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. The current fee schedule better aligns DBHS's fee policy with federal poverty guidelines related to the Affordable Care Act. Additionally, the 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 (American Society of Addiction 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 PMHP Financial Report (Medicaid Cost Report) to DSAMH annually within 15 days of finalizing the report with the Department of Health Division of Medicaid Financing.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
Same response as above for first two questions. Regarding wait lists, there are no wait lists for Medicaid clientele due to the timely access standards required by Medicaid. However, this is only possible due to funding being available on-demand for Medicaid clientele. For those clients who are unfunded (i.e., Block Grant funding) each contracted provider must maintain their own wait list. The contracted providers have a person(s) designated for intakes. This individual maintains the waiting list. Most providers require clients to call in each day/week (program specific) to check-in, express their continued interest in SUD treatment, and will be told at that time if they can now be admitted or if their place on the wait list has changed. Approximate dates are given for when the client may expect admission, but these can vary greatly due to the nature of those in SUD treatment and the course of treatment. The Federal priority populations, along with the required timelines for accessing treatment, are in every provider's contract. These priorities are reviewed during the annual monitoring visit. Additionally, when a client contacts Assessment and Referral Services (ARS) for an assessment, the questions relating to the priority requirements are asked. Similarly, when a client contacts a provider directly for an assessment, the Federal priority questions are asked. Should anyone meet the Federal priorities, their admission and assessment are prioritized according to the required timelines. While on the wait list, any given client can attend interim groups offered through ARS six days a week. These are free of charge. Additionally, a few providers also have interim groups which the clients may attend, free of charge.

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 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 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 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.
DBHS is utilizing DocuSign in our contracting process with DSAMH.

JRI,EIM,ORG.MOT

FY20 Mental Health Area Plan & Budget

Local Authority: Salt Lake County Behavioral Health

Form A

	State General Fund			County Funds									
FY2020 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 FY2020 Revenue
JRI/JRC	$535,267	$435,000											$970,267
Local Treatment Services	$1,675,382	$12,625,485	$353,990	$2,852,089	$4,638,674	$46,417,593	$868,524		$90,000	$805,236		$40,000	$70,366,973
FY2020 Mental Health Revenue by Source	$2,210,649	$13,060,485	$353,990	$2,852,089	$4,638,674	$46,417,593	$868,524	$0	$90,000	$805,236	$0	$40,000	$71,337,240

	State General Fund			County Funds											
FY2020 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 FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
Inpatient Care (170)		$1,896,147		$178,444	$673,700	$6,741,482				$173,705			$9,663,478	620	$15,586.25
Residential Care (171 & 173)	$105,134	$1,661,127			$590,198	$5,905,903							$8,262,362	818	$10,100.69
Outpatient Care (22-24 and 30-50)	$443,381	$4,881,579	$353,990	$65,877	$1,732,707	$17,338,643	$577,731			$545,616			$25,939,524	14,000	$1,852.82
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	$587,649	$669,117		$285,316	$237,737	$2,378,948							$4,158,767	670	$6,207.11
Psychotropic Medication Management (61 & 62)	$62,679	$544,442		$171,960	$193,440	$1,935,683	$174,074			$85,915			$3,168,193	6,350	$498.93
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	$66,002	$1,627,890			$578,389	$5,787,732	$2,604						$8,062,617	2,225	$3,623.65
Case Management (120 & 130)	$114,917	$1,018,598			$361,907	$3,621,482	$18,227						$5,135,131	3,940	$1,303.33
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		$225,134		$1,004,559	$79,990	$800,433							$2,110,116	650	$3,246.33
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	$708,241	$105,918			$37,633	$376,577	$10,481						$1,238,850	1,500	$825.90
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		$286,408			$101,760	$1,018,283							$1,406,451		
Services to persons incarcerated in a county jail or other county correctional facility				$73,135			$85,407						$158,542	340	$466.30
Adult Outplacement (USH Liaison)		$107,226		$469,740	$38,099	$381,227							$996,292	85	$11,721.08
Other Non-mandated MH Services	$122,646	$36,899		$603,058	$13,114	$131,200			$90,000			$40,000	$1,036,917	580	$1,787.79
FY2020 Mental Health Expenditures Budget	$2,210,649	$13,060,485	$353,990	$2,852,089	$4,638,674	$46,417,593	$868,524	$0	$90,000	$805,236	$0	$40,000	$71,337,240		

	State General Fund			County Funds											
FY2020 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 FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served
ADULT	$958,963	$7,157,994	$353,990	$2,810,191	$2,541,523	$25,432,131	$693,766		$90,000	$551,794			$40,590,352	10,450	$3,884.24
YOUTH/CHILDREN	$1,251,686	$5,902,491		$41,898	$2,097,151	$20,985,462	$174,758			$253,442		$40,000	$30,746,888	5,900	$5,211.34
Total FY2020 Mental Health Expenditures	$2,210,649	$13,060,485	$353,990	$2,852,089	$4,638,674	$46,417,593	$868,524	$0	$90,000	$805,236	$0	$40,000	$71,337,240	16,350	$4,363.13

FY20 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	FY2020 Expected Cost/Client Served
Inpatient Care Budget			
$5,213,737	ADULT	350	14896
$4,449,741	CHILD/YOUTH	270	16481
Residential Care Budget			
$7,503,688	ADULT	750	$10,005
$758,674	CHILD/YOUTH	68	$11,157
Outpatient Care Budget			
$10,539,661	ADULT	8,200	1285
$15,399,863	CHILD/YOUTH	5,800	2655
24-Hour Crisis Care Budget			
$3,150,676	ADULT	550	5729
$1,008,091	CHILD/YOUTH	120	8401
Psychotropic Medication Management Budget			
$2,660,493	ADULT	5,050	527
$507,700	CHILD/YOUTH	1,300	391
Psychoeducation and Psychosocial Rehabilitation Budget			
$1,938,057	ADULT	1,350	1436
$6,124,560	CHILD/YOUTH	875	6999
Case Management Budget			
$4,850,903	ADULT	2,850	1702
$284,228	CHILD/YOUTH	1,090	261
Community Supports Budget (including Respite)			
$1,004,559	ADULT (Housing)	400	2511
$1,105,557	CHILD/YOUTH (Respite)	250	4422
Peer Support Services Budget			
$507,841	ADULT	1,300	391
$731,009	CHILD/YOUTH (includes FRF)	200	3655
Consultation & Education Services Budget			
$1,131,627	ADULT		
$274,824	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
$158,542	ADULT Jail Services	340	466
Outplacement Budget			
$996,292	ADULT	85	11721
Other Non-mandated Services Budget			
$934,276	ADULT	550	$1,699
$102,641	CHILD/YOUTH	30	$3,421

Summary

Totals	
$40,590,352	Total Adult
$30,746,888	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)			
$353,990	ADULT	100	3540
	CHILD/YOUTH		#DIV/0!
Unfunded (all other)			
$4,516,308	ADULT	3,950	1143
$1,508,342	CHILD/YOUTH	850	1775

FY20 Mental Health Early Intervention Plan & Budget

Local Authority: Salt Lake County Behavioral Health

Form A2

FY2020 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 FY2020 Revenue
FY2020 Mental Health Revenue by Source	$1,087,382		$41,898	$703,627	$1,566,139			$10,481	$3,409,527

FY2020 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 FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	$93,754		$40,227	$154,699	$344,332				$633,012	800	$791.27
MCOT 24-Hour Crisis Care-ADMIN	$3,895		$1,671	$6,428	$14,307				$26,301		
FRF-CLINICAL	$679,988							$10,063	$690,051	360	$1,916.81
FRF-ADMIN	$28,253							$418	$28,671		
School Based Behavioral Health-CLINICAL	$270,263			$520,858	$1,159,330				$1,950,451	460	$4,240.11
School Based Behavioral Health-ADMIN	$11,229			$21,642	$48,170				$81,041		
FY2020 Mental Health Expenditures Budget	$1,087,382	$0	$41,898	$703,627	$1,566,139	$0	$0	$10,481	$3,409,527	1,620	$6,948.18

* 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 - FY20 Amount Budgeted:	**$5,213,737**	**Form A1 - FY20 Projected clients Served:**	**350**
Form A1 - Amount budgeted in FY19 Area Plan	**$5,904,025**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**390**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$5,272,177**		**353**

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

For Medicaid clientele, 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.+

For those who are unfunded, DBHS has contracted with UNI for Adult Inpatient Care. Other than who is contracted, the process differs for the unfunded as those who are admitted into a hospital do not require a preauthorization process. This is due to the fact that the money for unfunded hospitalization is limited and UNI has repeatedly shown that they provide far more bed days to the unfunded population that regularly exceeds the contracted amount. Valley Behavioral Health (VBH) does work with these clients while in the hospital to either continue or set-up services upon discharge.

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

2) **Children/Youth Inpatient**

Form A1 - FY20 Amount Budgeted:	**$4,449,741**	**Form A1 - FY20 Projected clients Served:**	**270**
Form A1 - Amount	**$4,237,211**	**Form A1 - Projected Clients**	**310**

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	**$4,245,125**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**263**
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 changes			

3) **Adult Residential Care**

Form A1 - FY20 Amount Budgeted:	$7,503,688	Form A1 - FY20 Projected clients Served:	750
Form A1 - Amount budgeted in FY19 Area Plan	**$8,171,230**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**715**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$7,485,607**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**750**
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 (SUD) treatment needs. Co-Occurring Re-entry and Empowerment (CORE 2) – VBH CORE 2 is an additional 16-bed residential facility for mentally ill adult female clients as described above.. Summit Subacute – In May 2018, Highland Ridge Hospital opened a 10-bed, short-term residential and inpatient diversion program for male and female adults with acute mental health (MH) needs.			

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No significant changes.
Describe any significant programmatic changes from the previous year.
No significant changes.

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	**$758,674**	**Form A1 - FY20 Projected clients Served:**	**68**
Form A1 - Amount budgeted in FY19 Area Plan	**$283,642**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**55**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$721,810**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**65**

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

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 DCFS custody or who are in need of specialized shelter placement because of abuse or neglect.

FAST and FASTer Programs – DYS
The FAST program was developed through a collaborative effort between Optum and DYS for Medicaid youth ages 12-17 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, Youth MCOT (Mobile Crisis Outreach Team) 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 remain in parental custody and return to their homes with minimal interruption and receive the necessary supports to stabilize crisis situations.

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

Single Case Agreements
DBHS/Optum contracts with providers offering residential levels of care on an individualized basis.
DBHS/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).

Impact to individuals served and funding is not greater than 15% compared to FY18 actual report..
Describe any significant programmatic changes from the previous year.
No significant changes

5) **Adult Outpatient Care**

Form A1 - FY20 Amount Budgeted:	**$10,498,237**	**Form A1 - FY20 Projected clients Served:**	**8,200**
Form A1 - Amount budgeted in FY19 Area Plan	**$8,494,549**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**8,870**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$10,770,103**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**8,237**

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.

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.

Jordan West Valley Outpatient treatment continues to emphasize DBT (Dialectical Behavioral Therapy) and trauma-focused care to help individuals and families stabilize and return to functioning in the community.

Medication management services are offered by multiple providers throughout the county to include outpatient clinics, nursing homes, and via telehealth. Prescribers on the ACT (Assertive Community Treatment) Team can meet members where needed, such as the clinic, their home, or elsewhere 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.

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. All levels of care are available and DBHS/Optum works with all clients to assist them in determining the level of care needed and align them with a provider at their request.

6) **Children/Youth Outpatient Care**

Form A1 - FY20 Amount Budgeted:	**$15,399,863**	**Form A1 - FY20 Projected clients Served:**	**5,800**
Form A1 - Amount budgeted in FY19 Area Plan	**$12,739,514**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**6,400**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$14,712,040**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**5,679**

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, psychological testing, respite, Family Resource Facilitation, inter-agency coordination and crisis intervention.

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

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.

Valley Behavioral Health
VBH offers outpatient and medication management services for youth. Services offered are Intensive Outpatient (ACES - Acute Children's Extended Services), for elementary aged youth, and AIM (Adolescents in Motion) for adolescents with primary mental health diagnoses. Also available is a DBT specific program and KIDS (Kids Intensive Day Services), which specializes in day treatment services.

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. The Intensive Day Treatment program for adolescents serving up to 12 DBHS/Optum Medicaid consumers. Hopeful Beginnings employs therapists to provide Trauma specific treatment including the use of 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 immediate crisis counseling for youth and families, as well as a short-term 60-day brief intervention model, and ongoing mental health counseling for Medicaid qualified youth.

