieu at both agencies is designed to foster patient-therapist relationships early in the treatment process and to increase motivation and retention while facilitating change. They continue to use Motivational Interviewing and other evidence-based practices (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.
For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.
All services are provided through Project Reality or Clinical Consultants directly, who are contracted network treatment providers..

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

DBHS has already increased access to treatment by adding approximately 250 additional residential beds to our network system by the end of FY18. This expansion is primarily funded through the TAM (Targeted Adult Medicaid) expansion.

Furthermore, through additional funding such as Justice Reinvestment Initiative (JRI) and STR, providers have been able to increase outpatient availability either through their existing locations, or in the case of Project Reality and Clinical Consultants, opening additional offices.

Describe your plan to improve the quality of care.

DBHS has created a system whereby all ASAM levels of care (LOCs) greater than 1.0 must seek preauthorization and be reviewed based on the standards set forth by DSAMH. This entails the primary clinician completing a treatment plan update with a corresponding progress note. The clinician then notifies DBHS via a universal mailbox established for this purpose, that a given file is ready for review. Each request is handled on a case-by-case basis. Should a client meet criteria to continue at the current level, a reauthorization is granted according to pre-established standards set by DSAMH. If DBHS disagrees with the request to continue at the current LOC, then a plan is established by the agency to place the client in the most appropriate LOC according to the most recent ASAM assessment within the treatment plan review. No client is immediately discharged. Should a client be assessed as needing a higher LOC, a similar process is required.

Through the above, the quality of care is 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.

Optum, ARS/IGS 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

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

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

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

Additionally, ongoing training is provided to help educate and inform all providers on the ASAM criteria and manual.

Describe Clinical Supervision Protocol or Plan.

DBHS and Optum continues to support providers in their use of evidenced-based practices; however, the individual providers have the responsibility of obtaining training for evidence-based practices. All current providers have to provide evidenced-based practices, including the supervision required by the EBP, by contract. DBHS and Optum have seen increased use of EBPs 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.

How do you evaluate client outcomes?

The outcomes questionnaire (OQ) and youth outcomes questionnaire (YOQ) are mandated by contract to be used by every provider. Provider training regarding the scoring and practical use increased during FY18. 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 FY18 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 FY19.

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.

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".

DBHS enjoys a data sharing agreement with the Salt Lake County Jail, and receives support from Salt Lake County Information Services in accessing this data. A data analyst was hired in December of 2017, and is actively working to match program cohorts with jail data to analyze reductions in new-charge bookings, and length of stay in the Salt Lake County jail due to these bookings. Preliminary results have been compiled and DBHS works now towards validation efforts with jail staff, Information Services staff, and the Criminal Justice Advisory Council staff prior to releasing this data. Initial data gathering has revealed additional data tables that would assist in this process, so DBHS will be working towards expanding the data sharing agreement to incorporate these tables. DBHS would like to recognize the efforts of these stakeholders, without whom these efforts would not have been possible. Lastly, DBHS recently gained access to court data, which will allow analysis in the future regarding convictions as well.

DSAMH JRI Certification process.

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

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.

Correctional Addictions Treatment Services (CATS) at Oxbow and Adult Detention Center (ADC) 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.

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of an outpatient and intensive outpatient model called Drug Offender Group Services (DOGS).

DBHS also operates many programs aimed at either diverting individuals from the county jail, providing services to incarcerated individuals in order to reduce their time of incarceration, and providing transition services for incarcerated individuals as they are released from jail. These services are funded entirely with State and County funds.

Any clients county-wide referred to the Vivitrol Program can be served.

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

No significant changes.

Describe any significant programmatic changes from the previous year.

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 Vivitrol Program for those struggling with an OUD or alcohol dependence.

In FY18 the male CATS program was temporarily moved to the Davis County Jail. Salt Lake County was able to maintain program integrity, working closely with Odyssey House. The plan moving forward is to move the CATS program back to Oxbow when it opens in the summer of 2018.

The Substance Abuse Prevention and Treatment (SAPT) block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

DBHS does not spend any Substance Abuse Prevention and Treatment (SAPT) funds on jail-based programming. The division utilizes County funds and other State funds for these programs.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

Optum and each of the four Accountable Care Organizations (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.

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.

In 2018 Salt Lake County began participating in a National Governors Association (NGA) led initiative with State Medicaid and the DSAMH. The goal of this project is to explore future integration opportunities.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

All contracted vendors are required to have relationships with primary care systems. Three primary care providers who are excellent partners are: the Fourth Street Clinic for the homeless population, Odyssey House's Martindale Clinic, and Midtown Community Health Center located on State Street in Salt Lake City. In addition, Intermountain Healthcare provides extensive charity care for County clients.

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.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

During the past year, Optum network trainings have continued to include a focus on the importance of the physical health assessment components as well as coordinating with primary care physicians (PCPs) as needed for client services.

During this past year, the Optum Clinical Team educated the ACOs and providers on the metabolic effects of second generation antipsychotics on consumers. Optum developed a coordinated "flyer" that was sent to the entire provider network on 3 different occasions. The flyer offered information on the metabolic syndrome and the outcomes if not addressed. The flyer also provided a point person to contact for each of the ACOs.

Additionally, Optum Care Advocates collaborate with the respective ACOs on a case by case basis when it is noted that the consumer's medical needs, such as Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Diabetes and Pregnancy, are a component of their SUD treatment and/or a part of their recovery. Each ACO has an identified person that is our contact point. The ACO then staffs the case and Optum will be contacted in return with their recommendation and/or plan to help address the medical status. Optum then coordinates with the treating provider what the medical plan is and who to coordinate with for their collaborative care. In some cases Optum has been able to proactively access health care services for consumers coming out of USH, so that medical support is available upon immediate return to the community. This process is fluid and responsive on an as needed basis in order to be flexible in meeting consumer needs

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

DBHS and Optum continue to emphasize implementing Recovery Plus to full fidelity. DBHS and Optum continue to educate providers on the Recovery Plus Program and the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Recovery Plus continues to be addressed at provider meetings and trainings. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also educated to ensure that any type of nicotine delivery system is addressed with the client. DBHS and Optum have incorporated a review of Recovery Plus initiatives during audits providing a forum for another conversation about the importance of offering cessation services to clients.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	**11,172,030**		
Form B - Amount	**$9,759,158**		

Budgeted in FY18 Area Plan			
Form B - Actual FY17 Expenditures Reported by Locals	**$10,585,204**		

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

DBHS and Optum contract to provide women's treatment with five providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, Midtown, Clinical Consultants, Martindale Clinic, 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 6 locations for Medication Assisted Treatment (MAT) services.

Additionally, DBHS and Optum 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 6 location for MAT services.

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

• Women on Methadone can receive treatment at House of Hope, VBH, and Odyssey House while pregnant. VBH and House of Hope will work with women after the birth to taper to an appropriate dose and then continue treatment. Odyssey House asks that the women taper off methadone after the birth of the baby.
• Project Reality is currently providing multiple services for women and pregnant women. Women in general are offered a women's empowerment group exclusively for women to address women's issues. We also provide referrals to women's specific programs such as House of Hope, Odyssey House women's and children program, and Young Women's Christian Association (YWCA); provide parenting classes for families with children; and offer options for childcare during their therapy session such as bringing young children to session or offering temporary emergency childcare if needed during the session if available. Project Reality also has a women's resource room dedicated to offering different types of information for resources specific for women, supplies for emergencies with children such as diapers, and toys to keep children occupied in the room while women are in their therapy sessions in the same room.

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.
Describe collaborative efforts with Division of child and family services (DCFS) for women with children at risk of, or in state custody.

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.

All programs also coordinate care with DCFS and Child Protective Services (CPS) assisting mothers to meet service plan goals, arrange visitation as allowed by court or family agreement, and contingency plans for emergencies.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

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.

Childcare includes services provided directly to children without parents present such as maintaining daily routines, assisting with activities of daily living, or engaging in recreational activities.

Transportation includes child and family appointments outside of the program, attending court, or other events necessary to healthy family functioning.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated at this time

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	**$2,457,351**		
Form B - Amount Budgeted in FY18 Area Plan	**$2,653,257**		
Form B - Actual FY17 Expenditures Reported by Locals	**$2,537,670**		

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. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

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 5 outpatient sites, 5 intensive-outpatient sites, 3 day treatment sites, 1 residential sites, and 1 site for social detox. Medical detox is available to youth needing this service as well.

Some of the evidence-based practices employed by our providers are:
• Multifamily Psychoeducation Group (MFG)
• Trauma Focused Cognitive Behavior Therapy
• Dialectical Behavior Therapy
• Motivational Interviewing
• Cognitive Behavior Therapy
• Behavior Therapy
• Integrated Dual Disorders Treatment
• Seeking Safety
• Wellness Recovery Action Plan (WRAP)

Additionally, some of the specific specialized services provided to adolescents include:
• An “enhanced day treatment” that allows short-term stays at the Juvenile Receiving Center in conjunction with day treatment services to stabilize the youth and family, while preventing out of home care or the need for residential care.
• A “Young Adult” program with Volunteers of America to deliver services to individuals age 17 to 23 to further

support their transition into adulthood.
• Gender specific treatment.

In order to incorporate the ten key elements of quality adolescent treatment, DBHS will have this as a discussion item during the monthly Provider Services Coordinating Council (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.

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

No significant changes.

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

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 Multi Agency Staffing (MAS). This staffing also includes representatives from Juvenile Court, Granite School District, other treatment providers including SUD.

No significant programmatic changes have occurred during this past year.

16) Drug Court

Form B - FY18 Amount Budgeted: Felony	**$1,726,224**	**Form B - FY19 Amount Budgeted: Felony**	**$1,692,967**
Form B - FY18 Amount Budgeted: Family Dep.	**$814,096**	**Form B - FY19 Amount Budgeted: Family Dep.**	**$1,104,140**
Form B - FY18 Amount Budgeted: Juvenile	**$165,379**	**Form B - FY19 Amount Budgeted: Juvenile**	**$219,046**
Form B - FY18 Recovery Support Budgeted	**$567,341**	**Form B - FY19 Recovery Support Budgeted**	**$736,984**

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

Adult (no longer referred to as Felony) Drug Court: Clients are required to screen high risk based on the LS/CMI assessment [no longer the Risk and Needs Triage (RANT)] to be eligible for the Adult 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 LS/CMI. Clients who screen as high risk/high need then receive an ASAM assessment to determine the appropriate level of care needed. Once this process is complete clients who are eligible are pled into the program.

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

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

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court (DC): Clients receive SUD treatment through either CJS (ASAM 1.0) or through other SLCo contracted providers (ASAM 1.0, 2.1, 3.1, 3.3 and 3.5). Additionally, clients receive case management services, psycho-educational classes, and peer support while in Drug Court through CJS.

CJS uses a number of evidence-based curriculums with drug court clients including Seeking Safety and Moral Reconation Therapy (MRT), Mapping (from Texas Christian University), and Courage to Change. Staff who provide (MRT) were all trained out of state by certified MRT trainers. Therapists who utilize "Seeking Safety" receive ongoing training from DVD's, role playing, and training in staff meetings. 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. .

Family Dependency Drug Court: Clients have access to DBHS' 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.

Juvenile Drug Court (JDC): Clients have access to DBHS' full network of contracted youth providers for treatment and case management services.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

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.

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 Specialty Courts, etc).

Adult Drug Court contracts with First Alliance [no longer Treatment Assessment Screening Center (TASC)] for drug testing. First Alliance uses current research, and complies with the national standards for drug testing techniques. First Alliance 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. First Alliance 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 First Alliance to test.

Family Dependency Drug Court and Juvenile Drug Court clients are tested randomly twice a week by the treatment provider they are being served through.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

There are no additional fees for FY19.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

CJS began training staff to utilize the LS/CMI 18 months ago, and officially transitioned from the RANT in March 2018. All potential Adult Drug Court clients are now assessed using the Level of Service/Case Management Inventory LS/CMI instead of the RANT. This change is to foster better placement of clients in the most appropriate court [regular Drug Court or the Alternative Substance Addiction Program (ASAP court)]. Additionally, all Adult Drug Court staff are trained to use the Effective Practices in Community Supervision (EPICS) II Model of supervision. EPICS II is designed to use a combination of monitoring, referrals, and face-to-face interactions to provide the clients with a sufficient "dosage" interventions, stay focused on criminogenic needs, and make the best possible use of office time to develop a collaborative working relationship. The EPICS model helps translate the risk, needs and responsivity principles into practice and highlights utilization of evidence based practices to effectively manage client behavior change and reduce criminogenic risk.