In-Home Services
Home based therapeutic and case management are available to youth and families with emotional and behavioral issues when barriers to office-based therapy are present. Barriers include things such as disabilities, lack of transportation, and childcare issues.

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.

Valley Behavioral Health moved the ARTEC Day Treatment Program to the Parkview location and renamed it AIM. Currently, Optum has multiple new providers in the credentialing process which would increase the opportunities for in-home therapy, psychosocial rehabilitative services and targeted case management with an emphasis on post-adopt youth. These agencies also have experience supporting youth who are court involved and require after hours support.

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	**$3,150,676**	**Form A1 - FY20 Projected clients Served:**	**550**
Form A1 - Amount budgeted in FY19 Area Plan	**$6,497,783**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**700**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$2,977,109**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**502**

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 continuum 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, subacute treatment, 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 Certified 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 assess the situation and make a determination regarding disposition to provide the best possible outcome, by using all the community resources available focusing on the least restrictive alternatives. In the past year, 91.1% of those receiving an outreach visit were diverted from inpatient and emergency room visits. A slight increase from the previous year. The UNI MCOT averages almost 382 contacts per month, of which an average of 236 result in a direct outreach by the MCOT

team.

Summit Subacute – Highland Ridge Hospital
The Summit Subacute (operating 24/7 365 days a year) diverts people from inpatient services who are experiencing acute mental health distress. Individuals are referred by emergency departments, ACT Team, UNI Receiving Center, and Optum Care Advocates. This program stabilizes those who do not meet inpatient criteria, but need more than 23 hours of support. Services include individual therapy, family therapy, group therapy, medication management, and case management to help transition to community-based providers.

As of 3/31/19, there were a total of 174 admissions since 7/1/18 (an average of 19 admissions per month). The average length of stay during this time period was 10 days per month.

Receiving Center – UNI
The Receiving Center (operating 24/7 365 days a year) diverts people from inpatient services and the jail. 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 121 consumer visits per month. Of these, only 9.0% continue on to inpatient stays, no one was diverted to the County jail (for FY18), with 62.3% returning to their home or family.

Crisis Line – UNI
The crisis line is a phone line answered by licensed mental health therapists. Clinicians 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 descalate 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 3146 calls per month. An increase of 64 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 1121 calls per month. This average is up by 303.

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

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

If a client has Medicaid or is a Medicare/Medicaid client, Optum is responsible for tracking any civilly committed individual and those placed on an assisted outpatient treatment court order. For all other clients, DBHS is responsible to track civilly committed individuals and those placed on an assisted outpatient treatment court order. Regardless of who has responsibility to track the client, the process is as follows:

The total number of adults under commitment in Salt Lake County exceeds 300 individuals at any given time. DBHS/Optum works closely with the Court on tracking and determining the ongoing mental health services that are being provided to the committed persons with Medicaid only. DBHS/Optum receives an update from the civil commitment court clerk regarding upcoming hearings, transfers and terminations. Information for where the client is receiving treatment services is typically within these updates. DBHS/Optum will reach out to the listed provider to confirm that the client is receiving services and to request that they update the court, in time for the next hearing. DBHS/Optum educates their provider network to help them understand the commitment process, and how best to report back to the court, to advocate for their clients. Most committed individuals are placed with providers who offer case management and outreach. When a committed person stops engaging with treatment, their name is flagged within the mobile crisis outreach system to let them know that it is possible the individual will need outreach to get back into treatment/services. The current commitment process is considered "voluntary" and requires that the individual is willing to engage and accept services/treatment.

Additional planning and discussion is anticipated this year around the implementation of SB 39 and court ordered assisted outpatient treatment requirements. If necessary, DBHS and Optum will modify and/or implement whatever is necessary to be compliant with the regulation.

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 compared to FY18 actual report.

Describe any significant programmatic changes from the previous year.

No significant changes.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	**$1,008,091**	**Form A1 - FY20 Projected clients Served:**	**120**
Form A1 - Amount budgeted in FY19 Area Plan	**$861,435**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**150**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$980,077**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**112**

Describe access to crisis services during daytime work hours, after hours, 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 Certified Peer Specialists, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, and crisis follow-up for residents of the Salt Lake community 24 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 either State certified Designated Examiners or Mental Health Officers who can evaluate and initiate commitment procedures for those under the age of 18 (i.e., Neutral and Detached Fact Finders).

In the past year, 92.44% of those receiving an outreach visit were diverted from inpatient and emergency room visits. The UNI MCOT averages 97 youth contacts per month, of which an average of 89 result in a direct outreach by the MCOT team.

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.

No significant changes.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	**$2,660,493**	**Form A1 - FY20 Projected clients Served:**	**5,050**
Form A1 - Amount budgeted in FY19 Area Plan	**$2,639,371**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**5,360**
Form A1 - Actual FY18	**$2,672,554**	**Form A1 - Actual FY18**	**5,088**

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.			
Medication management services are offered by multiple providers throughout the county to include outpatient clinics, nursing homes, and via telehealth. Prescribers on the ACT Team can meet members where needed, such as the clinic, their home, or elsewhere in the community. 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 supportive interventions. This is monitored through the auditing process and highlighted in clinical trainings. DBHS/Optum will continue to seek out prescribers in the community for FY20.			
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 FY19, the Volunteers of America (VOA) hired a new medical director and added another prescriber to the ACT Team.			

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

Form A1 - FY20 Amount Budgeted:	$507,700	Form A1 - FY20 Projected clients Served:	1,300
Form A1 - Amount budgeted in FY19 Area Plan	$624,982	Form A1 - Projected Clients Served in FY19 Area Plan	1,410
Form A1 - Actual FY18 Expenditures Reported by Locals	$480,896	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	1,279
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.			
Medication management services are offered by multiple providers throughout the county to include outpatient clinics and telehealth services. Hopeful Beginnings, New Beginnings, The Children's Center, Valley Behavioral Health, Lotus Center, Primary Children's Safe and Healthy Families, Primary Children's Pediatric Behavioral Health, RISE Behavioral Health, and others have delivered medication management to children and adolescents in FY19 and will continue into FY20. All youth have access to a prescriber to adjust, change, or maintain the medication that they need. 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 supportive interventions. DBHS/Optum will continue to seek out prescribers in the community for FY20.			
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.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	**$1,938,057**	**Form A1 - FY20 Projected clients Served:**	**1,350**
Form A1 - Amount budgeted in FY19 Area Plan	**$2,143,560**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**1,650**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$1,857,655**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**1,383**

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 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 education unit has helped members obtain GEDs or high school diplomas, college education skills and support, and increased life skills. The major focus of the program is transitional employment placements. Alliance House has implemented the Individual Placement and Supports (IPS) Supported Employment program at the clubhouse. For additional details on the IPS at Alliance House, please see section 27) Client Employment.

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.

No significant changes.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	**$6,124,560**	**Form A1 - FY20 Projected clients Served:**	**875**
Form A1 - Amount	**$5,316,597**	**Form A1 - Projected Clients**	**1,050**

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	**$5,847,737**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**845**

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 rehabilitation skills development. Two classrooms are available in Salt Lake School District at Beacon Heights Elementary, and two classrooms are available in Granite School District at Robert Frost Elementary.

School-based Early Intervention Services
These services consist of therapy, case management, and parent/teacher consultation and training. Please see section 32 for a more comprehensive description of these services, as well as a list of schools where DBHS and Optum providers are contracted.

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 - 12, 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.

Additional districts and schools were added to the list of those partnering with DBHS and Optum providers for school-based treatment. This is outlined in #32.

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	$4,850,903	Form A1 - FY20 Projected clients Served:	2,850

Form A1 - Amount budgeted in FY19 Area Plan	$4,719,540	Form A1 - Projected Clients Served in FY19 Area Plan	2,925
Form A1 - Actual FY18 Expenditures Reported by Locals	**$5,007,837**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**2,922**

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 and SMI (Seriously Mentally Ill) 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 employs a Housing Care Navigator to coordinate case management services for clients who need housing and/or supports to stay housed. Optum has three providers who offer intensive, targeted case management for our clients: Silverado Counseling, VOA, and Psychiatric Behavioral Services. These same agencies have committed to delivering services to those who are Medicaid eligible and either homeless or recently housed.

VBH also offers an Assertive Outreach Team (AOT) for adult clients with SPMI. The AOT subscribes to an Assertive Community Treatment Team approach with services to promote a client's growth and recovery and to enhance the quality of their personal, family, and community life. The AOT primarily provides case management services to Medicaid and non-Medicaid clientele.

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

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, to enhance outpatient therapeutic and medication management 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.

Describe any significant programmatic changes from the previous year.

No significant changes.

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	**$284,228**	**Form A1 - FY20 Projected clients Served:**	**1,090**
Form A1 - Amount budgeted in FY19 Area Plan	**$278,577**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**1,500**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$275,957**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**1,096**

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.

Youth are significantly impacted by their environments and the systems with which they engage. Therefore, case management is an integral part of working with children and adolescents and is embedded in the treatment continuum. TCM is provided to youth meeting seriously emotionally disturbed (SED) criteria and receiving primarily mental health treatment. 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

Higher levels of care: VBH, Hopeful Beginnings, New Beginnings and Utah House offer TCM to assist with discharge planning in an effort to link children and their families to ongoing supports as they transition to lower levels of care, or in some cases, more enhanced programming.

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 compared to FY18 actual report..
Describe any significant programmatic changes from the previous year.
VBH discontinued their i-WRAP Team for youth and their families in FY19. In-home services are offered through Hopeful Beginnings and Youth Empowerment Services. In FY20, Project Connection Utah will join the Optum Network and will provide wrap-around services to youth in need of targeted case management.

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	**$1,004,559**	**Form A1 - FY20 Projected clients Served:**	**400**
Form A1 - Amount budgeted in FY19 Area Plan	**$824,141**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**295**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$879,711**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**301**

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

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 support. 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.

DBHS funds and contracts for 177 additional housing units through Housing Connect (formerly the Housing Authority of the County of Salt Lake) for individuals and families at risk of being or currently homeless. The vast majority of the recipients of rental assistance through this contract have criminal justice involvement, a substance use disorder and/or mental illness. Funding under this contract is broken into our State Hospital/VOA ACT Housing (60 units), Project RIO (Core 1, JDOT and CORE 2) Housing (50 units), Milestone/CAF (children aging out of foster care program coordinated with the Division of Youth Services) Housing (18 units), and our HARP (short and long term rental assistance) Housing (49 units). All partners referring clients into these programs are obligated to provide in-home case management for their clients in order to ensure housing stability. DBHS also partners with Housing Connect by providing in-kind match for many federally subsidized housing programs.

Additionally, with the State Hospital/VOA ACT Housing program, and in collaboration with DBHS/Optum, Housing Connect has developed agreements with Nephi Todd's, Evergreen Place and Oasis House to purchase housing for clients needing assistance as they discharge from the State Hospital. These clients receive supervision, meals, housekeeping, and laundry services. To a smaller extent, this program has leveraged housing placements or other resources (i.e., case management) at the following facilities as well: Mary Grace Manor, Gregson Apartments, Palmer Court, Kelly Benson, John Taylor House, Murray Apartments, and the Road Home. 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 Housing Connect to access vouchers through the NED (non-elderly disabled) voucher program.

DBHS/Optum has also worked extensively to support the housing needs of unfunded individuals who cannot receive Medicaid coverage because of legal status or other impediments. Such individuals are commonly justice involved, SPMI or otherwise utilizing Utah State Hospital (USH) and inpatient services. Often DBHS/Optum will work with VBH and other community partners to support their unique housing and treatment needs.

DBHS/Optum continues to work with community partners on two low income tax credit projects. The first project, the Denver Street Apartments, is a partnership between DBHS, Optum, Housing Connect, and GIV Group. In 2018 VOA was awarded tax credits to fund housing for 22 VOA ACT Team participants, while supporting wrap-around services through the ACT Team. The project was greatly supported by the Salt Lake County Council through a $400,000 capital investment, and currently has an anticipated completion date of September 2019. The second project, the 5th East Apartments, is a partnership between DBHS, Optum, First Step House, Blue Line Development, Housing Connect and the Salt Lake City Housing Authority, to develop 75 units of housing for the severely and persistently mentally ill population. This tax credit project will target individuals exiting the USH, as well as those who are frequent utilizers of inpatient services, often with co-occurring substance use disorders.The project officially broke ground on March 1st, 2019, and has an anticipated completion date in 2020.

Additional Housing and Resources:

Optum's full-time Housing Navigator attends community meetings, supports providers and advocates for consumers experiencing homelessness. In addition, she offers guidance to providers who are providing intensive case management services to those who are newly housed.

The VOA Homeless Youth Resource Center continues to operate in Salt Lake County, and has opened Maud's Cafe as an employment training program for these young people. Optum Bank was a partner in this development.

DBHS will assume management of the Sober Living Program that began as a pilot in FY18 spearheaded by state legislative leadership, the Department of Workforce Services, the State Division of Substance Abuse and Mental Health and Salt Lake County. Clients participating in residential treatment ready to step down into outpatient services, the Utah Highway Patrol Frequent Utilizer Program, ORG Drug Court, or recent graduates of CATS will be eligible for the Sober Living Program which offers up to 6 months of funding assistance at a contracted provider that is licensed as a recovery residence. During FY20, DBHS is anticipated to serve approximately 300 clients.

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

The additional clients served is due to the opening of the Denver Street project, the 5th East project, and additional USH outplacement housing. The additional funding is a subsidy for the client's rent in this program.

Describe any significant programmatic changes from the previous year.

In FY19, Nephi Todd purchased the property previously known as Green Gables and is rehabbing the facility to offer more quality units as they become available to DBHS and Optum.

Also, DBHS/Optum will be funding housing support (including case management and the housing subsidy) for clients in the new housing facilities (Denver Street and 5th East Apartments) when they become operational.

In FY19, the sober living housing support program was administered as a coordinated effort through DBHS and the Salt Lake County Criminal Justice Advisory Council. Moving forward, in FY20 all oversight and administration will

be performed through DBHS.

Additionally, in FY19 DBHS increased funding for the State Hospital/ACT Housing Program provided to Housing Connect by $100,000 to further eliminate access barriers and to reduce backlog at the State Hospital.

16) **Children/Youth Community Supports (respite services)**

Form A1 - FY20 Amount Budgeted:	**$1,105,557**	**Form A1 - FY20 Projected clients Served:**	**250**
Form A1 - Amount budgeted in FY19 Area Plan	**$938,003**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**245**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$1,051,838**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**250**

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.

Currently, Optum has a new provider in the credentialing process which would increase the opportunities for psychosocial rehabilitative services, targeted case management and respite services with an emphasis on post-adopt youth. This agency also has experience supporting youth who are court involved and require after hours support.

17) **Adult Peer Support Services**

Form A1 - FY20 Amount Budgeted:	**$507,841**	**Form A1 - FY20 Projected clients Served:**	**1,300**
Form A1 - Amount budgeted in FY19 Area Plan	**$429,640**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**1,120**

Form A1 - Actual FY18 Expenditures Reported by Locals	$483,165	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	1,254

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 USARA, as well as Pathways to Recovery are facilitated at Highland Ridge Summit Subacute Unit and Evergreen boarding home for women. 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., SUD and SMI. Pathways to Recovery is also an evidenced-based, peer-facilitated program for those with mental illness which guides participants through a process of self-assessment, self-discovery and planning. It helps individuals set life goals and realize their dreams. 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 goal 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 compared to FY18 actual report..

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 specialists are under the supervision of a licensed mental health therapist , or a licensed ASUDC or SUDC when peer support services are provided to individuals with an SUD. Supervisors are expected to follow these guidelines offering ongoing weekly individual and/or group supervision to the Certified Peer Support specialist they supervise.

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 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 changes.

Just as an FYI, Optum Recovery and Resiliency Team will provide two CPSS trainings in FY20, with space for 25 individuals in each.

18) **Children/Youth Peer Support Services**

Form A1 - FY20 Amount Budgeted:	**$731,009**	**Form A1 - FY20 Projected clients Served:**	**200**
Form A1 - Amount budgeted in FY19 Area Plan	**$762,793**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**425**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$687,417**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**178**

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 FTEs Salt Lake County Division of Youth Services
• 1 FTE Utah Division of Juvenile Justice Services
• 2 FTE The Children's Center
• 1 FTE Granite School District
• 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).

No significant changes compared to FY18 actual report.

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 9 FRFs. In addition, the FRFs placed at 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 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.

No significant changes.

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	**$1,131,627**		
Form A1 - Amount budgeted in FY19 Area Plan	**$922,326**		
Form A1 - Actual FY18 Expenditures Reported by Locals	**$1,076,642**		

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

Optum has a Recovery and Resiliency (R&R) 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 FY19:
• 59 people in the community were certified in Mental Health First Aid (MHFA) with more trainings scheduled during the current fiscal year.
• 25 people in the community were certified in Youth Mental Health First Aid with more trainings scheduled during the current fiscal year.
• 120 people participated in suicide prevention training, QPR training (Question, Persuade, Refer), during the past year, with more trainings to be scheduled in the coming fiscal year.

Additionally, two members of Optum's R&R team have become certified to conduct Public Safety MHFA training for police officers in the community.

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.
No significant changes.

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	**$274,824**		
Form A1 - Amount budgeted in FY19 Area Plan	**$49,418**		
Form A1 - Actual FY18 Expenditures Reported by Locals	**$261,470**		

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
Optum has a 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 FY20, Optum will continue to: • Provide QPR trainings with Optum., providers, and allied partners • Provide MHFA, YMFA and QPR trainings with Optum., providers, and allied partners • Provide training on the Recovery Model and recovery supports with APRN students at the University of Utah School of Nursing. • DBHS/Optum also coordinates and works closely with NAMI Utah and USARA in promoting and facilitating their services with our clients. DBHS is deeply rooted in the community with many allied partners. Through these partnerships, DBHS/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, conferences, 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 compared to FY18 actual report.
Describe any significant programmatic changes from the previous year.
No significant changes.

21) **Services to Incarcerated Persons**

Form A1 - FY20 Amount Budgeted:	**$158,542**	**Form A1 - FY20 Projected clients Served:**	**340**
Form A1 - Amount budgeted in FY19 Area Plan	**$103,138**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**140**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$158,475**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**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.

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 the likelihood of successful re-entry. Cost reflected on the MH budget report is the amount for the CRT case managers only. These case managers are not providing services that can be captured by SAMHIS.

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 has developed a strong partnership and relationship with our jail and has established a formal data sharing agreement. The jail has implemented their new electronic health record which allows them to better identify the individuals served in the jail and help with the transition of care for these individuals into the community. The jail is currently reporting collected data from the jail offender management system to DBHS for submission to DSAMH. 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 compared to FY18 actual report.
Describe any significant programmatic changes from the previous year.
No significant changes.

22) **Adult Outplacement**

Form A1 - FY20 Amount Budgeted:	**$996,292**	**Form A1 - FY20 Projected clients Served:**	**85**
Form A1 - Amount budgeted in FY19 Area Plan	**$559,245**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**95**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$829,752**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**83**
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 provides a Clinical Care Advocate who is assigned full-time as a State Hospital Liaison to work directly with the Utah State Hospital (USH) teams to proactively facilitate and coordinate plans for consumers coming out of the USH. They are assisted by the Optum State Hospital Committee and the Optum Clinical Team as needed, including a housing coordinator. DBHS/Optum will continue to assist with placement in VBH Housing and other community housing options. These include independent living placements which include wraparound supports such as the ACT Team or placements which offer meals and supervision, such as Nephi Todd's, Evergreen and Oasis.			
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 compared to FY18 actual report.			
Describe any significant programmatic changes from the previous year.			
During the past year Nephi Todd's was able to relocate and upgrade into a new location, which has expanded the number of units available to serve consumers transitioning out of the USH.			

23) **Children/Youth Outplacement**

Form A1 - FY20 Amount Budgeted:	**$**	**Form A1 - FY20 Projected clients Served:**	
Form A1 - Amount budgeted in FY19 Area Plan	**$**	**Form A1 - Projected Clients Served in FY19 Area Plan**	
Form A1 - Actual FY18 Expenditures Reported by Locals	**$**	**Form A1 - Actual FY18 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 DBHS/Optum in a cooperative manner. DBHS/Optum staff sit on the COP committee. DBHS/Optum recommends children for consideration of State COPs assistance and recommends an appropriate array of services. Approved treatment services will be provided through the DBHS/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. DBHS/Optum meets twice a month with the Division of Youth Services and Hopeful Beginnings, to address the needs and better coordinate care for children and youth and their families with complex needs.
Describe any significant programmatic changes from the previous year.
No significant changes.

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	**$4,813,638**	**Form A1 - FY20 Projected clients Served:**	**4,050**
Form A1 - Amount budgeted in FY19 Area Plan	**$5,270,557**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**4,000**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$5,898,711**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**3,962**

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 programs, services, and locations.

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

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

The decrease is due to the CABHI and Non Medicaid funding cuts for FY 2020 from the State.

Describe any significant programmatic changes from the previous year.

No significant changes.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	**$1,508,342**	**Form A1 - FY20 Projected clients Served:**	**850**
Form A1 - Amount budgeted in FY19 Area Plan	**$1,558,196**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**880**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$1,685,427**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**860**

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's mental health in two locations (not including the below mentioned school-based services). Second, VBH has a school-based mental health program in 22 different schools, within five 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.
No significant changes.

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	**$1,036,917**	**Form A1 - FY20 Projected clients Served:**	**580**
Form A1 - Amount budgeted in FY19 Area Plan	**$644,563**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**544**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$858,104**	**Form A1 - Actual FY18 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, Pleasant Green, Millcreek, David Gourley and West Kearns Elementary Schools. 2019 Summer programs are offered at Kearns, Kennedy and Matheson Jr Highs and South Kearns and Elk Run Elementary. Community School Coordinators are available to help connect families to resources at Kearns Jr. On average 500 youth are served daily in the DYS after school 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. Please see section 34 for a description of the Unified Police Department (UPD) UNI. In FY19, VBH housed a Licensed Mental Health Therapist (LMHT) with the Department of Public Safety (DPS) to assist with the Rio Grande region in downtown Salt Lake City. This was the same model utilized with the UPD/UNI program explained in section 34. In April FY19, the LMHT was transitioned to VOA. The position was funded by DPS and will continue through FY20.
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).
Increase in funding is for UPD UNI and Public Safety worker VOA programs
Describe any significant programmatic changes from the previous year.
No significant changes.

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 Specialist as part of the multidisciplinary team that works with 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 is currently working with Volunteers of America to develop an Employment Services Program to fidelity. The Division of Substance Abuse and Mental Health will be offering oversight to ensure that fidelity measures are met. Since its inception in May of 2018, 110 individuals have received services through this program with a total of 36 job starts to date. Alliance House and its members have been fortunate to have also implemented the Individual Placement and Supports (IPS) Supported Employment program at the clubhouse. The staff responsible for this implementation has also been part of the training team for IPS across the state in the clubhouse systems, in addition to participating on the Fidelity Team at DSAMH. Alliance House recently completed its IPS baseline Fidelity. Alliance House is currently preparing members to become Certified Peer Support Specialists (CPSS) and developing Peer Support jobs in the community. Alliance House has helped 15 members start the IPS employment program since implementation and is currently providing follow along supports for 9 members, with 3 more who have transitioned to Independent Employment. Referrals to Alliance House have increased with prospective members who are interested in employment. From September 2018 - March 2019 Alliance House was able to commit another staff to support the IPS employment program to aid in the number of IPS referrals. Alliance House is currently preparing for an Employment and Education Success dinner, for the members who have worked so hard to work on their next levels of recovery.
Collaborative efforts involving other community partners.
DBHS/Optum supports and collaborates with Utah State Division of Substance Abuse and Mental Health in the Peer Support Certification area and provided the CPSS training to USARA employees in FY19.
Employment of people with lived experience as staff.
DBHS/Optum contracts 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. It is anticipated that DBHS/Optum will continue to work with Alliance House through FY20. 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 FY20, the use of CPSS will continue to grow throughout the network.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.
DBHS/Optum employs two 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. DBHS/Optum works closely with DYS to utilize the FRF program. Currently, there are 10 FRFs in Salt Lake County providing services, though one mainly is in a supervision role.
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. In FY19, the PG was enhanced to now require the selected provider to achieve good program fidelity, and to apply to become a Community Rehabilitation Provider (CRP) in order to receive Milestone payments to supplement the program costs. To date, the IPS Program has been very successful in meeting targets.The program is staffed with one supervisor and four employment specialists, all of which will carry a full client caseload in FY20 (equating to 84 clients served at a given time). Also during FY20, DSAMH will be offering continued oversight to ensure that the fidelity measures are met. The program will be applying for additional federal SAMHSA grant dollars through DSAMH specifically aimed at sustaining Supported Employment programs as they establish a program foundation and develop the ability to provide Medicaid-reimbursable services. DBHS/Optum 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 DBHS/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 the 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): DBHS/Optum intend to participate in the DSAMH PIP focused on Medication Assisted Treatment (MAT) combined with other therapeutic supports when it is released in 2019. • The Cultural Responsiveness Representatives from providers and community partners collaborate on methods to

improve cultural responsiveness within the DBHS/Optum network of providers. Annual training is offered and attendees are noted in the Optum Provider Directory.

Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

In addition to the processes outlined in the QAPI plan, DBHS/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 contracted providers are mandated to conduct supervision for EBP and it is the responsibility of each individual agency to meet fidelity requirements. This is verified during each annual monitoring visit. All of the practices listed below are recognized by SAMHSA and are offered in the DBHS/Optum Network..

- Assertive Community Treatment (ACT)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing (MI)
- Cognitive Behavior Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- OQ Measures
- Behavior Therapy
- Integrated Dual Disorders Treatment
- Exposure Therapy for 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)

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

DBHS/Optum will continue to require the use of OQ/YOQ questionnaires and additional resources available through the OQ Analyst to enhance outcome-based practices. Annual beginner and advanced trainings with CEUs are provided to clinical staff to help them understand the foundations of practice based evidence and how to incorporate the Clinician Reports into treatment planning. In addition, Optum will offer trainings and guidance on the use of the C-SSRS and Safety Plans to aid in suicide prevention activities. Optum monitors pre and post community tenure for members enrolled in VOA ACT. Beginning FY19, USH days of service were incorporated into this analysis.

In addition, DBHS has developed multiple outcome measures for various programs. Please reference the attached ISP presentation, Vivitrol Report and ATI Report for examples of these outcomes. In addition to reductions in Risk Scores, and NOMS data such as employment and housing, DBHS tracks reductions in jail recidivism. This was accomplished by finalizing a data sharing agreement with the Salt Lake County Jail; through the hiring of a data analyst in December of 2017; then matching program cohorts with jail data to analyze reductions in new-charge bookings in the Salt Lake County Jail. Prior to release of any outcomes, the methodology is shared with the Sheriff's Office to gain their validation and approval for release. Lastly, DBHS has gained access to court data which may allow future analysis of court conviction data.

Identify process improvement activities - Increased service capacity

The VOA ACT Team has increased their capacity from 50 to 100 members and offers the program to fidelity. DBHS and Optum will monitor adherence to these standards with the addition of the new Medicaid code.

Optum has completed a geo-map to identify providers relative to the location of Medicaid consumers in Salt Lake County. This information is used to detect needs within the network. Providers who can fulfill specific service areas, levels of care, requested service hours and treatment for specific diagnoses may be added to the network.

DBHS/Optum is collaborating with Housing Connect (formerly the Housing Authority of the County of Salt Lake) to increase the number of housing opportunities for consumers who meet SPMI criteria and to engage these consumers in treatment methods other than traditional office based care.

Guardian & Conservator Services (GCS) is now contracted to provide personal services to consumers who are living with mental illness and meet SPMI criteria. These services are offered to help individuals with basic living needs and to increase community tenure. With clinical staff involved, those who may need to engage in therapeutic services may be identified sooner.

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.

Identify process improvement activities - Efforts to respond to community input/need

Optum continually assesses the needs of the community. During this past year, Optum's Recovery and Resiliency Team conducted Mental Health First Aid Training with the Cottonwood Heights Police Department who has asked for a resource list which they can keep in their cars and assist with linking citizens to needed supports. A similar list has been requested by C3 Court.

Optum has introduced their network to Take Care Utah through the Utah Health Policy Project to assist Salt Lake County residents with applications for insurance. Providers recognize some of those they serve lose Medicaid eligibility and are unsure of the reason and/or how to address the issue. Through these partnerships, adults and youth living with mental health and/or substance use disorders have received one-on-one support to apply for all types of insurance, including Traditional, Non-Traditional and Targeted Adult Medicaid. Also, an Optum Quality Assurance and Performance Improvement (QAPI) Committee Member, who represents families of those living with behavioral health issues, has linked Mental Health Court to Take Care Utah for assistance with insurance applications.

Optum's Community and Housing Care Manager participates in several committees and groups to collaborate on supporting Utah's homeless. The Community Triage Group (CTG) is comprised of community partnering agencies who meet weekly to prioritize homeless individuals for housing vouchers. Community stakeholders from various agencies gather monthly as the Salt Lake County Coalition to End Homelessness to discuss the direction of initiatives and to problem solve associated issues impacting the County. Other community partners conduct meetings within their agencies to address how to support those who are frequently using high level services, such as crisis response. The Community and Housing Care Manager lends her knowledge of behavioral health services to these groups as well.

Beginning in 2018, the demand for discharge planning of adults in the Utah State Hospital increased substantially, as individuals were moved from forensic to civil placements. Admissions to civil beds increased from 23 to 37 and discharged increased by almost 70% from 37 to 63 just one year later, in 2018. The Optum State Hospital Liaison works with USH consumers, USH treatment team members, the Optum Utah State Hospital Committee, and Salt Lake County service providers to arrange housing, behavioral and physical health care to transition to community based living and care.

Identify process improvement activities - Coalition Development

DBHS/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, DBHS/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 works with 3 agencies to provide services to Medicaid consumers in nursing facilities.

1. Valley Behavioral Health offers a program known as Specialized Rehabilitation Services (SRS). This program provides mental health services, including medication management, to Medicaid consumers in nursing facilities. Referrals are made directly to VBH from the nursing facilities. Optum will also recommend a referral if Medicaid enrollees are identified as benefiting from this service.
2. Hopeful Beginnings offers medication management services in nursing homes.
3. For those who are receiving Assertive Community Treatment (ACT) services, ACT is willing to travel to wherever the member is residing within Salt Lake County, including nursing facilities.

Other Quality and Access Improvements (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 ACO's meet on a quarterly basis to hold staffing 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. In 2019 DBHS began working closely with the Utah Department of Health, Accountable Care Organizations and other Local Authorities to craft guidelines for a proposed integration pilot through the Adult Medicaid Expansion.

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.

Additionally, through the Salt Lake County Vivitrol Program, a strong partnership was developed with Midtown Community Health Center in South Salt Lake. Not only are clients referred to Midtown for their Vivitrol screenings and injections, clients are also offered access to primary care services through these same encounters. With so many complicating health factors often arising during Vivitrol engagement at Midtown, DBHS, in coordination with DSAMH, agreed to fund an enhanced office visit cost, to assist with covering the costs of other routine screens that may be necessary during a client's visit with medical professionals. In turn, Midtown provides the full spectrum of physical health care for Vivitrol clients as they actively attend to their appointments.

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 DBHS/Optum treatment network is committed to addressing co-occurring disorders. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to

these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) 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., HIV, TB, 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 PCPs as needed for their services.

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 HIV, 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*. SUD Target= reduce tobacco and nicotine use by 5%.

DBHS/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. Recovery Plus is emphasized to all the contracted providers, MH and SUD. Except for the very small providers, all providers have some level of cessations service, from the basic referring to a quitline (and helping the client access that) to formal classes. In addition, for those who do want to quit tobacco, CBT is used, and MI for those who have not committed yet to quitting. 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.

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 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 Granite School District
• 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.

Describe any significant programmatic changes from the previous year.

No significant 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.

Describe any significant programmatic changes from the previous year.

No significant 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 Behavioral 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.

Hopeful Beginnings: Licensed Mental Health Therapists (LMHT) work in schools and homes and provide individual and family therapy, as well as targeted case management services to Optum Salt Lake County Medicaid eligible youth. This agency offers a sliding scale fee to non-Medicaid children at the same schools for the same services. They focus on partnering with school leadership and personnel to help youth access much needed resources and accomplish therapeutic objectives. This year, they were able to obtain a partnership with Herriman High School in Jordan School District, as they have been facing a community crisis related to teen suicide.

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

No significant changes.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations.)

No significant changes.

The following are schools that VBH is currently in, divided by school district.

Salt Lake City School District
Backman Elementary
East High School
Edison Elementary
Emerson Elementary
Escalante Elementary
Glendale Middle School
Highland High School
Horizonte High School
Liberty Elementary
Meadowlark Elementary
Mountain View Elementary

Newman Elementary
Northwest Middle School
Parkview Elementary
Riley Elementary
Rose Park Elementary
Wasatch Elementary
Washington Elementary
West High School
Whittier Elementary

Canyons School District
Midvale Middle

Murray School District
Hillcrest Middle School
Horizon Elementary
Liberty Elementary
Parkside Elementary
Riverside Jr. High

Charter Schools
School of the Performing Arts
Pacific Heritage Academy
Salt Lake Center for Science Education

Hopeful Beginnings Prevention Programs:

Canyons School District
Midvale Elementary
Copperview Elementary
Sandy Elementary
East Midvale Elementary
Bellview Elementary
Peruvian Park Elementary
Edgemont Elementary
East Sandy Elementary
Bridges Transitional Program
Mt. Jordan Middle School
Hillcrest High School
Brighton High School
Alta High School
Jordan High School

Murray School District
McMillan Elementary
Viewmont Elementary
Grant Elementary
Longview Elementary
Murray High School

Jordan School District
Herriman High School (only funded through Jordan School District – services may be off-site)

Charter Schools
American International School of Utah
Pacific Heritage
East Hollywood High School

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.
• 59 people in the community were certified in Mental Health First Aid (MHFA) with more trainings scheduled during the current fiscal year.
• 25 people in the community were certified in Youth Mental Health First Aid with more trainings scheduled during the current fiscal year.
• 120 people received QPR training (Question, Persuade, Refer) over the past year, with more trainings to be scheduled in the coming fiscal year.

Additionally, two members of Optum's R&R team have become certified to conduct Public Safety MHFA training for police officers in the community.

Regarding efforts on expansion/improvement of suicide specific treatment which is non-crisis, the Optum Recovery and Resiliency Team continues to provide QPR Trainings (Question, Persuade and Refer) in the community to assist with recognition of people experiencing suicidal ideation and how to link people in need to services. The Optum Network Department is working with the DSAMH Suicide Prevention Team to schedule a training for in-network providers in August or September of 2019. Though the Performance Improvement Project (PIP) which utilized the Columbia Suicide Severity Rating Scale (C-SSRS) to help identify those with suicidal ideations has ended, Salt Lake County continues to mandate by contract use of the C-SSRS to increase comprehensive assessment of suicide risk and the use of individualized safety plans, with access to the crisis continuum if needed.

In addition to the above, the clinical operations/care advocacy teams' manage/pre-certify IP acute admissions and concurrent reviews which are post ED, coordinating stabilization and safety. An Optum Discharge Specialist attends weekly staffings at the in-network hospitals to assist in coordination and work with the provider Network to align ongoing services including follow-up after hospitalization (FUH). An additional measure required by Medicaid is to track all those who have been hospitalized for how soon the consumer has their first behavioral health appointment post-discharge. For the year ending December 31, 2017, Optum demonstrated that 56.39% attended an appointment within seven days post-discharge and an additional 14.33% attended an appointment within 30 days, for a total of 70.72% attending an appointment post-charge from a hospital.

If a consumer is not admitted and there is a clear mental health presentation Optum will refer and follow-up with Network provider (existing or new). The level of care can be routine 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 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. Additionally, a member of the R&R Team chairs the Community Advisory Committee, and participates in the Cultural Responsiveness Committee, the Salt Lake Suicide Prevention Coalition, the Utah Behavioral Health Planning Committee, the Peer Conference Planning Committee, the USARA Recovery Day Planning Committee, the Well Champ Network Committee, the USH Committee, and has sat in on some of the Shelter the Homeless Committee meetings.

Regarding postvention efforts, Optum Care Advocates are licensed mental health therapists who notify outpatient providers, as well as the consumer's care manager through their ACO, of any Optum member who is admitted for inpatient psychiatric treatment. The providers are encouraged to collaborate with the inpatient team and to collaborate on discharge planning when appropriate. During outpatient provider audits, members of the Optum

Quality Assurance and Performance Improvement Team address care collaboration with inpatient providers as needed. In FY20, Optum will have one care advocate dedicated to case collaboration and assisting with transitions in care for consumers with more complex circumstances. This support will be available for all levels of care, not just transitions out of inpatient care.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.