Family Dependency Drug Court (FDDC) was selected to work with the Office of Juvenile Justice and Delinquency Prevention and granted technical assistance through Children and Family Futures to improve outcomes for children and families by implementing best practice strategies.

In addition, Utah Support Advocates for Recovery Awareness (USARA) has partnered with FDDC and implemented a Peer Recovery Coach Program in each courtroom.

Juvenile Drug Court was selected to participate in the Juvenile Drug Treatment Court Guidelines Study Project. This Office of Juvenile Justice and Delinquency Prevention (OJJDP) issued grant is a 3 year study that will evaluate the effectiveness of Juvenile Drug Courts.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

Clients in Adult Drug Court (ADC) receiving RSS 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 adult drug courts. Clients are assigned at orientation to their Peer Support Specialist, and they are mentored through the entire program. CJS also provides an Adult 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 ADC), 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.

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	**$3,305,023**	**Form B - FY19 Amount Budgeted:**	**5,636,334**

Justice Reinvestment Initiative

DBHS recognizes Justice Reinvestment Initiative (JRI) Programming 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 (CJAC) stakeholders prior to implementing programming with JRI community based treatment funding:

Chair, Mayor Ben McAdams	Salt Lake County
Vice Chair, Hon. Brendan McCullaugh	Judge, West Valley City Justice Court
Noella Sudbury	CJAC Coordinator
Honorable John Baxter	Judge, Salt Lake City Justice Court
Paul Boyden	Statewide Association of Prosecutors
Jim Bradley	Salt Lake County Council
Mike Brown	Chief of Police, Salt Lake City Police Department
Max Burdick	Salt Lake County Council
Jack Carruth	Chief of Police, South Salt Lake City
Rollin Cook	Director, Utah State Department of Corrections
Karen Crompton	Director, Salt Lake County Human Services
Sim Gill	District Attorney, Salt Lake County
Kele Griffone	Director, Criminal Justice Services
Representative Eric Hutchings	Utah House of Representatives
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Association
Jim Peters	State Justice Court Administrator
Peyton Smith	Third District Court Administrator
Honorable Randall Skanchy	Judge, Third District Court
Jeff Silvestrini	Mayor, Millcreek City
Tim Whalen	Director, Salt Lake County Behavioral Health Services
Valerie Wilde	Division Administrator, Salt Lake City Prosecutor's Office
Rosie Rivera	Sheriff, Salt Lake County

Additional stakeholders that participated in implementing these programs included:

Community Treatment Providers (Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, House of Hope and the University of Utah Neuropsychiatric Institute).
West Valley City Prosecutor's Office Private Defense Bar
Community Connections Center (Salt Lake City (SLC) Police Department (PD) Social Work Program)
West Valley City Prosecutor's Office Private Defense Bar

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

Justice Reinvestment Initiative

Salt Lake County receives Justice Reinvestment Initiative (JRI) dollars through two funding streams, the FY16 formula-based dollars and the FY18 competitive application-based dollars.

Formula-based Funding

In 2016, utilizing the initial formula-based funding as seed dollars, the Intensive Supervision Probation (ISP) program, CORE II and a Prosecutorial Pre-Diversion Program (Operation Diversion) were implemented. Operation Diversion enjoyed high treatment retention rates through the voluntary referral phase, and ended treatment referrals July 1st, 2017 as funding for this program ended. ISP and CORE II remain in operation. Outcomes for all of these programs may be viewed in the JRI section of the area plan attachment. Additional funding sources for these programs include County General Fund, Federal Medicaid dollars, City dollars, and one-time Commission on Criminal and Juvenile Justice (CCJJ) grant dollars.

Application-based Funding

Beginning July 1st, 2017, utilizing the application-based dollars, ISP was expanded, additional Drug Court residential capacity was funded, and a new Unified Police Department (UPD)/University of Utah Neuropsychiatric Institute (UNI) Pilot was started, co-locating a licensed mental health professional with a UPD officer to respond to mental health crises in the community.

Please find program descriptions below for FY19, and associated outcome measures attached in the JRI section of the area plan attachments.

FY19 Justice Reinvestment Initiative Programs

Intensive Supervision Probation

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 are evaluated using the LS/CMI risk tool, along with an ASAM assessment to determine appropriate level of supervision and care. They are supervised in the community by deputies from the Sheriff's Office and receive intensive case management services through CJS. With the assistance of JRI funds, DBHS provides three dedicated assessment workers, two of which are seated at CJS with the officers and case managers, as well as prioritized access to treatment services, and 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. We have also seen drastic reductions in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system. As this program has evolved, ATR services, access to evidence-based MAT, and recovery support services were added in 2016 and 2017 [through a new contract with Utah Support Advocates for Recovery Awareness (USARA)]. Since 2015, over 61% of all clients have been referred due to drug-related offenses; over 99% have struggled from moderate or greater SUD. Additionally, 34.2% of all clients have identified opiates as a primary substance of abuse (30% of all males and 41.9% of all females).

In March 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 (NACo) 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.

In July 2017, ISP was awarded an additional $1.4M in new JRI funds from the Justice Reinvestment Committee. Leveraging these new state funds, ISP was able to fund the third licensed mental health professional to provide additional clinical assessments. The program also was able to expand treatment capacity, funding an active caseload of 280 clients. By utilizing county funds, ISP was able to expand supervision and case management capacity as well (hiring 2 additional case managers and 3 Sheriff's Office deputies).

In expanding the program to the new capacity, over 150 new clients were enrolled into ISP in a six-month period, up from the original program capacity of 180 clients. Since inception, ISP has now surpassed 600 referrals. The result of this rapid expansion led to a large number of phase one clients needing the highest levels of case management, supervision, and treatment. Through March 2018, there are 295 participants and 100 graduates. 86.7% of all clients referred into ISP have been assessed for treatment, 73.1% have remained actively engaged in treatment, and graduates enjoy a 43.6% reduction in risk scores.

DBHS does not anticipate additional unique clients served on top of the previous fiscal year's estimates because no additional funds were allocated for FY19.

Please refer to the attached JRI slides for outcomes and demographic information.

Drug Court Treatment Expansion

Beginning July 1st, 2017, an additional $500,000 was made available to Drug Court utilizing a fund code that accelerates access to treatment slots. Historically, the waiting list for Drug Court participants to admit to a residential program was long, creating frustration with the court and teams, and was the impetus in prioritizing dollars for this population. During this same year, the Utah Department of Health implemented the Targeted Adult Medicaid (TAM) program providing new Medicaid funding for non-parenting Drug Court participants earning less than 5% of the FPL. These new funding streams enabled Salt Lake County providers to grow in a very large way, approximately doubling the residential treatment capacity in the county.

The Division of Behavioral Health Services (DBHS) requires providers to utilize TAM prior to accessing JRI funding. As a result, the Division is experiencing an underutilization of JRI dollars. As an example, the average monthly spend of Drug Court funding went from approximately $75,000 in October 2017, to approximately $15,000 in December 2017.

The anticipated demand for JRI Drug Court funding remains an unknown for FY19, as the county aggressively enrolls participants into TAM, and as the system adjusts to this new funding stream. DBHS will be working to determine the average number of eligible participants, gain an understanding of the impacts of a limited one-year benefit (ending eligibility for those who gain employment after that one year period), the availability of workforce within our provider system, and other factors involved.

For those reasons and based on the commitment made to the court, DBHS will continue with the $500,000 budgeted for FY19, monitor utilization and work closely with state leadership to adjust as needed going forward.

Should the full $500,000 be utilized, it is anticipated this would fund treatment for up to 75 clients. The majority of clients will be receiving residential treatment, however Criminal Justice Services requested allowing the funds to be utilized for outpatient treatment as well. On a conservative estimate for residential care only, these funds would cover eleven beds and approximately 33 clients, assuming a four month average residential length of stay.

Please refer to the attached JRI slides for additional demographics on this population.

DBHS does not anticipate additional unique clients served on top of the previous fiscal year's estimates because no additional funds were allocated for this Drug Court treatment expansion for FY19.

CORE 2

DBHS continues to utilize FY16 formula-based JRI funding as seed dollars for CORE 2. This is a Valley Behavioral Health 16-bed dual-diagnosis residential facility for women, focusing on medium/high risk and medium/high need participants with supportive housing attached upon discharge. This program was implemented due to community requests and impressive outcomes seen previously with the CORE program for men. This program coordinates closely with multiple criminal justice stakeholders and quickly developed a substantial wait list. Based on data collected from the partial implementation year in FY16, the complete program year in FY17, and the partial year in FY18, we anticipate serving 65 females in CORE 2 in FY19. Approximately 75% of the participants in the program each fiscal year have been new clients, with about 25% remaining in services from the previous fiscal year.

DBHS does not anticipate additional unique clients served on top of the previous fiscal year's estimates because no additional funds were allocated for FY19.

Please refer to the attached JRI slides for information on outcomes.

UPD/UNI Mental Health Unit Pilot

After receiving the JRI application-based dollars in July 2017, pilot stakeholders began the process of writing and finalizing contracts and Memorandums of Understanding (MOU's), and assigning a licensed clinician employed by UNI. The program became operational in November of that year (with JRI dollars supporting the cost of one clinician).

Through this pilot, a licensed mental health therapist is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. This program serves the cities of Taylorsville, Kearns, Magna, Riverton, Holladay, Millcreek, Midvale, Canyons, Herriman, and White City.

The objectives of this pilot are to:

- Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
- Provide mental health consumers and their families with linkages to services and supports
- Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate
- Reduce repeated law enforcement responses to the same location, and
- Free up patrol officers to respond to other calls.

Through additional county dollars, the Mental Health Unit is made up of one sergeant, one detective, and nine secondary officers in each precinct that work with the unit one to two days a month. The unit also utilizes interns from the University of Utah in assembling the program database.

This effort enjoys a commitment to problem solving and a fruitful collaboration between law enforcement, DBHS,

the University of Utah Neuropsychiatric Institute and the greater community of Salt Lake County.

Given the delay in implementation, DBHS has only four months of data to estimate FY19 client counts. Based on recent trends, DBHS would anticipate serving approximately 430 unique clients in FY19. Without any additional funds in FY19 this would not represent a change in estimates of unique clients served from the prior year.

Additional Programming

To support Operation Rio Grande (ORG), DBHS expanded its contract with the University of Utah Assessment and Referral Services to provide for the hiring of one assessment worker. This licensed clinician will go into the jail to perform assessments for ORG Drug Court candidates on an ongoing basis as they become identified. It is estimated that 9 assessments will occur a week. This would equate to approximately 450 assessments a year. Please bear in mind there may be substantial duplication in these numbers as clients assessed may also receive treatment with JRI Drug Court funding. This estimate may also vary depending on ebbs and flows of Drug Court rosters.

Outcome Measures

DBHS has developed multiple outcome measures for the programs listed above. Please reference the JRI section in the area plan attachments for detailed information on these measures.

Additionally, DBHS enjoys a data sharing agreement with the Salt Lake County Jail, and receives support from Salt Lake County Information Services in accessing this data. A data analyst was hired in December of 2017, and is actively working to match program cohorts with jail data to analyze reductions in new-charge bookings, and length of stay in the Salt Lake County jail due to these bookings. Preliminary results have been compiled and DBHS works now towards validation efforts with jail staff, Information Services staff, and the Criminal Justice Advisory Council staff prior to releasing this data. Initial data gathering has revealed additional data tables that would assist in this process, so DBHS will be working towards expanding the data sharing agreement to incorporate these tables. DBHS would like to recognize the efforts of these stakeholders, without whom these efforts would not have been possible. Lastly, DBHS recently gained access to court data, which will allow analysis in the future regarding convictions as well.

Budget:
JRI programs serve individuals with both mental health and substance use disorders. Budgets for these programs are separated appropriately between the MH and SUD Area Plans.

Identify training and/or technical assistance needs.

Desired trainings include EPICS (Effective Practices in Community Supervision), trauma informed training & effective practices in working with the seriously and persistently mentally ill population.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	**$1,293,189**		
Form B - Amount Budgeted in FY18 Area Plan	**$1,213,564**		
Form B - Actual FY17 Expenditures Reported by Locals	**$1,344,182**		

Local Drug Offender Reform Act (DORA) Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team

members include: Presiding Judge/Trial Court Executive (or designee), Regional Adult Probation and Parole (AP&P) Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

Peyton Smith, Third District Court Administrator
Desmond Lomax, Adult Probation and Parole (AP&P) Director, Community Programming Unit
Mitch Park/Blake Nakamura, SLCo District Attorney
Tim Whalen, SLCo Division of Behavioral Health Services
Mark Augustine, Salt Lake Legal Defender's Association
Matt Dumont, Chief Deputy, SLCo Sheriff's Department
Kelly Lundberg, PhD, Director University of Utah/Assessment and Referral Services
Others as necessary depending on issues.

Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

We estimate that we will serve 190 Drug Offender Reform Act (DORA) clients in FY19. We believe that in excess of 50% of those currently in DORA treatment will still be in treatment on July 1, 2018.

Continuum of Treatment Services: Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

The full continuum of SUD treatment and recovery services are available to DORA clients as described within the area plan.

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

All DBHS DORA treatment providers must go through a rigorous selection process to ensure they have the capacity and experience to work with offenders in the DORA program. In the selection process for contracted providers, all agencies must demonstrate that they adhere to evidence-based practices that are appropriate for a forensics population. All of the DORA treatment agencies have great collegial relationships with Region III AP&P, and use appropriate treatment intervention suited to the needs of the offenders [Motivational Interviewing (MI), Cognitive Behavioral Therapy (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 Presentence Investigation (PSI) and Bureau of Criminal Identification (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.

FY19 Substance Abuse Prevention Area Plan & Budget | **Local Authority:** Salt Lake County Behavioral Health | **Form C**

	State Funds		County Funds											
FY2019 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	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,	Other Revenue (gifts, donations,	TOTAL FY2019 Revenue		
FY2019 Substance Abuse Prevention Revenue	$154,339		$278,044			$1,716,768	$65,723	$125,000				$2,339,874		

	State Funds		County Funds											
FY2019 Substance Abuse Prevention Expenditures Bu	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 Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Collections (eg, co-pays, private pay, fees)	Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2019 Expenditures	FY2019 Evidence-based Program Expenditures
Universal Direct	$7,331		$25,000			$96,035	$65,723	$125,000				6000	$319,089	$310,092
Universal Indirect			$4,000										$4,000	
Selective Services	$104,067		$155,408			$1,147,242						13000	$1,406,717	$1,011,867
Indicated Services	$42,941		$93,636			$473,638						3000	$610,215	$590,364
FY2019 Substance Abuse Prevention Expenditures Bu	$154,339	$0	$278,044	$0	$0	$1,716,915	$65,723	$125,000	$0	$0	$0	$22,000	$2,340,021	$1,912,323

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	$53,000	$1,399,768	35000	150000	$76,000	$3,000	$1,716,768

FORM C - SUBSTANCE USE PREVENTION NARRATIVE (te

Local Authority: Salt Lake County

Instructions:
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.

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 programing 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 timelines 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.

1) Assessment

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.

Things to Consider/Include:

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 LSAAs did for this fiscal year.

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 programing 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, but the past report shows the trend down has leveled off. 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. 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, marijuana use was slightly down in 2015 and in 2017 it went slightly up.

Prescription drug use among sixth, eighth, tenth, and twelfth graders has 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%. Usage rates of E-cigarettes are much higher than that of 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 coalition in FY2019.

2) Capacity Building

In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.

Things to Consider/Include:

Did you need to do any training to prepare you/coalition(s) for assessment?
After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue?
What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)

Training is an ongoing part of Capacity Building. When individuals and communities understand the science of prevention they influence the process within their communities as it relates to funding and how prevention is being conducted. Salt Lake County continually looks for ways to involve our communities and stakeholders in as many trainings as possible. Trainings that are planned for FY2019 include SAPST (Substance Abuse Prevention Skills Training), CADCA (Community Anti-Drug Coalitions of America) Academy, Bryce Summit, NPN (National Prevention Network), CADCA Leadership Forum, webinars, coalition meetings, and monthly PSN meetings. Contracted providers are required to attend the monthly PSN (Prevention Services Network) meetings which include discussions of pertinent issues related to prevention contracts as well as ongoing trainings.

Coalitions are continually training individuals in prevention science, increasing stakeholder awareness, strengthening collaborations efforts, and to prepared a prevention workforce. We also look for opportunities to educate and network with the community. 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 to the science of prevention.

One addition major changes to our prevention services for FY 2019 is a Drug Free Communities grant awarded to Kearns Evidence2Success Community Coalition. This funding requires a full-time coalition coordinator and provides four years of funding for that position. This coordinator has been hired and is working in the community.

3) Planning

The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.

Things to Consider/Include:

Write in a logical format or In a narrative. Logical Format is:
Goal: 1
Objective: 1.1
Measures/outcomes
Strategies:
Timeline:
Responsible/Collaboration:

What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide

activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so?
What agencies and/or people assisted with this plan?

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 principles 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

GRANDFAMILIES
For CARE GIVERS and RELATIVES: Through the Children's Service Society of Utah Grand families helps relatives who have custodial care of children because their biological parents are unable or unwilling to parent due to factors related to substance abuse. Services include support groups and "Parenting the Challenging Child" classes.

GRANITE SCHOOL DISTRICT
DRUG OFFENDER'S CLASSROOM is provided to students who have violated the Safe and Drug Free Schools policy on 2nd, 3rd or severe offenses. Students are taught to develop personal choices that enhance future success and given training involving skill building, self-efficacy, peer resistance, and conflict resolution.

HOUSING AUTHORITY
TOO GOOD FOR DRUGS AND VIOLENCE teaches kids social skills & problem solving while building resiliency
PARENTS AS TEACHERS (PAT) is a model program for teens and parents designed to delay onset of drug use and preventing high risk behaviors. This program includes in-home visits and follow-ups.
LEADERSHIP AND RESILIANCY (LAR) a "Proven" mentoring program for kids in public housing with a goal to improve social skills performance, to increase interpersonal competence, problem-solving skills and resiliency.

URBAN INDIAN CENTER
STRENGTHENING FAMILIES
For parents and youth from American Indian descent.

NEIGHBORHOOD HOUSING SERVICES
MIDVALE UNITED- coalition in Midvale that implements an active youth program called SPORT and Botvin Life Skills.

NEIGHBORHOOD ACTION COALITION
YOUTHWORKS Kids build affordable housing for their local communities through a paid employment experience. Youth are employed 20 hours per week and are required to maintain active school attendance. The youth also receive ATOD education, work and life skills training, social skill building, job preparation (interviewing & job application skills), etc.

PROJECT REALITY

COMMUNITIES EMPOWERING PARENTS mobilizes local neighborhoods and/or schools to empower parents by providing parenting skills training in a group setting. School based programs are provided at elementary school sites identified in collaboration with each district's prevention specialist. Community based programs target various ethnic groups with specialized services. Parents are trained in communication skills, behavior modification techniques, problem solving, and negotiation skills. Children are taught living skills such as goal setting, building positive relationships, and emotional management strategies.

SALT LAKE SCHOOL DISTRICT
PRIME FOR LIFE:
Focuses on teaching children the power of choice and how they can prevent problems by making low-risk choices. The program also focuses on education around the physical and psychological risks of substance use.

SPY HOP PRODUCTIONS
LIFE SKILLS & VOCATIONAL MENTORING / TRAINING is offered in an after school program in the multimedia arts providing hands on experience in video production, digital photography, and web based mediums. In addition, student interns receive ATOD information and life skill training.

SOUTH SALT LAKE DRUG FREE YOUTH
STRENGTHENING FAMILIES for high risk South Salt Lake families and communities.
TOO GOOD FOR DRUGS & VIOLENCE
A school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers.
POSITIVE ACTION PROGRAM
A comprehensive coherent program that has components for all parts of the school, the family, and the community. It works on many levels of the school—from the individual to the classroom to the entire school system. It addresses all areas of the self: the physical, intellectual, and social/emotional. It is both a content area and a teaching method. Within its curriculum, it teaches standards of achievement in every content subject area directly and applied

VALLEY MENTAL HEALTH
TOO GOOD FOR DRUGS AND VIOLENCE
Builds skills with the intention of prevention ATOD use and promoting healthy decision-making and positive, healthy youth development.
123 MAGIC
Prevention practice that combines elements of family systems theory, cognitive therapy, behavior modification, and some elements that are unique to the program.
PARTNERS FOR A HEALTHY BABY
Comprehensively addresses issues of child development within the context of the multifaceted needs of expecting and parenting families.

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

Logic Models are attached as a file.

4) Implementation

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered.
LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions?
**Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).

Implementation of programs will be done according to the action plans and fidelity. Information on the target population of services, the location of the services and the number of individuals being serviced is in the attached Logic Models. Salt Lake County is currently working with three CTC or similar coalitions that include Draper, Kearns, and South Salt Lake. There are four coalitions in the beginning stages that include Midvale, Murray, Salt Lake City, and Americans Indians. We hope during the next year these four coalitions will become CTC or CTC like coalitions. We attend several other nonspecific substance abuse coalitions meetings. We are providing them with training and support.

5) Evaluation

Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.

Things to Consider/Include:

What do you do to ensure that the programming offered is
1) implemented with fidelity
2) appropriate and effective for the community
3) seeing changes in factors and outcomes

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.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name					Cost of 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							

2. Logic Model

Program Name					Cost of 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							

3. Logic Model

Program Name	Cost of 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							

4. Logic Model

Program Name	Cost of 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							

5. Logic Model

Program Name	Cost of 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							

6. Logic Model

Program Name	Cost of 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							

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

Program Name: Adolescent Capacity and Empowerment Program (ACE) **Provider Name:** The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)			**Evidence Based?** **Yes**-Tier 2 FY2018 **Yearly Cost - $55,000**			
LSAA; Salt Lake County						
	Goal	**Factors**	**Focus Population** U S **Indicated**	**Strategies**	**Outcomes** **Short**	**Long**
Logic	Reduce 30 day ATOD use among refugee and immigrant youth	**Risk Factors:** - Attitudes Favorable to Antisocial Behavior -Perceived risk of drug use **Protective Factors:** - 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
Measures and Sources	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) Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)			Evidence Based YES -National Registry FY2018 Yearly Cost - $75,000				
LSAA; Salt Lake County							
	Goal	Factors	Focus Population		Strategies	Outcomes Short Long	
			U	SELECTIVE I			
Logic	Reduce 30 day ATOD use among refugee and immigrant youth	**Risk:** - Parental Attitudes Favorable to Antisocial Behavior - Perceived Risk of Drug Use **Protective:** - 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