The normal baseline period was January 1 - December 31, 2015. However, Salt Lake County received permission to use the data for Remeasurement 1 from January 1, 2016-December 31, 2016 as the baseline period. During this time period, 5,803 Columbia Suicide Severity Rating Scale (C-SSRS) screenings were conducted with a total of 13,681 clients serviced resulting in a rate of 42.4%. Of those screened,1,039 indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 93.6% of the time. During CY2018, 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 CY17, 6,345 screenings were conducted with a total of 12,546 clients serviced during this period at a rate of 50.6%. 1,081 individuals indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 97.1% of the time. For CY18, 6,795 screenings were conducted with a total of 13,037 clients serviced during this period at a rate of 52.1%. Of those screened, 1,713 individuals indicated a response of yes to #2 or higher. In these instances, Safety Plans were created 95.2% of the time. Although the PIP was completed at the end of 2018, DBHS/Optum will continue to require providers to implement these standards in their practice. All provider audits include monitoring the these expectations in an effort to prevent suicide in Salt Lake County.

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. The Optum clinical team participates in the Salt Lake County Zero Suicide Collaboration and is constantly updating our providers on any new information via our Optum Network eBlast system. The team collaborates closely with Primary Children's Medical Center's Suicide Prevention Coordinator.

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.

34) Justice Reinvestment Initiative

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 stakeholders prior to implementing programming with JRI community based

treatment funding:

Chair, Sheriff Rosie Rivera	Salt Lake County Sheriff's Office
Vice Chair, Mayor Jenny Wilson	Salt Lake County Mayor
Hon. Brendan McCullaugh	Judge, West Valley City Justice Court
Noella Sudbury	CJAC Coordinator
Honorable John Baxter	Judge, Salt Lake City Justice Court
Jim Bradley	Salt Lake County Council
Mike Brown	Chief of Police, Salt Lake City Police Department
Max Burdick	Salt Lake County Council
Craig Burnett	Chief of Police, Murray City, LEADS Chair
Jack Carruth	Chief of Police, South Salt Lake City
Mike Haddon	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
Senator Karen Mayne	Utah State Senate
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Association
Peyton Smith	Third District Court Administrator's Office
Jim Peters	State Justice Court Administrator
Honorable Randall Skanchy	Presiding 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
Catie Cartisano	Individual with Lived Experience in the Criminal Justice System
Pamela Vickrey	Utah Juvenile Defender Attorneys, Executive Director
Scott Fisher	Salt Lake City Municipal Prosecutor

Additional stakeholders that participated in implementing these programs included: The University of Utah Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, House of Hope, the University of Utah Neuropsychiatric Institute and the Salt Lake City Police Department Social Work Program

Criminogenic Screening and Assessment Tools

In Salt Lake County, services are provided through a network of public and private providers within the community. The criminogenic screening and assessment tool utilized by these programs may be varied. The Intensive Supervision Probation Program for example employs the LS/CMI with each program participant, while the University of Utah Assessment and Referral Services utilizes the RANT. Unfortunately, even though Adult Probation and Parole completes the LS/CMI with participants, the full results are not shared with providers within our system (based on proprietary concerns) requiring duplication within the network.

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 formerly received Justice Reinvestment Initiative (JRI) dollars through two funding streams, the FY16 formula-based dollars and the FY18 competitive application-based dollars. This year, the FY18 competitive application-based dollars have been cut, commonly referred to as JRC 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 ended treatment referrals July 1st, 2017 as funding for this program ended. ISP and CORE 2 remain in operation. Additional funding sources for these programs included County General Fund, Federal Medicaid dollars, City dollars, and one-time 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.

FY20 Justice Reinvestment Initiative Programs

Intensive Supervision Probation Program
DBHS will continue 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. DBHS will continue to provide 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 for the uninsured or underinsured population. Through this model there has been an increase in the number of clients who present for an assessment and treatment; reductions in the wait times associated with accessing treatment; and lower attrition rates when compared to the overall system. In 2016 and 2017 as the program evolved, Access to Recovery services and access to evidence-based MAT have been added to the services offered to ISP clients. Additionally, through a contract with the Utah Support Advocates for Recovery Awareness (USARA), peer-led recovery coaching was also introduced to ISP. Since 2015, 64.3% of all clients have been referred due to drug-related offenses; over 99% have struggled from moderate or greater SUD. Additionally, 41.6% of all clients have identified opiates as a primary substance of abuse (35.7% of all males and 52.3% 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 JRC 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, up from the original program capacity of 180 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 a recent evaluation 437 clients were found to have engaged in programming during a 12 month period (July 2017 – June 2018). Since the program's inception 178 individuals have graduated, and multiple successful outcomes documented: 86.7% of all clients referred into ISP have been assessed for treatment. Looking at a

snapshot of the program in March of FY19, 73.1% of all open clients remain actively engaged in treatment. Graduates of the program enjoy a 40.7% reduction in risk scores. Successful clients saw an 86.2% reduction in new-charge bookings (comparing one year prior to one year post-program intake); revoked clients showed a 60.9% reduction; with the total population showing a 71.1% reduction.

FY20 will be a time of transition for this program due to the elimination of JRC funding. While the number of uninsured and underinsured individuals post-Medicaid Expansion is unknown, it is our intention to maintain current levels of programming throughout this time by transitioning from JRC funding to Medicaid funding. Every effort is being made to enroll participants into Medicaid. In addition to specialty enrollment efforts put in place during the Targeted Adult Medicaid (TAM) expansion, two large eligibility and enrollment trainings were recently held at the County Government Center. Approximately 213 individuals from 20 organizations across the county registered or walked in to these trainings. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process. It is important to keep in mind that DBHS will no longer be able to monitor data for this program in the same way, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

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

Drug Court Treatment Expansion

Beginning July 1st, 2017 through JRC dollars, 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, more than doubling the residential treatment capacity in the county (residential beds increased from approximately 170 beds in 2016, to 440 beds, with additional expansions planned in the next two months).

FY20 will be a time of transition for this program due to the elimination of JRC funding. While the number of uninsured and underinsured individuals post-Medicaid Expansion is unknown, it is our intention to maintain current levels of programming throughout this time by transitioning from JRC funding to Medicaid funding. Every effort is being made to enroll participants into Medicaid. In addition to specialty enrollment efforts put in place during the Targeted Adult Medicaid (TAM) expansion, two large eligibility and enrollment trainings were held at the County Government Center. Approximately 213 individuals from 20 organizations across the county registered or walked in to these trainings. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process. It is important to keep in mind that DBHS will no longer be able to monitor this data in the same way, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

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 through March of FY19, we would expect to serve approximately 50 clients in CORE 2 in FY20. Clients have remained in CORE 2 programming on average 173 days. 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.

Successful clients in this program saw a 94.3% reduction in new-charge bookings (comparing three years prior to three years post-program intake); unsuccessful clients showed a 49% reduction.

UPD/UNI Mental Health Unit Pilot

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

Based on program data collected through March 2019, DBHS would anticipate serving approximately 650 unique clients in FY20. Without any additional funds in FY20 this would not represent a change in estimates of unique clients served from the prior year. The program enjoys an average diversion from medical or psychiatric hospitalization rate of 98%.

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.

Outcome Measures

DBHS has developed multiple outcome measures for the programs listed above. Please reference the sections above and attached ISP Presentation for these outcomes and demographics. In addition to reductions in Risk Scores, and NOMS data such as employment and housing, DBHS tracks reductions in jail recidivism. This was

accomplished by finalizing a data sharing agreement with the Salt Lake County Jail; through the hiring of a data analyst in December of 2017; then matching program cohorts with jail data to analyze reductions in new-charge bookings in the Salt Lake County Jail. Prior to release the methodology is shared with the Sheriff's Office to gain their validation and approval for release. Lastly, DBHS has gained access to court data which may allow future analysis of court conviction data.

FY20 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Salt Lake County Behavioral Health **Form B**

FY2020 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, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue
Drug Court	$397,416	$338,497	$2,639,473	$124,506	$1,446,884	$190,358	$0	$0	$0	$40,000	$0	$5,177,134
Drug Offender Reform Act	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
JRI	$500,567	$60,000	$0	$0	$187,500	$0	$0	$0	$500	$66,000	$0	$814,567
Local Treatment Services	$5,022,480	$1,433,228	$2,941,914	$300,086	$3,094,606	$3,243,929	$840,109	$1,818,511	$32,000	$262,000	$1,526,064	$20,514,927
Total FY2020 Substance Use Disorder Treatment Revenue	$5,920,463	$1,831,725	$5,581,387	$424,592	$4,728,990	$3,434,287	$840,109	$1,818,511	$32,500	$368,000	$1,526,064	$26,506,628

FY2020 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 FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served
Screening and Assessment Only	$291,484	$21,852	$112,247	$4,323	$81,797	$118,200	$57,215	$0	$611	$51,849	$339,451	$1,079,029	2,300	$469
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	$0	$568,448	$42,080	$174,592	$0	$176,957	$98,843	$0	$0	$0	$400,000	$1,460,920	2,300	$635
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$2,477,639	$677,419	$1,282,444	$134,061	$2,535,874	$1,333,138	$343,009	$305,250	$63	$156,335	$100,275	$9,345,507	1,100	$8,496
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	$342,470	$48,392	$184,976	$9,577	$181,152	$140,165	$49,864	$303,140	$0	$66,800	$0	$1,326,536	800	$1,658
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	$490,000	$0	$0	$0	$0	$0	$0	$521,189	$0	$21,188	$352,064	$1,384,441	400	$3,461
Outpatient: Non-Methadone (ASAM I)	$988,348	$246,236	$551,996	$48,730	$921,768	$660,238	$127,235	$133,350	$11,264	$31,526	$50,137	$3,770,828	3,300	$1,143
Intensive Outpatient (ASAM II.5 or II.1)	$933,106	$269,378	$768,171	$53,309	$1,008,399	$775,231	$163,943	$152,400	$20,562	$3,488	$284,137	$4,432,124	2,000	$2,216
Recovery Support (includes housing, peer support, case management and other non-clinical)	$397,416	$0	$2,639,473	$0	$0	$230,358	$0	$403,182	$0	$36,814	$0	$3,707,243	2,000	$1,854
FY2020 Substance Use Disorder Treatment Expenditures Budget	$5,920,463	$1,831,725	$5,581,387	$424,592	$4,728,990	$3,434,287	$840,109	$1,818,511	$32,500	$368,000	$1,526,064	$26,506,628	14,200	$1,867

FY2020 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)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	$1,748,679	$1,069,758	$842,244	$247,970	$2,761,810	$206,700	$840,109	$613,209	$1,560	$75,543	$382,305	$8,789,887
All Other Women (18+)	$688,847	$144,631	$842,576	$33,524	$373,400	$473,764	$0	$103,164	$992	$45,314	$163,312	$2,869,524
Men (18+)	$3,295,108	$185,420	$3,865,253	$42,981	$478,706	$2,684,512	$0	$1,102,138	$6,414	$246,404	$980,447	$12,887,383
Youth (12- 17) (Not Including pregnant women or women with dependent children)	$187,829	$431,916	$31,314	$100,117	$1,115,074	$69,311	$0	$0	$23,534	$739	$0	$1,959,834
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	$5,920,463	$1,831,725	$5,581,387	$424,592	$4,728,990	$3,434,287	$840,109	$1,818,511	$32,500	$368,000	$1,526,064	$26,506,628

FY20 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Salt Lake County Behavioral Health

Form B1

FY2020 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2020 Expenditures
Screening and Assessment Only	$0	$5,940	$20,824	$6,271	$339,451	$372,486
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	$0	$0	$0	$0	$0	$0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$0	$184,140	$648,240	$194,426	$100,275	$1,127,081
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	$0	$13,154	$46,118	$87	$0	$59,359
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	$0	$0	$0	$0	$0	$0
Outpatient: Non-Methadone (ASAM I)	$0	$66,933	$234,667	$70,672	$50,137	$422,409
Intensive Outpatient (ASAM II.5 or II.1)	$0	$73,224	$256,722	$91,655	$50,137	$471,738
Recovery Support (includes housing, peer support, case management and other non-clinical)	$0	$3,264,061	$0	$0	$0	$3,264,061
FY2020 DORA and Drug Court Expenditures Budget	$0	$3,607,452	$1,206,571	$363,111	$540,000	$5,717,134

SFY 20 Opioid Budget | **Local Authority:** Salt Lake County Behavioral Healt | **Form B**

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	$715,800.02	$542,711.33		**$1,258,511.35**

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
* SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost	
SLCo Indirect Expense - 6.365%	**$75,310.72**	
Direct Services	**$50,000.00**	
Salary Expenses	**$0.00**	
Title 1		
Title 2		
Title 3		
Administrative Expenses	**$0.00**	
Supplies		
Communication		
Travel - for contracted providers	$0.00	
Conference/Workshops		*Insert a note providing details
Equipment/Furniture		
Miscellaneous		*Insert a note describing it
Screening & Assessment	**$0.00**	
Drug Testing	**$0.00**	
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	**$50,000.00**	
Opioid Treatment Providers (Methadone)	**$0.00**	
Intensive Outpatient	**$0.00**	
Residential Services	**$0.00**	
Outreach/Advertising Activities	**$0.00**	
Recovery Support (housing, peer support, case management and	**$0.00**	
Contracted Services	**$1,133,200.63**	
Project Reality OTP	$210,000.00	
Treatment for Clients with an Opioid Diagnosis	$358,200.63	
Clinical Consultants OTP	$140,000.00	
SLCo Sheriff - In Jail MAT	$350,000.00	
Project Reality In Jail Methodone	$75,000.00	
Total Expenditure FY2020	**$1,258,511.35**	

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 - FY20 Amount Budgeted:	**$1,079,029**	**Form B - FY20 Projected clients Served:**	**2,300**
Form B - Amount Budgeted in FY19 Area Plan	**$1,249,950**	**Form B - Projected Clients Served in FY19 Area Plan**	**2,678**
Form B - Actual FY18 Expenditures Reported by Locals	**N/A**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**N/A**

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. Please list all contracted providers.

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.

DBHS/Optum Contracted Providers

University of Utah Assessment and Referral Services/Interim Group Services (ARS/IGS) - Screening and Assessment only

All other providers who provide screening and assessment, and also various levels of treatment:
Asian Association of Utah Refugee & Immigrant Center
Clinical Consultants
Division of Criminal Justice Services (CJS) - Salt Lake County
Division of Youth Services (DYS) - Salt Lake County
First Step House
House of Hope
Odyssey House
Project Reality
Sandy Counseling
Valley Behavioral Health (VBH)
Volunteers of America/Cornerstone Counseling Center(VOA/CCC)/Family Counseling Center

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
Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so,please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.
DBHS provides behavioral health services through a network model of public and private providers throughout the community. Providers within this system provide court mandated substance use disorder screening and assessment for adults/youth. The process for scheduling, fees and the clinical process used would be varied by provider, and negotiated through contract. For example, one large provider of assessments and referrals is ARS. It is common for those who have been court ordered to obtain a substance use disorder screening and assessment through ARS. ARS has a history of providing many court-ordered assessments and therefore know exactly what judges are looking for. Their assessments include a background criminal investigation (BCI - staff have terminal access), the Risk and Need Triage (RANT), and a face-to-face interview to complete diagnosis and make an American Society of Addiction Medicine (ASAM) recommended placement.

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

Form B - FY20 Amount Budgeted:	**$1,460,920**	**Form B - FY20 Projected clients Served:**	**2,300**
Form B - Amount Budgeted in FY19 Area Plan	**$2,864,265**	**Form B - Projected Clients Served in FY19 Area Plan**	**2,300**
Form B - Actual FY18 Expenditures Reported by Locals	**$2,513,692**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**1,884**

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. Please list all contracted providers.

DBHS contracts to provide social detoxification services for youth and adults, including women and mothers with dependent children, in multiple sites within the county. These sites are:

1. Volunteers of America Men's Adult Detoxification Center: This center provides an 83 bed, social model residential detoxification center for men 18 and older in need of detoxification & withdrawal management services. It is a social model detox program that focuses on creating a safe and trauma informed environment where clients can manage their intoxication and withdrawal symptoms to prepare them for long term recovery.

   Clients are able to stay at this facility for up to 14 days and receive 3 meals a day, case management services, access to Medication Assisted Treatment (MAT), Seeking Safety groups, peer support meetings, and 12 Step meetings. Qualifying clients who are interested in treatment for substance use disorder will be able to receive an assessment to determine the level of treatment required and a referral into that level of treatment. This facility is located at 252 W. Brooklyn Ave. Salt Lake City, UT, 84101.

2. Volunteers of America Center for Women and Children: provides a 30 bed, social model residential detoxification center for homeless women and children. It is a social model

detoxification facility which provides a safe place to stay for women withdrawing from use of alcohol or drugs. Women may stay at this residential facility for up to 2 weeks.
During their stay, women will have the opportunity to meet with a case manager to discuss their eligibility for substance use treatment, as well as get connected to other needed resources.
Women may bring children under the age of 10 years old.
Clients receive 3 meals a day, access to an outdoor area, and can attend supportive programming activities, including recovery-focused support groups and working in the onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123.

3. 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. Also included in the figures above are 18 new detox beds added in FY18 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).

Social Detox clients served increase significantly as compared to actual 2018 due to added beds for Operation Rio Grande, the reopening of the Women and Children's Detox Center and the VOA/Salt Lake County Medicaid Social Detox Pilot. The Department of Health will be paying VOA directly for all Medicaid funded social detox services and therefore the funding is significantly lower than 2018 actuals due to this funding not passing through the County's budget.

Describe any significant programmatic changes from the previous year.

The opening of Volunteers of America Center for Women and Children.

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?

N/A

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

Form B - FY20 Amount Budgeted:	**$9,345,507**	**Form B - FY20 Projected clients Served:**	**1,100**
Form B - Amount Budgeted in FY19 Area Plan	**$10,125,067**	**Form B - Projected Clients Served in FY19 Area Plan**	**1,007**
Form B - Actual FY18 Expenditures Reported by Locals	**$9,878,316**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**1,268**

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

DBHS and Optum currently contract with four residential treatment providers for ASAM 3.1, 3.3, and/or 3.5 services. A process of pre-authorization and utilization review is in place in order to utilize residential services appropriately. The following agencies perform this pre-authorization function:

• Optum for Medicaid clients;
• ARS for Drug Offender Reform Act (DORA), ISP (Intensive Supervision Probation), juvenile drug court, and family dependency drug court clients; and
• DBHS for all other adults and youth, as well as Family Dependency Drug Court.

Contracted Providers and the associated ASAM level of care (LOC) they provide:
First Step House – Men only; 3.1, 3.3, 3.5
House of Hope – Women; Children with Parents 3.5
Odyssey House – Adult, Youth, and Children with Parents 3.1 and 3.5;
Adult, Children with Parents 3.3
Valley Behavioral Health – Adult, Children with Parents 3.5

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.

There has been a significant residential treatment expansion in Salt Lake County, expanding from ~170 beds in 2016, to ~440 beds in 2019. An additional expansion of ~90 beds is anticipated in the near future. The primary funding source is the Targeted Adult Medicaid and Adult Medicaid Expansion, not included in the budget due to it going directly to our provider network. It is unknown at this time the number of uninsured or underinsured that will remain. DBHS is working closely with the State Medicaid Office to collaborate on future waivers for the Expansion Population.

4) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	**$1,326,536**	**Form B - FY20 Projected clients Served:**	**800**
Form B - Amount Budgeted in FY19 Area Plan	**$1,822,644**	**Form B - Projected Clients Served in FY19 Area Plan**	**1,720**
Form B - Actual FY18 Expenditures Reported by Locals	**$1,864,866**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**1,020**

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

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 SLC and a second office in Murray. Project Reality provides ASAM 1.0 LOC services. This can include medication management, individual therapy, group therapy, and case management. 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 sections 10 and 11, which include methadone services provided through STR/SOR 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).

The SFY20 budget is reflecting a significant drop due to us not yet knowing if we have SOR funding beyond September 30, 2019 and due to State funding cuts.

Describe any significant programmatic changes from the previous year.

The significant STR-funded expansion of Project Reality SLC and the opening of a new Project Reality office in Murray will be funded in the future with SOR dollars. Also, please refer to section 11 for new medication assisted treatment (MAT) programming inside the jail.

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

Form B - FY20 Amount Budgeted:	**$1,384,441**	**Form B - FY20 Projected clients Served:**	**400**
Form B - Amount Budgeted in FY19 Area Plan	**$1,166,666**	**Form B - Projected Clients Served in FY19 Area Plan**	**350**
Form B - Actual FY18 Expenditures Reported by Locals	**N/A**	**Form B - Actual FY18 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. Please list all contracted providers.

DBHS continues to provide access to Vivitrol for clients actively engaged in SUD treatment. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, 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 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.

In addition, SOR dollars have allowed an expansion of MAT services in the jail. Qualifying program participants with opioid use disorders (OUD) will have access to MAT, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program will provide a whole-patient approach to the treatment of substance use disorders and will be clinically-driven with a focus on individualized patient care. Services will be provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants will have an OUD and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines may be expanded to cover additional OUD populations with DBHS approval and as budgets allow. Individuals with longer sentences or sentenced to prison will be reviewed for taper of their medication.

Additionally, program participants identified as having an OUD shall be given information and education regarding the use of the Naloxone rescue kit, and an actual kit as supplies last. Once supplies are exhausted, information and education regarding the use of the Naloxone rescue kit will be given, including where the client can obtain the kit.

DBHS has contracted with Clinical Consultants to further expand the availability of Buprenorphine and Naltrexone and other Office Based MAT services to county residents eligible for federal STR/SOR funding. DBHS has made consistent efforts to coordinate with the STR/SOR OTPs to transfer over any clients who are eligible to utilize STR/SOR 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).

No significant change

Describe any significant programmatic changes from the previous year.

Implementation of the Jail MAT expansion detailed above, and the continuation of STR funded MAT clinics utilizing SOR dollars in the future.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	**$3,770,828**	**Form B - FY20 Projected clients Served:**	**3,300**
Form B - Amount Budgeted in FY19 Area Plan	**$4,775,719**	**Form B - Projected Clients Served in FY19 Area Plan**	**4,137**
Form B - Actual FY18 Expenditures Reported by Locals	**$4,131,186**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**3,729**

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. Please list all contracted providers.

DBHS and Optum contract with 10 agencies to provide the full continuum of outpatient ASAM LOCs. These programs provide services for youth, women, mothers and fathers with dependent children, and general adult patients, in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by VOA/Family Counseling Center (FCC), Odyssey House, and VOA/CCC, for all levels of care, and can be accessed by any client currently served.

Contracted Providers:
Asian Association of Utah Refugee & Immigrant Center – Adult; Youth

Clinical Consultants – Adult First Step House – Adult House of Hope – Women; Children with Parents Odyssey House – Adult; Youth; Children with Parents Project Reality – Adult Salt Lake County Division of Youth Services – Youth Sandy Counseling Center - Adult; youth Valley Behavioral Health – Adult; Youth; Children with Parents Volunteers of America / Cornerstone Counseling/Family Counseling Center – Adult; Youth; Children with Parents
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 as compared to 2018 actuals.
Describe any significant programmatic changes from the previous year.
No significant change

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

Form B - FY20 Amount Budgeted:	**$4,432,124**	**Form B - FY20 Projected clients Served:**	**2,000**
Form B - Amount Budgeted in FY19 Area Plan	**$6,124,701**	**Form B - Projected Clients Served in FY19 Area Plan**	**2,173**
Form B - Actual FY18 Expenditures Reported by Locals	**$4,355,022**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**2,096**

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. Please list all contracted providers.
DBHS and Optum contracts with 7 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 VOA/FCC, Odyssey House, and VOA/CCC for all levels of care and can be accessed by any client currently served. Contracted Providers: Clinical Consultants – Adult 2.1 First Step House – Adult; Youth 2.1 House of Hope – Women; Children with Parents 2.1, 2.5 Odyssey House – Adult; Youth; Children with Parents 2.1, 2.5 Salt Lake County Division of Youth Services – Youth 2.1, 2.5 Valley Behavioral Health – Adult; Children with Parents 2.1, 2.5 Volunteers of America / Cornerstone Counseling – Adult; Youth; Children with Parents 2.1 Adult; Children with Parents 2.5

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 as compared to 2018 actuals.
Describe any significant programmatic changes from the previous year.
No significant change

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	**$3,707,244**	**Form B - FY20 Projected clients Served:**	**2,100**
Form B - Amount Budgeted in FY19 Area Plan	**$1,348,496**	**Form B - Projected Clients Served in FY19 Area Plan**	**1,021**
Form B - Actual FY18 Expenditures Reported by Locals	**$2,487,103**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**1,388**

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. Please list all contracted providers. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf

DBHS operates the Parole Access to Recovery (PATR) and Intensive Supervision Probation Recovery Support Services (RSS) programs to provide clients with services that support their ongoing recovery. DBHS contracts with providers to offer services that typically are not part of SUD treatment but that increase the likelihood the client will experience long-term recovery. Common services provided by the PATR and RSS programs are housing assistance, medical and dental services, outpatient treatment, transportation assistance and employment assistance. DBHS and contracted providers actively support USARA's (Utah Support Advocates for Recovery Awareness) efforts to advocate for recovery awareness. DBHS supports the Recovery Oriented Systems of Care initiative.