Program Name: Parenting Support and Information: Parenting Wisely **Provider Name:** The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)			**Evidence Based** **YES** -National Registry FY2018 **Yearly Cost -** **$15,000**			
LSAA; Salt Lake County						
	Goal	**Factors**	**Focus Population** U S **Indicated**	**Strategies**	**Outcomes** **Short**	**Long**
Logic	Reduce 30 day ATOD Use	**Risk Factor:** - Perceived Risk of Drug Use - Parental Attitude Favorable to Antisocial Behavior **Protective Factors:** - 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
Measures and Sources	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)			Evidence Based - Yes -Researched based, not on registry Yearly Cost - $60,000			
LSAA; Salt Lake County						
	Goal	**Factors**	**Focus Population** U **SELECTIVE** I	**Strategies**	**Outcomes** **Short**	**Long**
Logic	Reduce 30 day ATOD use among refugee and immigrant youth	**Risk:** - Attitudes Favorable to Antisocial Behavior - Perceived Risk of Drug Use **Protective:** - 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
Measures and Sources	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)			Evidence Based YES Researched based, not on registry Yearly Cost - $20,000				
LSAA; Salt Lake County							
	Goal	**Factors**	**Focus Population**		**Strategies**	**Outcomes Short**	**Long**
			U	**SELECTIVE** I			
Logic	Reduce 30 day ATOD use among refugee and immigrant youth	**Risk:** - Attitudes favorable to Antisocial Behavior - Perceived Risk of Drug Use **Protective:** - 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
Measures and Sources	2013 SHARP Data	Developmental Asset Profile (DAP) Pre and Post Assessment GPA School Attendance	Registration and Intake Forms; Roll Sheets		Pre/Post DAP testing Track GPA Track School Attendance	- 5% improvement on DAP Testing; pre and post testing - Grade Reports	2023 SHARP Data

Program Name: Stanford Self-Management Programs | Evidence Based: Yes - National Registry | FY2018

Provider Name: Salt Lake County Aging & Adult Services | Yearly Cost: $45,000

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

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

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
				S			Short	Long
Logic	1. Reduce 30 day alcohol use among youth 6-17 years old.	1. Favorable attitudes toward antisocial behaviors 2. Lack of Commitment to School 3. Family Attachment	**Selective:** (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	SHARP DATA: 1. Youth reporting attitudes favorable to antisocial behaviors will decrease from: - 31.3% in 2013 to 30.2% in 2016, 29.1% in 2017, and 28.1% by 2018 (6th grade students) - 29.6% in 2013 to 29.1% in 2016, 28.5% in 2017, and 28% by 2018 (8th grade) - 34.1% in 2013 to 33.8% in 2016, 33.4% in 2017, and 33% by 2018 (10th grade)	1. Reduce 30 day alcohol use in 6th, 8th & 10th grade students from: - 1.7% in 2013 to 1.0% by 2023 (6th grade) - 5.5% in 2013 to 4.0% by 2023 (8th grade) - 11.3% in 2013 to 9.5% by 2023 (10th grade)

				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	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 (6th grade) - 37% in 2013 to 36.3% in 2016, 35.6% in 2015, and 35% by 2018 (8th grade) - 36.5% in 2013 to 36% in 2016, 35.6% in 2015, and 35.1% by 2018 (10th grade) 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 (6th grade) - 65.8% in 2013 to 66.5% in 2016, 67.2% in 2017, and 68% by 2018 (8th grade) - 65.9% in 2013 to 66.5% in 2016, 67.3% in 2017,	

					and 68.1% by 2018 (10th grade) YOS Data (ages9-17) 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 2. Educational Expectations will increase from: 69.8% in 2013 to 70.2% in 2016, 70.6% in 2017, and 71% in 2018 3. Parental Trust will increase from: 80.7% in 2013 to 81% in 2016, 81.5% in 2017, and 82.1% in 2018	
Measures & Sources	2013 SHARP data	-BBBSU's Youth Outcomes Survey	Participant Records managed through BBBSU's program database- Agency Information Management (AIM)	Case Management Records and resulting data from BBBSU's program database- Agency Information	SHARP data- Baseline from 2013 SHARP BBBSU's Youth Outcomes Survey	2023 SHARP data as compared to Baseline from 2013 SHARP

				Management (AIM)		

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	

	Goal	Factors	Focus Population			Strategies	Outcomes	
					I		Short	Long
Logic	1. Reduce 30 day alcohol use among youth 6-17 years old	1. Favorable attitudes toward antisocial behaviors 2. Lack of Commitment to School 3. Family Attachment	**Indicated:** (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 (6th grade students) - 29.6% in 2013 to 29.1% in 2016, 28.5% in 2017, and 28% by 2018 (8th 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 6th, 8th & 10th grade students from: - 1.7% in 2013 to 1.0% by 2023 (6th grade) - 5.5% in 2013 to 4.0% by 2023 (8th grade) - 11.3% in 2013 to 9.5% by 2023 (10th grade)

				YODP) BBBSU professional staff will maintain monthly (or more frequent, if needed) contact with all first year program participants and at least quarterly contact with all continuing participants to ensure continuous individualized support to achieve positive youth outcomes	(10th grade) 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 (6th grade) - 37% in 2013 to 36.3% in 2016, 35.6% in 2015, and 35% by 2018 (8th grade) - 36.5% in 2013 to 36% in 2016, 35.6% in 2015, and 35.1% by 2018 (10th grade) 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 (6th grade) - 65.8% in 2013 to 66.5% in 2016, 67.2% in 2017, and 68% by 2018 (8th grade) - 65.9% in 2013 to	

					66.5% in 2016, 67.3% in 2017, and 68.1% by 2018 (10th grade) YOS Data (ages9-17) 4. Favorable to Antisocial Behavior will decrease from: 16.8% in 2013 to 16.3% in 2016, 16% in 2017, and 15.7% in 2018 5. Educational Expectations will increase from: 69.8% in 2013 to 70.2% in 2016, 70.6% in 2017, and 71% in 2018 Parental Trust will increase from: 80.7% in 2013 to 81% in 2016, 81.5% in 2017, and 82.1% in 2018	

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

Area Plan Logic Model Utah – FY2018

Program Name: "Keepin' it REAL" Provider Name: Boys & Girls Clubs of Greater Salt Lake	Evidence Based: (Y) N -National Registry FY2018 Yearly Cost: $21,654
LSAA; Salt Lake County	

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	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: (Y) N - National Registry FY2018 Yearly Cost: $21,654
LSAA; Salt Lake County	

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	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 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. 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

Program Name: Nuevo Dia Program Provider Name: Centro de la Familia de Utah	Evidence Based **Y** -National Registry FY2018 Yearly Cost - $59,000

LSAA; Salt Lake County

	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

Program Name: Grandfamilies (GF) Kinship Care Provider Name: Children's Service Society (CSS)	Evidence Based Y N -Tier 3 FY2018 Yearly Cost: $27,744.00
LSAA; Salt Lake County	

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

Measures & Sources	SHARP SURVEY 2013	GF Global Assessment Relatives as Parents Survey	Attendance Records	Attendance Records	GF Global Assessment Relatives as Parents Survey	SHARP SURVEY 2017

Program Name: Life Skills Provider Name: Granite School District (GSD)					Evidence Based Y -National Registry FY2018 Yearly Cost: _$ 40,866_		
LSAA; Salt Lake County							
	Goal	Factors	Focus Population		Strategies	Outcomes Short	Long
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 10th 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 10th 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 10th grade students from 12.3% in 2013 to 11.1% in 2023. 2. Reduce 30-day marijuana use amongst 10th grade students from 14.1% in 2013 to 12.7% in 2023.

Measures & Sources	2013 GSD SHARP Report	2013 GSD SHARP Report	Program Records	Botvin Life Skills curriculum and attendance records.	2013 and 2017 GSD SHARP results.	2013 and 2023 GSD SHARP results.

Program Name: Leadership and Resiliency Program Provider Name: Housing Opportunities Inc.	Evidence Based Y N -National Registry FY2018 Yearly Cost: $46,748.76

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce the risk of substance abuse among youth ages 12-18	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			Academics 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. Leadership and Resiliency Program 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 12th graders from 13.6% to 8% in 2023 Reduce 30 day alcohol use among 12th graders from 17.5% to 10% in 2023

				weeks in a year. The Leadership and Resiliency Program includes: <u>Peer Groups</u> 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. <u>Alternative Adventure Activities</u> 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. <u>Service Learning</u> Service Learning activities will provide opportunities for pro-social involvement. Parents are invited to	use drugs.	

				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 Provider Name: Housing Opportunities Inc.	Evidence Based **Y** N -National Registry FY2018 Yearly Cost: $32,376

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	**S**	I		Short	Long
Logic	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: Personal Visits 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 10th graders from 17.2% to 10% in 2023 Reduce lifetime Alcohol use among 10th graders from 28.9% to 20% in 2023

				and summarize new information and follow up from previous visits to reinforce parent knowledge and parental strengths. <u>Screenings</u> One screening per program year is conducted by the parent educator for each of the following areas: 1. Developmental progress regarding cognitive, language, social-emotional and motor skills 2. Vision 3. Hearing 4. Health During the screenings, the parent educator will provide information about the child's health to the parent. The parent educator will also track developmental progress through ongoing tracking of developmental milestones. <u>Group Connections</u> Monthly, two hour on	the home visits will increase their opportunity for pro-social involvement in the community from 70% to 90% 85% of participants who attend 70% of the home visits will increase their family attachment from 70% to 90%	

				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. <u>Resource Network</u> The parent educator helps connect families with community resources such as community activities, health and mental health professionals and community organizations specializing in early intervention for children with developmental delays.		

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

Program Name: Too Good for Drugs and Violence Kids Program Provider Name: Housing Opportunities Inc.	Evidence Based **Y** N -National Registry FY2018 Yearly Cost: $57,624

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	**S**	I		Short	Long
Logic	Reduce the risk for future Marijuana and alcohol use in children ages 5-12	Pro-social involvement in the family and community Family Attachment Early initiation of drug use	150 low income, at-risk youth ages 5-12 living in 5 public housing complexes located in Salt Lake County owned and managed by The Housing Authority of the County of Salt Lake			The program will be held for two hours, three times a week at each of the public housing communities. Academics 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% Increase family attachment youth from 70% to 90% 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.	Reduce lifetime Marijuana use among 10th graders from 17.2% to 10% in 2023 Reduce lifetime Alcohol use among 10th graders from 28.9% to 20% in 2023

				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 TGFD/V pre/post evaluations Parent and Youth Satisfaction Surveys Daily Activity Log	SHARP Data TGFD/V 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 FY2018 Yearly Cost **$15,000**		
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes Short	Long
			U	**S**	I			
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 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

Program Name: Communities Empowering Parents Provider Name: Project Reality	Evidence Based? Yes -Tier 4 FY20187 Yearly Cost: $101, 875.05

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day use of: 1. Alcohol 2. Tobacco 3. Marijuana Among youth ages 12 and older	1. Poor family management (PFM) 2. High levels of family conflicts 3. Parental attitudes favorable to drug use 4. Low family attachment 5. Parental attitudes favorable to anti-social behavior 6. Adolescents attitudes favorable to anti-social behavior 7. Early initiation of drug use by adolescents 8. Low perceived risk of drug use 9. poor rewards for prosocial involvement P 10. Lack of opportunities for prosocial involvement	-Parents and primary caretakers of elementary and adolescent aged children (2- 17 years old) in Salt Lake County -Indicated high-risk multicultural families from Salt Lake County			20 hours of interactive, parenting classes using Communities Empowering Parents Curriculum (site coordinators choose one of the following options) 2.5 hours, 1X wk. for 8 weeks or 2 hours, 1X week for 10 weeks Held in community sites and public schools in Salt Lake County -Concurrent classes for all members of the family: - Parents - Adolescents - Elementary age - Pre-school age	Among youth ages 12 and older: 1. Percent reporting PFM will decrease from 36% in 2013 to 30% in 2015 2. Percent reporting family conflicts will decrease from 32% in 2013 to 30% in 2015 3. Percent reporting Parental attitudes favorable to drug use will decrease from 12% in 2013 to 11% in 2015 4. Percent reporting family attachment will increase from 66% in 2013 to 68% in 2015 (Continued next page)	Among youth ages 12 and older: 1. Underage drinking, 30 day use, will decrease from 13% in 2013 to 8% by 2019 2. Underage cigarette smoking, 30 day use, will decrease from 5% in 2013 to 3% by 2019 3. Marijuana use, 30 day use, will decrease from7% in 2013 to 5% in 2019

					5. Percent reporting Parental attitudes favorable to anti-social behavior will decrease from 30% in 2013 to 29% in 2015 6. Percent reporting Attitudes favorable to anti-social behavior will decrease from 32% in 2013 to 31% in 2015 7. Percent reporting early initiation of drug use will decrease from 20% in 2013 to 18% in 2015 8. Percent reporting perceived risk of drug use will increase from 36% in 2013 to 39% in 2015 9.Percent reporting Rewards for prosocial involvement will increase from 54% in 2013 to 57% in 2015 10. Percent reporting Opportunities for prosocial involvement will increase from 68% in 2013 to 70% in 2015	