DBHS will assume management of the Sober Living Program that began as a pilot in FY18 spearheaded by state legislative leadership, the Department of Workforce Services, the State Division of Substance Abuse and Mental Health and Salt Lake County. Clients participating in residential treatment ready to step down into outpatient services, the Utah Highway Patrol Frequent Utilizer Program, ORG Drug Court, or recent graduates of CATS will be eligible for the Sober Living Program which offers up to 6 months of funding assistance at a contracted provider that is licensed as a recovery residence. During FY20, DBHS is anticipated to serve approximately 300 clients.

DBHS funds and contracts for 177 additional housing units through Housing Connect (formerly the Housing Authority of the County of Salt Lake) for individuals and families at risk of being or currently homeless. The vast majority of the recipients of rental assistance through this contract have criminal justice involvement, a substance use disorder and/or mental illness. Funding under this contract is broken into our State Hospital/VOA ACT Housing (60 units), Project RIO (Core 1, JDOT and CORE 2) Housing (50 units), Milestone/CAF (children aging out of foster care program coordinated with the Division of Youth Services) Housing (18 units), and our HARP (short and long term rental assistance) Housing (49 units). All partners referring clients into these programs are obligated to provide in-home

case management for their clients in order to ensure housing stability. DBHS also partners with Housing Connect by providing in-kind match for many federally subsidized housing programs. The budget for these programs is addressed in the MH area plan.

DBHS/Optum continues to work with community partners on two low income tax credit projects. The first project, the Denver Street Apartments, is a partnership between DBHS, Optum, Housing Connect, and GIV Group. In 2018 VOA was awarded tax credits to fund housing for 22 VOA ACT Team participants, while supporting wrap-around services through the ACT Team. The project was greatly supported by the Salt Lake County Council through a $400,000 capital investment, and currently has an anticipated completion date of September 2019. The second project, the 5th East Apartments, is a partnership between DBHS, Optum, First Step House, Blue Line Development, Housing Connect and the Salt Lake City Housing Authority, to develop 75 units of housing for the severely and persistently mentally ill population. This tax credit project will target individuals exiting the USH, often with co-occurring substance use disorders, as well as those who are frequent utilizers of inpatient services. The project officially broke ground on March 1, 2019, and has an anticipated completion date in 2020.

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 increase is due to increased County-funded case management provided in the Adult Drug Court.

Describe any significant programmatic changes from the previous year.

Criminal Justice Services has restructured and is providing more case management services in the Adult Drug Court. DBHS will not be providing RSS services to Drug Court clients due to a reduction in State funding for Drug Court treatment.

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Clients engaged in residential treatment with any of our contracted SUD treatment providers are eligible for the Sober Living Program to obtain a voucher for up to 6 months of housing with one of our contracted recovery residence providers. Clients participating in PATR can obtain assistance up to $800 for rent, either at a contracted recovery residence provider, or any community rental property that is approved by their Parole Officer. PATR and RSS case managers also maintain relationships with various local property managers that rent to people with a felony on their record.

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What Life skills and/or Educational Services are you able to provide for your clients?
RSS clients can access Prime for Life classes through our contracted provider Odyssey House. Clients can also receive assistance through our RSS programs with paying for tuition and books when they are enrolled in an education program.
Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.
Continuing Care is available at RSS contracted agencies that have an outpatient license. Clients can utilize their RSS funds to cover Continuing Care. Many clients receive continuing care services at no cost through USARA.

9) Peer Support Services

Form B - FY20 Amount Budgeted:	**$16,000**	**Form B - FY20 Projected clients Served:**	**150**
Form B - Amount Budgeted in FY19 Area Plan	**$9,000**	**Form B - Projected Clients Served in FY19 Area Plan**	**150**
Form B - Actual FY18 Expenditures Reported by Locals	**N/A**	**Form B - Actual FY18 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, House of Hope, Volunteers of America, and most recently, Silverado Counseling services. 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.
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 ASUDC or SUDC when peer support services are provided to individuals with an SUD. Supervisors are expected to follow these guidelines offering ongoing weekly individual and/or group supervision to the Certified Peer Support specialist they supervise.

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 change.

As an FYI, During FY19, the rate for Peer Support Services was increased on September 01, 2018. Old rates: Group-$2.65, Individual-$7.78. New rates: Group-$4.65, Individual-$13.64. This increase in the rate was well received.

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

DBHS has already increased access to treatment through a significant residential treatment expansion, expanding from ~170 beds in 2016, to ~440 beds in 2019. An additional expansion of ~90 beds is anticipated in the near future. The primary funding source is the Targeted Adult Medicaid and Adult Medicaid Expansion, not included in the budget due to it going directly to our provider network. It is unknown at this time the number of uninsured or underinsured that will remain. DBHS is working closely with the State Medicaid Office to collaborate on future waivers for the Expansion Population.

Furthermore, through additional funding such as the Targeted Adult Medicaid, Adult Medicaid expansion, JRI and SOR, 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.

There is a waiting list for residential LOCs. DBHS/Optum has strongly encouraged all providers to offer lower level SUD services until an opening is available when any given client is on a waiting list for higher levels of care (ASAM 2.1 – 3.5). Additionally, Interim Group Services (IGS) through the University of Utah are offered for individuals awaiting treatment. if SUD contracted providers are unable to complete initial evaluations for adults, consumers are referred to ARS for interim groups until their initial evaluation date.

Describe your efforts to market or promote the services you provide.

DBHS strives to ensure that community stakeholders are aware of the services DBHS provides and how to access them. A primary way DBHS ensures this awareness is by regular attendance at community stakeholder meetings. Some of the meetings DBHS representatives attend are: the Granite School District Mental Health Consortium, the Mental Health Court Advisory Committee, the Salt Lake Juvenile Court Multi-Agency Staffings, the Salt Lake Regional Advisory Committee, the Salt Lake City School District Mental Health Roundtable, the Utah State Child Welfare Improvement Council, The Utah Youth Initiative, and the DSAMH ATR Steering Committee.

Additionally, staff at DBHS provide regular trainings and educational opportunities to providers and community stakeholders regarding services offered and DBHS programs administered. Such opportunities include but are not limited to trainings held for the courts, Criminal Justice Services, the Legal Defenders Association, the Salt Lake County Jail, and the Criminal Justice Advisory Council.

What EBP's do you provide? Describe the process you use to ensure fidelity?

All of the practices listed below are recognized by SAMHSA and are offered in the DBHS/Optum SLCo Network.

- Assertive Community Treatment (ACT)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing (MI)
- Cognitive Behavior Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Behavior Therapy
- Integrated Dual Disorders Treatment
- Exposure Therapy for 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)

All contracted providers are mandated to conduct supervision for EBP and it is the responsibility of each individual agency to meet fidelity requirements. This is verified during each annual monitoring visit. In addition to the regular reviews and re-authorizations described below in the quality of care section, the quality assurance team provides oversight and ongoing 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.

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

Describe your plan to improve the quality of care.

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

Through the above, the quality of care is 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

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.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

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 has developed multiple outcome measures for various programs. Please reference the attached ISP presentation, Vivitrol Report and ATI Report for examples of these outcomes. In addition to reductions in Risk Scores, and NOMS data such as employment, housing and “frequency of use” changes, DBHS tracks reductions in jail recidivism. This was accomplished by finalizing a data sharing agreement with the Salt Lake County Jail; through the hiring of a data analyst in December of 2017; then matching program cohorts with jail data to analyze reductions in new-charge bookings in the Salt Lake County Jail. Prior to release the methodology is shared with the Sheriff’s Office to gain their validation and approval for release. Lastly, DBHS has gained access to court data which may allow future analysis of court conviction data.

DBHS is also appreciative of the quality monitoring that occurs as a part of Utah’s Justice Reinvestment Initiative. Through this initiative the Division of Substance Abuse and Mental Health (DSAMH) is responsible for providing certification of behavioral health treatment programs in the state of Utah. The standards are mandatory for treatment providers who serve individuals that are incarcerated, or required to participate in treatment by a court, or the Board of Pardons and Parole. Utah Administrative Code, Rule 523-4 details how DSAMH will carry out the duties and obligations required per the JRI legislation. DSAMH periodically monitors the performance of each provider to determine if they are in compliance with the requirements of the rules.

During the site monitoring visit, the reviewer focuses the evaluation on:

- The agency’s use of criminogenic, substance use and mental health disorder screening and assessments
- The agency’s ability to triage clients based on criminogenic risk
- UAs
- Evidence-based practices that are used to treat criminogenic risk factors and substance use and mental health

disorders, and

- Treatment plan goals are linked to a criminogenic need; the agency's use of MAT and the number of staff that are certified in the use of the EBPs that require certification; and recovery supports and after care services.

A link to the state's site monitoring report template may be found at:
https://drive.google.com/file/d/0B8IDp-QgjBuKN0FMUTFHdDZMMjZ5Z0ZXd2hsRF9IU0JzR1ZN/view

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

Corrections Addictions Treatment Services (CATS) at Oxbow and Adult Detention Center Jails, South Salt Lake City: CATS is an addictions treatment therapeutic community based on a day treatment level of care (20 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 interim group services called Drug Offender Group Services (DOGS). The CATS and DOGS programs are contracted through Odyssey House.

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. Please refer to Salt Lake County's Sequential Intercept Model and program descriptions attached for more information.

The DBHS Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, and into the community, continues to serve clients inside the Jail, as well as those engaging in SUD treatment in the community. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, and the Utah Department of Corrections. In FY20, DBHS will be working more closely with the State Department of Corrections to begin providing injections behind the walls of the prison, and continued coordination and injections in the community. Referrals can come from any DBHS network provider, through 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.

In addition, SOR dollars have allowed an expansion of MAT services in the jail. Qualifying program participants with an OUD will have access to MAT, SUD behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program will provide a whole-patient approach to the treatment of substance use disorders and will be clinically-driven with a focus on individualized patient care. Services will be provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants will have an OUD and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines may be expanded to cover additional OUD populations as budgets allow. Individuals with longer sentences or sentenced to prison will be reviewed for taper of their medication.

Additionally, program participants identified as having an OUD shall be given information and education regarding the use of the Naloxone rescue kit, and an actual kit as supplies last. Once supplies are exhausted, information and education regarding the use of the Naloxone rescue kit will be given, including where the client can obtain the kit.

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 an increase due to the implementation of a new SOR funded MAT program at the end of FY19.

Describe any significant programmatic changes from the previous year.

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. This program returned to Salt Lake County in July of 2018.

SOR dollars have allowed an expansion of MAT services in the jail (described in section 1 above).

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

The Salt Lake County Jail has an intoxication and withdrawal policy to ensure safe and effective drug and alcohol withdrawal and clinical management of patients in withdrawal. A program of medical detoxification will be initiated for each patient incarcerated in the jails who is physically and/or psychologically dependent on the following: alcohol, opiates, stimulants, sedative, hypnotic or hallucinogenic drugs.

Health Services within the jail is responsible to provide procedures for the clinical management of these patients. The protocols for intoxication and detoxification are approved by the responsible physician, are current and are consistent with nationally accepted treatment guidelines. Medical detoxification is performed at the jail under medical supervision or at a local hospital depending on the severity of symptoms.

Patients are screened by a registered nurse and mental health professional for drug and alcohol abuse or dependence, in processing at the nurses pre-screen, and during the comprehensive nurse and mental health screenings.

These screenings will include a detailed history of the type of drug; duration of use; frequency of use; approximate dose; last dose; history of prior withdrawal; history of prior treatment for withdrawal; and current signs or symptoms of withdrawal.