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

Program Name: Communities Empowering Parents Provider Name: Project Reality	Evidence Based? Yes -Tier 4 FY2018 Yearly Cost: $125,000

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day use of: 1. Alcohol 2. Tobacco 3. Marijuana Among youth ages 12 and older	1. Poor family management (PFM) 2. High levels of family conflicts 3. Parental attitudes favorable to drug use 4. Low family attachment 5. Parental attitudes favorable to anti-social behavior 6. Adolescents attitudes favorable to anti-social behavior 7. Early initiation of drug use by adolescents 8. Low perceived risk of drug use 9. poor rewards for prosocial involvement P 10. Lack of opportunities for prosocial involvement	-Parents and primary caretakers of elementary and adolescent aged children (2- 17 years old) in Salt Lake County -Selective at risk multicultural families from Salt Lake County			20 hours of interactive, parenting classes using Communities Empowering Parents Curriculum (site coordinators choose one of the following options) 2.5 hours, 1X wk. for 8 weeks or 2 hours, 1X week for 10 weeks Held in community sites and public schools in Salt Lake County -Concurrent classes for all members of the family: - Parents - Adolescents - Elementary age - Pre-school age	Among youth ages 12 and older: 1. Percent reporting PFM will decrease from 36 % in 2013 to 30% in 2015 2. Percent reporting family conflicts will decrease from 32% in 2013 to 30% in 2015 3. Percent reporting Parental attitudes favorable to drug use will decrease from 12% in 2013 to 11% in 2015 4. Percent reporting family attachment will increase from 66% in 2013 to 68% in 2015 (Continued next page)	Among youth ages 12 and older: 1. Underage drinking, 30 day use, will decrease from 13% in 2013 to 8% by 2019 2. Underage cigarette smoking, 30 day use, will decrease from 5% in 2013 to 3% by 2019 3. Marijuana use, 30 day use, will decrease from7% in 2013 to 5% in 2019

					5. Percent reporting Parental attitudes favorable to anti-social behavior will decrease from 30% in 2013 to 29% in 2015 6. Percent reporting Attitudes favorable to anti-social behavior will decrease from 32% in 2013 to 31% in 2015 7. Percent reporting early initiation of drug use will decrease from 20% in 2013 to 18% in 2015 8. Percent reporting perceived risk of drug use will increase from 36% in 2013 to 39% in 2015 9.Percent reporting Rewards for prosocial involvement will increase from 54% in 2013 to 57% in 2015 10. Percent reporting Opportunities for prosocial involvement will increase from 68% in 2013 to 70% in 2015	

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

Program Name: Promise South Salt Lake Substance Abuse Prevention Program (SAPP) Provider Name: City of South Salt Lake	Evidence Based ☐ Y -National Registry FY2018 Yearly Cost: $45,000
LSAA; Salt Lake County	

	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
Measures & Sources	2013 SHARP Report for Lincoln Elem (ATOD During past 30 Days)	2013 SHARP NREPP research/program report	Program daily activity sheets Attendance records			Daily Activity Reports, Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

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

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

Program Name: YouthWorks -Tier 2 FY2018

LSAA: Salt Lake County

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

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

Program Name: Promise South Salt Lake Substance Abuse Prevention Program (SAPP) Provider Name: City of South Salt Lake	Evidence Based ☐ Y -National Registry FY2018 Yearly Cost: $45,000

LSAA; Salt Lake County

	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
Measures & Sources	2013 SHARP Report for Lincoln Elem (ATOD During past 30 Days)	2013 SHARP NREPP research/program report	Program daily activity sheets Attendance records			Daily Activity Reports, Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

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

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

Program Name: **SPY HOP PRODUCTIONS** Provider Name: **SPY HOP PRODUCTIONS**	Evidence Based Y N -Tier 2 FY2018 Yearly Cost: $105,000

LSAA; Salt Lake County

	Goal	Factors (2 Risk Factors, 2 Protective Factors)	Focus Population			Strategies	Outcomes Short	Long
			U	S	I			
Logic	Reduce 30-day alcohol use among 10th and 12th 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 (21st 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 10th graders in Salt Lake County from 11.3% to 9.3%. Reduce 30-day alcohol use among 12th graders in Salt Lake County from 17.5% to 15.5%.	Reduce 30-day alcohol use among 10th graders in Salt Lake County from 11.3% to 7.3%. Reduce 30-day alcohol use among 12th graders in Salt Lake County from 17.5% to 13.5%.
Measures & Sources	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

Se

SPORT© Program

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 *(Includes dosage)*	Outcomes	
			Univ	Sel X	In d		Short *(factors- with how much change)*	Long *(goal- with how much change)*
Logic	Reduce Alcohol Use among Midvale City's Youth ----------	1. Early initiation of drug use 2. Attitudes favorable to drug use ---------- 1. rewards for prosocial involvement (family) 2. rewards for prosocial involvement (community)	200 Midvale youth 12-18 years at the *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

Measure & Sources	SHARP Data	SHARP Data	Attendance Sheets	–Staff Reports –Curriculum checklist/lesson plans –Worksheet completion checklist –Pre-Post tests provided in SPORT curriculum Follow-up phone calls with parents	–Completion of Fitness Feedback Sheet –Pre- and Post-consultation interviews/surveys Hillcrest (Midvale) Cone SHARP Survey	Hillcrest (Midvale) Cone SHARP Data

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

Measure & Sources	SHARP Data	SHARP Data	Staff Reports Attendance Sheets	LifeSkills curriculum checklist Staff Reports	Hillcrest (Midvale) Cone SHARP Data Pre and post tests	Hillcrest (Midvale) Cone SHARP Data

Program Name: Valley Behavioral Health Early Adolescent School Based – Advancing Decision Making and Problem Solving (Adapt) Provider Name:	Evidence Based Y -Tier 2 FY2018 Yearly Cost: _____
LSAA; Salt Lake County	

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

Measures & Sources	2013 Statewide SHARP Survey for all grades	2013 SHARP	Program logs Attendance Records	Attendance Records and Pre/Post Surveys	2013-2017 SHARP Survey	2019 SHARP Survey

Program Name: Valley Behavioral Health Elementary School aged Youth – Too Good for Drugs and Violence Provider Name:	Evidence Based Y -National Registry FY2018 Yearly Cost: _____

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage use of Drinking	Risk Factor: Early initiation on antisocial behavior and alcohol use Friends use of alcohol Protective Pro-social involvement	Selective Youth 1st – 6th 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

Program Name; All Stars Provider Name; Volunteers of America UT/ Cornerstone Counseling	Evidence Based **Y** N -National Registry FY2018 Yearly Cost : $21,829.50

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	**S**	I		**Short**	**Long**
Logic	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

Measures & Sources	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

Program Name: Collaborative Multi-Family Prevention Program (CMFPP) Provider Name: Volunteers of America, Utah	Evidence Based **Y** N -National Registry FY2018 Yearly Cost: $24,874.50

LSAA; Salt Lake County

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

Measures & Sources	Utah SHARP Survey	Coordinator and parent feedback and evaluation forms.	Attendance Records	Attendance Records	Coordinator and parent feedback and evaluation forms.	Utah SHARP Survey 2023

Program Name; Life Skills Training Provider Name; Volunteers of America UT/ Cornerstone Counseling	Evidence Based **Y** N -National Registry FY2018 Yearly Cost: $19,899.00

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		**Short**	**Long**
Logic	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 6th to 8th graders by 2% in 2020 2. Decrease favorable attitudes towards ATOD use 6th to 8th graders by 2% by 2020

Measures & Sources	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

Program Name: Living Skills Provider Name: Volunteers of America UT/ Cornerstone Counseling						Evidence Based **Y** N -National Registry FY2018 Yearly Cost: $ $80,055.36		
LSAA; Salt Lake County								
	Goal	**Factors**	**Focus Population**			**Strategies**	**Outcomes**	
			U	**S**	I		**Short**	**Long**
Logic	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 6th graders by 2% in 2020
Measures & Sources	Utah SHARP Survey	Teachers/ site counselor feedback forms.	Attendance Records, WITS Reporting			Attendance Records, Fidelity Checklist	Teachers/ site counselor feedback forms.	Utah SHARP Survey 2021

Program Name: Families Plus; Making Choices Provider Name: Volunteers of America UT/ Cornerstone Counseling	Evidence Based **Y** N -National Registry FY2018 Yearly cost: $31,202.27

LSAA; Salt Lake County

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

					evaluation forms	

Program Name: Families Plus – Strong Families Provider Name: Volunteers of America UT/ Cornerstone Counseling	Evidence Based **Y** N -National Registry FY2018 Yearly cost: $38,016.00

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	**S**	I		**Short**	**Long**
Logic	Reduce 30 day use of ATOD of 6th graders.	1. Family management problems. 2. Family conflict.	Children from first to fifth grade and their families in areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Weekly two hour family sessions with Prevention Specialists. Duration is determined on the needs of the families, usually 20 weeks.	Reduce family management problems and conflict by 2.5% from 2015 to 2017.	Reduce 30 day use of ATOD of 6th graders by 2% by 2020.
Measures & Sources	Utah SHARP Survey	Parent feedback/ evaluation forms	Attendance Rosters, WITS Reporting			Attendance Roster	Parent feedback/ evaluation forms	Utah SHARP Survey 2021

Program Name: Voices Provider Name: Volunteers of America UT/ Cornerstone Counseling	Evidence Based **Y** N -National Registry FY2018 Yearly Cost: $106,481.23

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Decrease early initiation of ATOD use	Early initiation of problem behavior	Adolescents from fifth to ninth grade in areas known to have a higher portion of low income, single parent, ethnic minority and multi-problem family households i.e. South Salt Lake, Magna, Kearns, West Valley City, Midvale, and Salt Lake City proper.			Same gender adolescent groups of 6 to 8 participants meet once or twice weekly for ten, 45 minute to one hour incremental sessions.	Decrease early initiation of problem behavior by 2.5% in 2015 to 2017	Decrease early initiation of ATOD use by 2% in 2022
Measures & Sources	Utah SHARP Survey	Pre/Post testing in coordination with Bach-Harrison	Attendance Records, WITS Reporting			Attendance Records, Fidelity Checklist	Pre/Post testing in coordination with Bach-Harrison forms	Utah SHARP Survey 2023

Program Name: Daily Alcohol, Tobacco, and Other Drugs Classes Provider Name: Salt Lake County Division of Youth Services (DYS)	Evidence Based Yes -National Registry FY2018 Yearly Cost: $37,376

LSAA; Salt Lake County

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

Program Name: Girls Circle (Discovering Possibilities) Provider Name: Salt Lake County Division of Youth Services				Evidence Based Yes -National Registry FY2018 Yearly Cost: $19,876.80		
	Goal	Factors	Focus Population U | S | Indicated	Strategies	Outcomes Short	Long
Logic	Reduce alcohol use by 5% in high risk girls by increasing their overall sense of well-being and self-efficacy.	Attitudes Favorable to Anti-Social Behavioral (Peer/ Individual Domain)	13-18 year olds who are showing positive attitudes toward ASB, alcohol use, and/or anger control issues who live in Salt Lake County.	"Discovering Possibilities." Class will be held for 2 hours weekly for 10 weeks	Attitudes Favorable to Anti-Social Behavioral (Peer/ Individual Domain)	Reduce alcohol use by 5% in high risk girls by increasing their overall sense of well-being and self-efficacy.
Measures & Sources	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs Attendance Record Pre and Post Assessments	Rosters and Pre and Post Assessments	2013 SLCO SHARPS	2013/2017 SLCO SHARPS

Program Name: Strengthening Families Provider Name: Salt Lake County Division of Youth Services	Evidence Based Yes -National Registry FY2018 Yearly Cost: $24,846.00

LSAA; Salt Lake County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	Selected	I		Short	Long
Logic	Reduce drug and alcohol use by 5% by decreasing Family Management Problems and Family Conflict	Parental Attitudes Favorable to Drug Use (Family Domain)	Families with teenaged children ages 13-17 living in Salt Lake County			"The Strengthening Families Program" –K Kumpfer 5 cycles 150 min weekly for 10 weeks	Parental Attitudes Favorable to Drug Use (Family Domain)	Reduce drug and alcohol use by 5% by decreasing Family Management Problems and Family Conflict
Measures & Sources	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs Attendance Records Pre and Post Assessments			Rosters	2013 SLCO SHARPS	2013/2017 SLCO SHARPS

Program Name: Too Good for Drugs and Violence Provider Name: Salt Lake County Division of Youth Services						Evidence Based Yes -National Registry FY2018 Yearly Cost: $37,376		
LSAA; Salt Lake County								
	Goal	Factors	Focus Population			Strategies	Outcomes Short	Long
			U	S	Indicated			
Logic	Reduce teen drug use by 3% from 2013 to 2017	Attitudes Favorable to Anti-Social Behavior (Peer/Individual Domain)	13 to 17 year old males and females who are showing positive attitudes toward ASB, drug use, and/or anger control issues in Salt Lake County.			Too Good for Drugs and Violence administered for 8 weeks, weekly in 2 hour sessions.	Attitudes Favorable to Anti-Social Behavior (Peer/Individual Domain)	Reduce teen drug use by 3% from 2013 to 2017
Measures & Sources	2013 SLCO SHARPS	2013 SLCO SHARPS	Program Logs Attendance Records Pre and Post Assessments			Rosters	2013 SLCO SHARPS	2013/2017 SLCO SHARPS

Justice Reinvestment Initiative (JRI) Programs

Intensive Supervision Probation FY16-FY18

CORE 2 FY16-FY18

Drug Court Treatment FY18

MCOT/UPD Pilot FY18

Intensive Supervision Probation (ISP)

Partnership between Sheriff's Office, Criminal Justice Services, and Behavioral Health Services providing high-risk individuals with community-based treatment and supervision

- Implemented July 1, 2015
- FY18 Budget: $3.97M ($2.03M Treatment Funding)
  - JRI Funds: $1.74M
  - County Funds: $2.23M
- Referrals into Program: 600
- Drug-Related Offenses: 61.3%
- 34.2% Opioid (30% Male, 41.9% Female)
- 100 Total Graduates with a 45.5% Risk Reduction using LS/CMI
- 86.7% Receiving Clinical Assessment
- 73.1% of Caseload Actively Engaged in Treatment

Partners

SALT LAKE COUNTY CRIMINAL JUSTICE SERVICES

SALT LAKE SHERIFF COUNTY

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

Valley Behavioral Health's CORE 2 Program

16 Bed Dual-Diagnosis Residential Program for Women With Serious Mental Illness and Co-Occurring Substance Use Disorders

- Implemented July 1, 2015
- FY18 Funding $2.02M: $750k (JRI), $123k (CGF), $105k housing (CGF) and $1.04M (Federal Medicaid Share)
- Clients Served: 119 (7 with more than one episode)
- Average Age: 35.6
- Successfully Discharged: 52.8%
- Improved Housing, Admit to Discharge: 37%
- Sample Client: homeless, suffering from schizophrenia, off of medications, self-medicating with illegal substances, 23 bookings and 1,300 days in jail
- Current time to get in to CORE II: 4-6 months

Partners

Valley BEHAVIORAL HEALTH™

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

Salt Lake County Drug Court Treatment Expansion

Nearly doubling the residential treatment funding for Felony Drug Court

- JRI Funds Awarded July 1, 2017
- FY18 Budget: $500,000
- Admission Profile (enrolled July '17 forward): 46 unique served
  - 11 Females (avg. age: 28.6) and 35 Males (avg. age: 33.9)
  - Over 85% homeless/incarcerated
  - 4.3% (2 clients) employed
  - 42.6% with only HS diploma and 31.9% with less than a HS diploma
  - 66% identified opioid drug of choice

Partners

SALT LAKE COUNTY CRIMINAL JUSTICE SERVICES

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

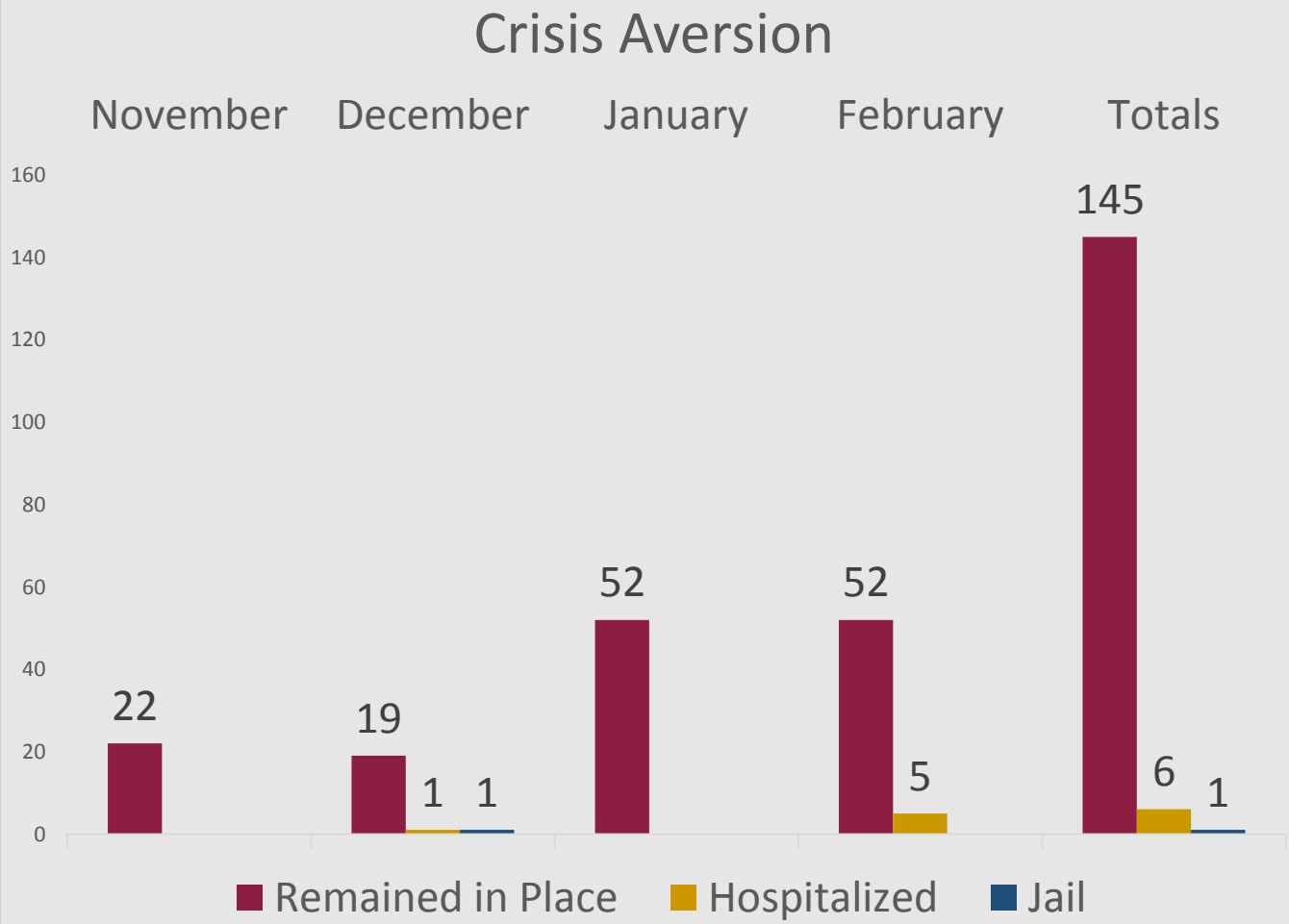
Mobile Crisis Outreach Team/ Unified Police Department Pilot FY18

Pilot program pairing a licensed mental health professional with a patrol officer to respond to mental health crises in the community

- Funded July 1, 2017 (implemented November 2017)
- FY18 Budget: $85,000
- Clients Served (through March 2018)
  - Total Contacts: 217
  - Total Unique Individuals: 182
  - 96.3% of all contacts occurred in person
- 96.1% Emergency Department Diversion Rate

Partners

Mobile Crisis Outreach Team/ Unified Police Department Pilot FY18



Partners

UNIVERSITY OF UTAH HEALTH SCIENCES

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

Other Important Updates

Targeted Adult Medicaid (TAM)

- Enrolled 1,658 since November 2017
- Salt Lake County enrolled 1,109 (66.9% of statewide total)
- Expected to enroll between 4,000 and 6,000
- Anticipated increase in residential bed capacity from fall of 2016 to the end of FY18 is anticipated to be 250 beds (147% increase) in Salt Lake County

Workforce Shortages

- Social Workers in unprecedented demand
- Many agencies struggling to staff increased capacity
- Others losing staff to private competition
- Looking at telehealth among other options

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

NARRATIVE PROGRESS REPORT

TO: **CCJJ, Grant** 17C01
FROM:
SUBJECT: Final Progress Report
DATE:

1.	Describe the overall purpose of the grant funds (include challenges and types of treatment): These grant funds were utilized to pay for residential treatment capacity through the following Salt Lake County Behavioral Health-contracted treatment providers: First Step House, Odyssey House, Volunteers of America and House of Hope. Additionally, three (3) detox beds at Volunteers of America were partially funded through this grant, with the difference, as well as county administrative costs being covered by county general fund. All of the programs have been certified by the State Division of Substance Abuse and Mental Health to work with justice involved clients. All of the providers have extensive background and experience in working with this population. Salt Lake County previously funded this treatment expansion with one-time county general fund to address the public safety and health crisis taking place in the Rio Grande area. All initial referrals were post-arrest and referred to treatment in lieu of jail. Since the initial arrest and in lieu of incarceration placement phase, the only referral source for this additional treatment capacity has been Salt Lake City Police Department Social Workers.
2.	Quantify by month the number of beds in use for individuals with Project Diversion: Each month from January to June 2017, there were 63 residential beds across the four providers in use, along with three (3) detox beds from Volunteers of America in use.
3.	Provide statistics on the number of individuals receiving treatment, include successful completions and length of stay for unsuccessful completions:

Total number served January 1-June 30 2017	109		
Open Treatment Record	70		
Closed Treatment Record	39		
	Administratively Terminated	Left Against Tx Advice	Successful Completions
	4	15	20

Length of Stay for Unsuccessful Completions: Summary Table

Outcome	Left Against Treatment Advice	Administratively Terminated	Total
Total Clients	4	15	19
Min Stay	1	0	0
Max Stay	89	98	98
Average Stay	48.3	28.1	32.3
Total Length	193	421	614

Length of Stay for Unsuccessful Completions: Full Table

Client	Administratively Terminated LOS	Left Against Treatment Advice LOS	Total LOS
1	46		46
2		5	5
3		84	84
4		53	53
5		1	1
6		1	1
7		98	98
8		16	16
9		1	1
10		14	14
11		18	18
12	89		89
13		57	57
14		0	
15	57		57
16	1		1
17		64	64
18		3	3
19		6	6
19	**193**	**421**	**614**

4.	What changes should be addressed for future funding? The need for behavioral health treatment continues to outpace the current capacity. We continue to seek ongoing funding to replace one-time funding for this high need population. Outcome data with 'completion' criterion requested for a chronic relapsing disease becomes difficult to quantify (see clients terminated after 46, 57 and 89 days in treatment, and those who left after engaging for 53, 57, 64, 84, 89, and 98 days).

Salt Lake County Vivitrol Program Information Sheet

February 6, 2017

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

Program Costs July through December 2017

Clients Receiving One or More Injections	
Overall Spend	$390,970
Case Management Spend	$20,600
Injection Spend	$370,370
FY18 Budget	$666,666
Projected Spend through end of FY18[1]	$684,197
Active Participants July-December 2017	179
Average Cost Per Client (medication, labs, office visits, drug testing, pregnancy tests and case management aggregated)	$2,184.19
Total Injections	464
Cost Per Injection (excluding case management)	$798

[1]Transitioning significant portion of referring partners to STR Grant. Projecting 25%reduction in spend January to June 2018. Any over-expense to be addressed through STR Grant and other related available funding sources.

Program Participation SFY18 and Overall

Table 1: SFY18 Clients

Average Injections	5.1
Total Injections	717
Total active clients	140
% clients engaging 3+ months	71%
% clients engaging 6+ months	38%

Table 2: Overall clients: active, discharged, and completed

Average Injections	4.1
Total Injections	1,636
Total clients	401
% clients engaging 3+ months	54%
% clients engaging 6+ months	28%

Percent Change in National Outcome Measures[2] (NOMS)

Employment	
Full and Part Time/ Student	83%
Unemployed	-9%
Disabled or Other Not in Labor Force	-66%

Housing	
Street or Homeless Shelter/Jail or Correctional Facility/ Institutional Setting	-46%
Private Residence - Independent or Dependent	25%
SUD Residential Treatment Facility	-15%

Education Outcome	
Same Level at Admission	94%
Increased Years of Education	6%

Monthly Income	
$0	-15%
$1-$1,000	79%
$1,001 - $2,000	33%
$2,001 and Above	0%

[2]Measured changes: admission to discharge for clients completing program

Criminal Justice Involvement: SLCo Jail Data

	All Clients with 1+ Injections	Clients with Booking History	% with Booking History
Total Count	284	230	81%
1 year since first injection	120	63	53%

	Clients with at least 1 year since first injection	New Charge Bookings	Length of Stay for New Charge Bookings (days)
Up to 1-year prior to injection date	63	112	7,250
Up to 1-year post injection date**	23	33	1,321
1-year Change in Recidivism	-63%	-71%	-82%

*Full report on Salt Lake County's Vivitrol Program Link

Salt Lake County Intercepts

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

Ex: VOA Assertive Community Treatment Team (to fidelity)

MCOT and Receiving Center - emergency room diversion rates ~90%

I. Law Enforcement/Emergency Services

CIT, CITIU, Crisis Line, Warm Line, Mobile Crisis Outreach Teams,
Receiving Center, VOA Detox Center
Unified Police Department/Mobile Crisis Outreach Team Pilot

# of individuals Accessing

Recidivism

Vivitrol Program - 71% reduction in new charge bookings, 82% reduction in length of stay from new charge bookings (523 clients served)

VOA Detox - jail diversion rate of ~94% (averaging 929 jail diversion program admissions/yr 2009-2015)

II. Jail

Jail Risk/Need Screen
Jail MH Svcs, CATS, CRT,
State Jail Competency Restoration Unit,
Operation Rio Grande Drug Court Jail Assessments,
Vivitrol Program

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

III. Courts

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

Based on the Munetz and Griffin Sequential Intercept Model*

ISP – 45.5% reduction in graduate's LS/CMI Risk Scores

IV. Re-Entry

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

V. Community

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

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

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

*SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

Project RIO (Right Person In/Right Person Out) began in 2006 when the Salt Lake County Criminal Justice and Mental Health Systems concurred with Munetz and Griffin, that in the ideal, persons with mental illness would have the same rate of contact with the criminal justice system as does any other person. Systemic improvements were implemented that involved all five of the "sequential intercepts" in which persons with behavioral health conditions contact the criminal justice system, with the goal of diverting persons who have mental illness or substance use disorders, and who are non-dangerous offenders from inappropriate incarceration. These programs supported an already active CIT program and Mental Health Court, and were the product of a rich collaboration of numerous agencies. Below please find an array of county and other funded programs that exist today.

Sequential Intercept #1 - Law Enforcement & Emergency Services

- **Crisis Intervention Team (CIT) -** Utah's first statewide CIT training was held in 2001 through the Salt Lake City Police Department. Today CIT trained officers exist throughout numerous county law enforcement agencies (on patrol, in the jail, and in the Salt Lake City Police Department Investigative Unit). Benefits of this program include reductions in recidivism, reductions in officer injury rates and use of force, improved case dispositions, and staff that are better trained in behavioral health legal and liability issues. In 2013 the Treatment Advocacy Center rated Utah as the top state in the nation for consumer access to both CIT trained officers and Mental Health Courts.

- **Mobile Crisis Outreach Teams (MCOT)** - A University Neuropsychiatric Institute (UNI) interdisciplinary team of mental health professionals who provide face-to-face crisis resolution services for individuals in Salt Lake County who are experiencing, or at risk of, a mental health crisis, and who require mental health intervention. MCOT staff often provide law enforcement alternatives to incarceration or hospitalization when responding to patients in crisis, allowing the individual to remain in the least restrictive setting. These teams serve both adults and youth, 24/7 throughout the county.

- **Receiving Center (RC)** - A UNI short stay facility (up to 23 hours) designed as a single point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. It is designed to be used by law enforcement officers, EMS personnel and others as the primary receiving facility for individuals who are brought there as voluntary or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the "Living Room" model, which includes peer support staff as well as clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits or inpatient admissions by providing a safe, supportive and welcoming environment that treats each person as a "guest" while providing the critical time people need to work through their crisis.

- **Crisis Line & Warm Line** - The UNI Crisis Line is in operation 24/7, 365 days of the year and is staffed by experienced Licensed Mental Health Therapists. The Warm Line is a peer-run listening phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.

- **Volunteers of America Detox Center** - This program partners with the Salt Lake City Police, West Valley City Police, UTA Police and the Salt Lake County Sheriff's Office to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to come to the detox center.

- **UNI/UPD (Unified Police Department) Pilot** - Through this pilot, a licensed mental health professional is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. This program serves the cities of Taylorsville, Kearns, Magna, Riverton, Holladay, Millcreek, Midvale, Canyons, Herriman, and White City.
  The objectives of this pilot are to:
  - Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
  - Provide mental health consumers and their families with linkages to services and supports
  - Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- Reduce repeated law enforcement responses to the same location, and
- Free up patrol officers to respond to other calls.

Sequential Intercept #2 - Jail

- **Jail Risk & Need Screen -** Salt Lake County implemented a Risk and Need Screening process in its jail in 2015, using the LSI-R: SV (Level of Service Inventory-Revised: Short Version) with added mental health and substance use disorder screens. The LSI-R: SV helps predict a person's likelihood of reoffending and identifies individuals that may benefit from further assessments for mental health or substance use disorders. It also assists with classification and placement of individuals in the jail and in the community. Research has shown that people identified as low risk to reoffend pose little risk to public safety and generally benefit from minimal intervention and that mixing low risk offenders with high risk offenders can increase recidivism amongst low risk offenders.

- **Jail Behavioral Health Services** - Mental health and substance use disorder (SUD) services are provided to inmates of the SL Co Jail.

  - In addition to providing mental health services and medication management, jail mental health services provides discharge planners that collaborate with community mental health treatment providers and the mental health liaison at the Legal Defenders Association to coordinate continuity of medications and treatment for the severely and persistently mentally ill (SPMI) population.

  - The CATS Program is an addictions treatment therapeutic community based on a low intensity residential model (5+ hours per week of treatment services with additional services included based on the therapeutic community model). The program is normally operated within both the ADC and Oxbow Jails. The capacity for males is 120 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months.

  - In 2007, DBHS expanded CATS with the addition of a psycho-educational component (Prime for Life) and added a fuller continuum of treatment services with the inclusion of an outpatient and intensive outpatient model called Drug Offender Group Services (DOGS).

- **Community Response Team (CRT)** - This Valley Behavioral Health (VBH) team works with SPMI clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail.

- **State Competency Restoration Program -** This new program is operated by the state and works to restore inmates to competency while awaiting a state hospital bed.

- **Vivitrol Program -** This pilot is voluntary, and provides a Vivitrol injection to inmates participating in the CATS program prior to release, and also with injections continuing after release as deemed medically appropriate. This medication assists with opioid cravings and is also available to residents in the community.

- **Jail Operation Rio Grande Drug Court Assessments -** To support Operation Rio Grande (ORG), DBHS expanded its contract with the University of Utah Assessment and Referral Services to provide for the hiring of one assessment worker. This licensed clinician goes into the jail to perform assessments for ORG Drug Court candidates on an ongoing basis as they become identified.

Sequential Intercept #3 - Courts

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

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Family Dependency Drug Court** - The mission of the Family Dependency Drug Court is to treat substance use disorders through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A drug court team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, Salt Lake County substance abuse specialist, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court ordered requirements.

- **Felony Drug Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of dealing with individuals with a substance use disorder, such as strict probation or mandatory imprisonment did not seem to address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. The Operation Rio Grande Drug Court is the most recent addition to this line of services, and specializes in serving individuals arrested in the homeless area of downtown Salt Lake City.

- **Veteran's Court -** A therapeutic court addressing the specific needs of veterans involved in the criminal justice system.

- **Social Services Position Housed in the Legal Defenders Office** - This position, funded through Behavioral Health Services, connects individuals with serious mental illness involved in the criminal justice system to community treatment, ATI Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the legal defenders office, offering invaluable assistance in connecting clients to treatment.

- **Case Resolution Coordinator** - An attorney funded through Criminal Justice Services, housed in the Legal Defenders Office, that helps individuals with serious mental illness to resolve court cases throughout the valley. Through close coordination of treatment and judicial oversight, individuals are diverted from incarceration, avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

Sequential Intercept #4 - Reentry

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

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Jail Diversion Outreach Team (JDOT)** - This VBH assertive community outreach team has a 1:10 staff/patient ratio and 24/7 availability. The multidisciplinary team has an LCSW, APRN, RN, case managers and NAMI mentors, and assist SPMI individuals that are frequent recidivists in the county jail.
- **CORE (Co-occurring, Re-Entry & Empowerment)** - VBH CORE I, and CORE II, offer services to adult male and female offenders suffering from co-occurring disorders including substance use disorders and mental health. These 16 bed residential facilities are designed to provide wrap around services both onsite and in the community, integrating mental health and substance abuse treatment approaches with the ultimate goal of successful reentry and a reduction in recidivism.
- **ATI Transport -** This VBH program transports seriously and persistently mentally ill inmates released from the jail at a specific time and transports them to a community-based treatment provider for assessment and services.
- **DORA -** A collaboration between Adult Probation and Parole, the court system and service providers utilizing smarter sentencing guidelines for better treatment outcomes.
- **The 4th Street Clinic** - Collaborates with the jail and with the LDA Mental Health Liaison to assist homeless individuals with both physical and behavioral health services upon release from jail.
- **DWS Medicaid Eligibility Specialists** - The DBHS funds Medicaid Eligibility Specialists to assist with enrollment into Medicaid.
- **Navigator and Certified Application Counselor Organizations** - DBHS providers, Criminal Justice Services and the Legal Defenders Association collaborate with navigators and certified application counselor organizations to enroll individuals in Market Place Plans, Medicaid and other health plan options.
- **Gap Funding -** The DBHS provides gap funding to assist with medications and treatment for uninsured SPMI individuals being released from jail.

Sequential Intercept #5 - Community

- **VOA Assertive Community Treatment Team (ACT)** - Salt Lake County/Optum has contracted with Volunteers of America (VOA) to implement an Assertive Community Treatment (ACT) Team service delivery model for Salt Lake County residents. The ACT Team is taking on new clients, to serve up to100 Salt Lake County residents. The team provides intensive home and community-based services. The ACT Team offers a “hospital without walls” by a multi-disciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within the community. The program is being implemented to fidelity to the evidence-based model as outlined by SAMHSA.
- **Housing Programs -** A housing first initiative called RIO Housing, is for clients of the Jail Diversion Outreach Team and CORE dual diagnosis residential programs. Scattered units throughout the valley house homeless individuals with serious mental illness and those with co-occurring substance use disorders, allowing them to address behavioral health treatment needs and court obligations once basic survival needs are met. This program is a collaboration with multiple partners including Behavioral Health Services, the Housing Authority of Salt Lake County and Valley Behavioral Health. Additional housing programs through DBHS include HARP, ACT, State Hospital Outplacement Units and others (totaling approximately 180 units). DBHS has also partnered with First Step House and Optum as a service provider and in the application process for a tax credit application to build a 75 unit low-income housing program for individuals with serious mental illness. An additional partnership was formed between DBHS, Salt Lake City, Optum and Volunteers of America to rehab and open a 22 unit building.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

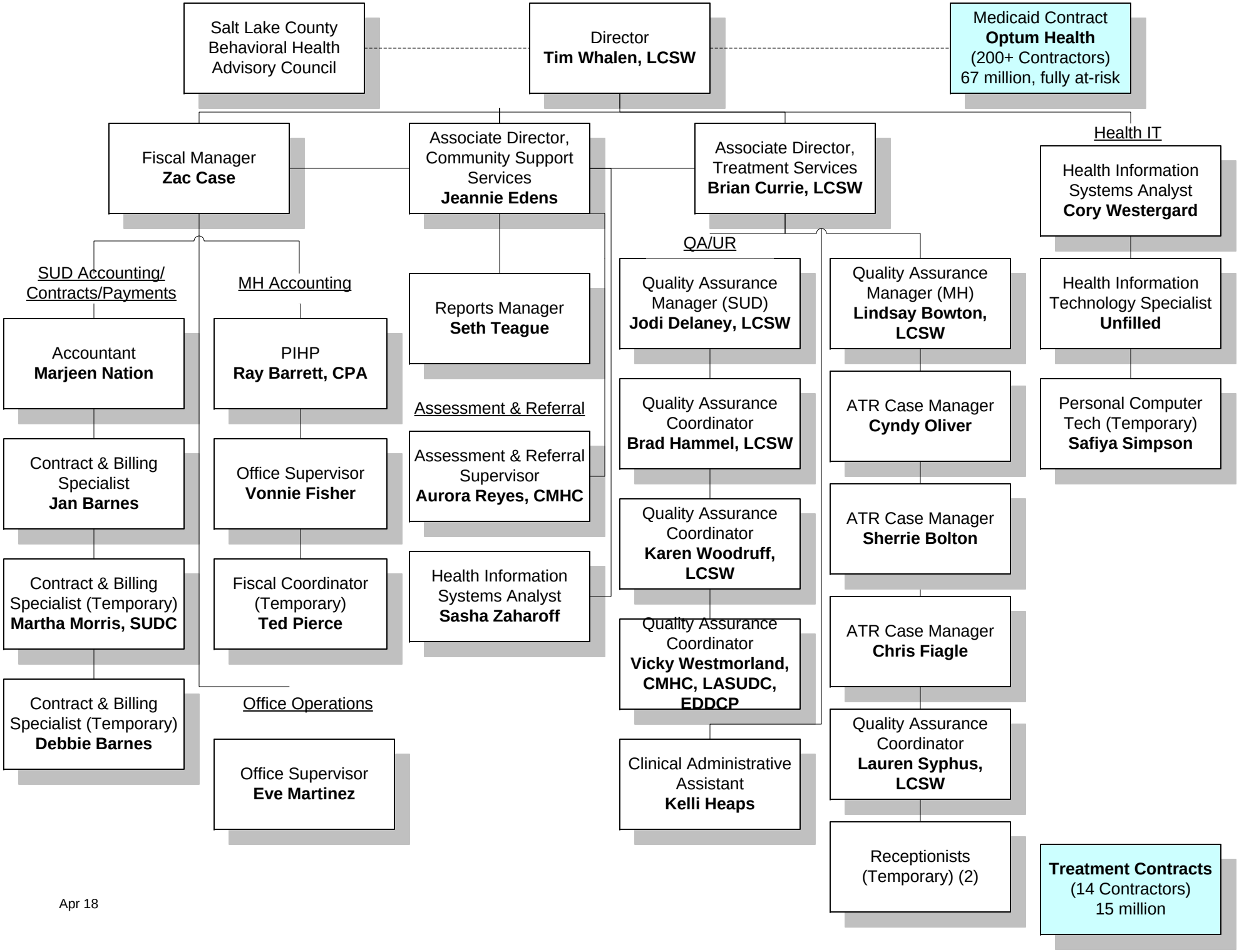
SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Intensive Supervision Program -** This program targets high risk individuals who are sentenced to County Probation at Criminal Justice Services (CJS). Clients receive an LSI-CMI risk assessment and then an ASAM assessment to determine the appropriate level of care. Clients enrolled in the program are supervised in the community by officers from the Sherriff's Office and receive intensive case management services through CJS. With the assistance of Justice Reinvestment funds DBHS provides three 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 we are seeing an increase in the number of clients who present for an assessment and treatment as well as a drastic reduction in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system.
- **CJS CM's & AP&P MIO Officers -** Criminal Justice Services and Adult Probation and Parole have case managers and officers that specialize in supervising the seriously and persistently mentally ill populations. AP&P has officers housed within Valley Behavioral Health where they coordinate closely with behavioral health staff regarding clients.
- **VA Homeless Outreach Program** - The Health Care for Homeless Veterans (HCHV) Program provides outreach services to inform homeless veterans about resources that may be available to them. The outreach worker completes an assessment with each veteran and uses this information to determine what services may be appropriate for the veteran. Such services include linkage with medical, dental, and mental health care, referrals for employment opportunities, help to obtain clothing and bus tokens, referrals for residential substance abuse treatment and transitional or long-term housing and linkage or referrals to various other VA and community resources. All homeless veterans or veterans who are at risk for homelessness can be assessed by the outreach workers, although not all veterans will be appropriate or eligible for every service or resource.
- **Mental Health Court Housing -** A collaborative effort between Salt Lake County Criminal Justice Services and the Housing Authority of Salt Lake, providing scattered unit housing to defendants in Mental Health Court with serious mental illness and co-occurring substance use disorders.
- **Rep Payee Services -** A supportive service to individuals in need of assistance in managing their finances.
- **UDOWD** -The Utah Defendant Offender Workforce Development Task Force was established in the fall of 2009. It consists of members from state, federal and local law enforcement, along with non-profit and religious organizations whose primary goal is to assist ex-offenders obtain employment and learn how to become productive members of society. This task force assists with resume building, interview skills, reaches out to local employers to encourage collaborations and other related assistance.
- **NAMI Utah -** The National Alliance on Mental Illness in Utah's mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy. NAMI is a great partner with Mental Health Courts and other individuals with mental illness and criminal justice involvement throughout the state of Utah.
- **USARA -** Utah Support Advocates for Recovery Awareness' mission is to celebrate, advocate, support and educate on behalf of drug and/or alcohol addiction recovery and Utah's recovery community. USARA organizes and shares ideas, resources and experiences in order to counter stigma, put a positive face on recovery and offer new creative solutions to drug and alcohol addiction. This organization is an immense resource to individuals with substance use disorders.
- **Medication Assisted Treatment Programs** - In addition to the Vivitrol program mentioned previously, DBHS received additional federal dollars to expand medication assisted treatment access. Salt Lake County had six out of the top ten hotspots identified within the state for opioid related emergency room visits and overdose deaths. In an effort to address these hotspots, capacity in the existing Project Reality location was increased, and two new clinics were opened in other areas of the county. One of the new clinics is located in West Jordan, through Clinical Consultants, the other is located in Murray, through Project Reality.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

DIVISION OF BEHAVIORAL HEALTH SERVICES



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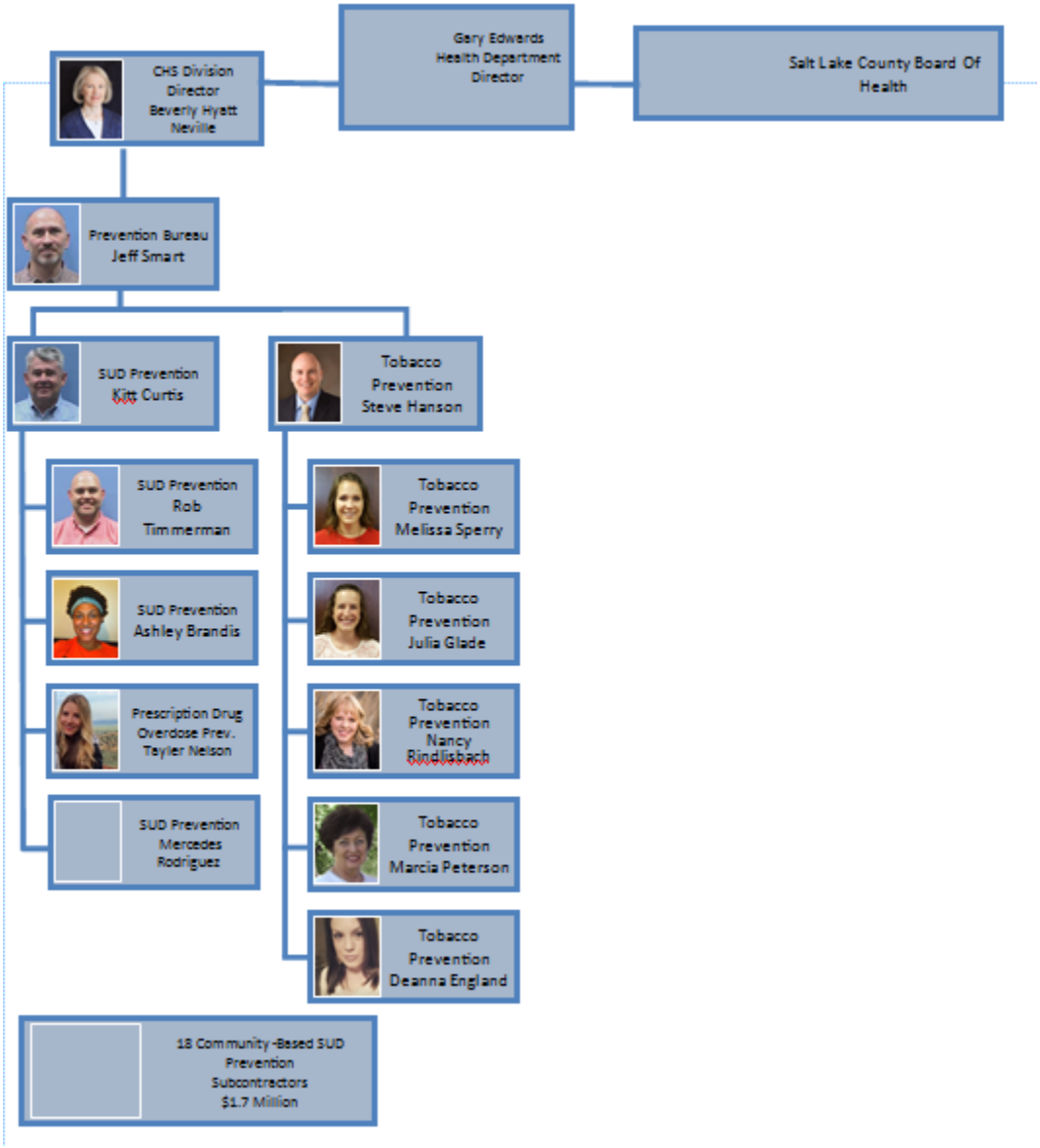
CHS Division Director Beverly Hyatt Neville
Gary Edwards Health Department Director
Salt Lake County Board Of Health
Prevention Bureau Jeff Smart
SUD Prevention Kitt Curtis
Tobacco Prevention Steve Hanson
SUD Prevention Rob Timmerman
SUD Prevention Ashley Brandis
Prescription Drug Overdose Prev. Tayler Nelson
SUD Prevention Mercedes Rodriguez
Tobacco Prevention Melissa Sperry
Tobacco Prevention Julia Glade
Tobacco Prevention Nancy Rindlisbach
Tobacco Prevention Marcia Peterson
Tobacco Prevention Deanna England
18 Community-Based SUD Prevention Subcontractors $1.7 Million

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)							$ 5

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

Number of family members

Monthly Income	1	2	3	4	5	6	7	8
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

Monthly	1	2	3	4	5	6	7	8
Income								
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

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 2019 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: SALT LAKE COUNTY

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

PLEASE PRINT:

Name: Aimee Winder Newton

Title: County Council Chair

Date: 4-24-2014