All patients found to be withdrawing from a physiologically addicting drug will be treated in accordance with recommended medical practice. Treatment will be determined by the individual needs of the patient as well as the type and severity of the drug withdrawal. Patients at risk for progression to more severe levels of withdrawal are transferred to the Acute Medical, Acute Mental Health, or Sub-Acute Mental Health units, or to an outside medical provider for observation, treatment and stabilization.

The DBHS Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, and into the community, continues to serve clients inside the Jail, as well as those engaging in SUD treatment in the community. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, and the Utah Department of Corrections. In FY20, DBHS will be working more closely with the State Department of Corrections to begin providing injections behind the walls of the prison, and continued coordination and injections in the community. Referrals can come from any DBHS network provider, through 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.

In addition, SOR dollars have allowed an expansion of MAT services in the jail. Qualifying program participants with an OUD will have access to MAT, SUD behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program will provide a whole-patient approach to the treatment of substance use disorders and will be clinically-driven with a focus on individualized patient care. Services will be provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants will have an OUD and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines may be expanded to cover additional OUD populations as budgets allow. Individuals with longer sentences or sentenced to prison will be reviewed for taper of their medication.

Additionally, program participants identified as having an OUD shall be given information and education regarding the use of the Naloxone rescue kit, and an actual kit as supplies last. Once supplies are exhausted, information and education regarding the use of the Naloxone rescue kit will be given, including where the client can obtain the kit.

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

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

12) 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 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.

Three of DBHS' providers offer integrated physical and behavioral health services. Those include Volunteers of America, Odyssey House and the 4th St. Clinic. VOA is currently in the process of establishing a new medical provider for its medical clinic and evaluating the payer resource model given the new expansions of Medicaid. 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.

In 2019 DBHS began working closely with the Utah Department of Health, Accountable Care Organizations and other Local Authorities to craft guidelines for a proposed integration pilot through the Adult Medicaid Expansion.

Additionally, through the Salt Lake County Vivitrol Program, a strong partnership was developed with Midtown Community Health Center in South Salt Lake. Not only are clients referred to Midtown for their Vivitrol screenings and injections, clients are also offered access to primary care services through these same encounters. With so many complicating health factors often arising during Vivitrol engagement at Midtown, DBHS, in coordination with DSAMH, agreed to fund an enhanced office visit cost, to assist with covering the costs of other routine screens that may be necessary during a client's visit with medical professionals. In turn, Midtown provides the full spectrum of physical health care for Vivitrol clients as they actively attend to their appointments.

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 and Martindale Health Clinic to administer Vivitrol to clients who are opioid or alcohol dependent. Martindale Clinic also offers physical health services to RSS clients.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy,Nicotine).

Optum Care Advocates continue to collaborate with the respective ACOs on a case by case basis when it is noted that the consumer's medical needs, such as HIV, 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 at direct service agencies and subcontracting agencies. SUD 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.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	**$11,659,411**	**Form B - FY20 Projected clients Served:**	**983**
Form B - Amount Budgeted in FY19 Area Plan	**$11,172,030**	**Form B - Projected Clients Served in FY19 Area Plan**	**915**
Form B - Actual FY18 Expenditures Reported by Locals	**$11,699,824**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**958**

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 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. The agency partners with obstetricians and high risk pregnancy obstetric services all over Salt Lake County. Project Reality has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use disorders and their infants after delivery. Project Reality delivers OTP medication to the 'rooming in' program at the University of Utah Medical Center to support mothers caring for infants who stay in the hospital. Women, in general, are offered specialized women's groups that rotate topics to address a number of specific women's issues. Project Reality also provide referrals to women's specific programs such as House of Hope, Odyssey House women's and children program, and 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 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 receiving services while their parents work and move into permanent or transitional housing.

All programs also coordinate care with DCFS and CPS assisting mothers to meet service plan goals, arrange visitation as allowed by the 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 change

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	**$1,959,834**	**Form B - FY20 Projected clients Served:**	**236**
Form B - Amount Budgeted in FY19 Area Plan	**$2,457,351**	**Form B - Projected Clients Served in FY19 Area Plan**	**296**
Form B - Actual FY18 Expenditures Reported by Locals	**$1,730,836**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**208**

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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/Family Counseling Center, Sandy Counseling, and Asian Association. Services include 8 outpatient sites, 3 intensive-outpatient sites, 2 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 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.

Also, Salt Lake County Division of Youth Services (DYS) has clinical outpatient, 2.1 and 2.5 SUD treatment options

for adolescents. The outpatient portion is conducted by licensed mental health therapists. DYS has free groups open to any teen 13-17 in Salt Lake County without cost, even if the teen has been screened and treatment is not indicated. These services incorporate all types of discussions inclusive of "depressive symptoms," managing moods, anger and stress management, problem solving plus parenting classes. There are components of SUD discussions in all of the above.

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 as compared to 2018 actuals.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, 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.

Significant changes: In the last year, VOA/Cornerstone acquired Family Counseling Center. Additionally, Valley Behavioral Health closed their ASAM 2.5 ASAP Program.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	**$343,391**	**Form B - FY19 Amount Budgeted: Felony**	**$1,692,967**
Form B - FY20 Amount Budgeted: Family Dep.	**$1,206,571**	**Form B - FY19 Amount Budgeted: Family Dep.**	**$1,104,140**
Form B - FY20 Amount Budgeted: Juvenile	**$363,111**	**Form B - FY19 Amount Budgeted: Juvenile**	**$219,046**
Form B - FY20 Recovery Support Budgeted	**$3,264,061**	**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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Adult Drug Court clients are required to screen high risk based on the LS/CMI assessment to be eligible for the Adult Drug Court program. Potential clients are identified by the Legal Defenders Association and are referred to the District Attorney (DA) who screens based on criteria. The DA then refers clients to CJS for the LS/CMI. CJS also arranges for an assessment to be conducted by ARS/IGS. Upon completion of both the assessment and LS/CMI, CJS sends the LS/CMI results and treatment level recommendation back to the DA to make final determination of program appropriateness. Once this process is complete, clients who are eligible are pled into the program. CJS supports adherence to Best Practices and recommends a maximum of 125 clients per court. All four of our Drug Court programs are close to capacity except for one that is generally above the 125 clients; client count is controlled by the DA and the Judge. We anticipate maintaining the 125 client maximum in three of our courts and 150 to 170 in one court. Currently there are 522 participants. One of the four drug courts is the Operation Rio Grande Drug Court. In addition to these four drug courts, another drug court for medium risk offenders also exists, referred to as the Alternative Substance Addictions Program (ASAP) Drug Court.

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. There are four Family Dependency Drug Courts in the Salt Lake Valley. The amount of participants served in each Family Dependency Drug Court is an average of 34 parents and approximately 140 participants collectively per year.

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. There are two Juvenile Drug Courts in the Salt Lake Valley. The amount for participants served is an average of 16 youth and approximately 25 participants per calendar year.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Adult Drug Court (DC) clients receives SUD treatment through SLCo contracted providers (ASAM 1.0, 2.1, 3.1, 3.3 and 3.5). In January of 2019, CJS discontinued providing SUD treatment or conducting ASAM assessments; therapists transitioned to providing clinical case management services and bridging any treatment service gap with internal therapeutic based classes including Seeking Safety and MRT. Additionally, clients receive case management supervision services, cognitive based journaling classes and peer support while in Drug Court through CJS.

During initial court orientation, clients complete an application for Medicaid/TAM; if the client is incarcerated, the case manager sends the referral to UHPP upon his/her release. If the client's paperwork was not completed or they need to reapply, the case manager refers the client to a Medicaid enrollment specialist. Clinical Case Managers monitor treatment and funding/Medicaid eligibility in collaboration with the treatment provider.

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 DVDs, 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. In addition, Third District Juvenile Court FDDC staff will receive training to assist participants and collaborate with the liaison. Clients are assisted with Medicaid enrollment in multiple touchpoints.

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

Describe 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, within the county jail, or Midtown Community Health Center. SUD treatment is available through First Step House, Odyssey House, Clinical Consultants, Vivitrol services are described under the RSS Section.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided services directly or

through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court contracts with Averhealth for drug testing. Averhealth uses current research and complies with the national standards for drug testing techniques. Averhealth 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. Averhealth 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 Averhealth to test. Averhealth provides random testing to our clients 6 days a week including Monday through Friday, on Saturday or Sunday and on at least three federal holidays.

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

List all 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).

Drug Court is also using DBHS' sliding fee scale. There are no additional fees for FY20.

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

Just prior to January 2019, CJS discontinued providing direct therapy or conducting ASAM assessments and the role of the CJS therapist transitioned to Clinical Case Management in a brokerage model as supported by Best Practices. In a collaborative effort with Assessment and Referral Services/Interim Group Services (ARS/IGS), ARS/IGS clinicians are now conducting all ASAM assessments and clients are referred to community treatment providers for all levels of care. CJS clinical case managers help bridge any treatment gap by providing drug court clients with Seeking Safety and MRT as deemed appropriate.

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. The technical assistance has identified four areas that FDDC has incorporated in a two year Action Plan that includes 1) Expedite and simplify the referral and assessment process, 2) Strengthen the FDDC by creating a three-tiered governance structure, 3) Drive ongoing program improvement through data-informed decision making and 4) Shift towards a family centered approach. With the assistance of DBHS, a Case Manager position was created and in January 2019 the position was filled. In addition, service assignments for each FDDC participant were added in the courts data system. Outcomes regarding date of entry, discharge and treatment provider will be available for each participant dating back to 2015.

In addition, USARA has partnered with FDDC and implemented a Peer Recovery Coach Program in each courtroom.

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved service list).

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, and Drug Court clients can also access continuing care support through USARA.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	$814,567	Form B - FY19 Amount Budgeted:	5,636,334

Describe the criminogenic screening and assessment tools you use.

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 stakeholders prior to implementing programming with JRI community based treatment funding:

Chair, Sheriff Rosie Rivera	Salt Lake County Sheriff's Office
Vice Chair, Mayor Jenny Wilson	Salt Lake County Mayor
Hon. Brendan McCullaugh	Judge, West Valley City Justice Court
Noella Sudbury	CJAC Coordinator
Honorable John Baxter	Judge, Salt Lake City Justice Court
Jim Bradley	Salt Lake County Council
Mike Brown	Chief of Police, Salt Lake City Police Department
Max Burdick	Salt Lake County Council
Craig Burnett	Chief of Police, Murray City, LEADS Chair
Jack Carruth	Chief of Police, South Salt Lake City
Mike Haddon	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
Senator Karen Mayne	Utah State Senate
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Association
Peyton Smith	Third District Court Administrator's Office
Jim Peters	State Justice Court Administrator
Honorable Randall Skanchy	Presiding 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
Catie Cartisano	Individual with Lived Experience in the Criminal Justice System
Pamela Vickrey	Utah Juvenile Defender Attorneys, Executive Director
Scott Fisher	Salt Lake City Municipal Prosecutor

Additional stakeholders that participated in implementing these programs included: The University of Utah Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, House of Hope, the University of Utah Neuropsychiatric Institute and the Salt Lake City Police Department Social Work Program

Criminogenic Screening and Assessment Tools
In Salt Lake County, services are provided through a network of public and private providers within the community. The criminogenic screening and assessment tool utilized by these programs may be varied. The Intensive Supervision Probation Program for example employs the LS/CMI with each program participant, while the University of Utah Assessment and Referral Services utilizes the RANT. Unfortunately, even though Adult Probation and Parole completes the LS/CMI with participants, the full results are not shared with providers within our system (based on proprietary concerns) requiring duplication within the network

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 formerly received Justice Reinvestment Initiative (JRI) dollars through two funding streams, the

FY16 formula-based dollars and the FY18 competitive application-based dollars. This year, the FY18 competitive application-based dollars have been cut, commonly referred to as JRC 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 ended treatment referrals July 1st, 2017 as funding for this program ended. ISP and CORE 2 remain in operation. Additional funding sources for these programs included County General Fund, Federal Medicaid dollars, City dollars, and one-time 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.

FY20 Justice Reinvestment Initiative Programs
Intensive Supervision Probation Program
DBHS will continue to partner with the Sheriff's Office and 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. DBHS will continue to provide 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 for the uninsured or underinsured population. Through this model there has been an increase in the number of clients who present for an assessment and treatment; reductions in the wait times associated with accessing treatment; and lower attrition rates when compared to the overall system. In 2016 and 2017 as the program evolved, Access to Recovery services and access to evidence-based MAT have been added to the services offered to ISP clients. Additionally, through a contract with the USARA, peer-led recovery coaching was also introduced to ISP. Since 2015, 64.3% of all clients have been referred due to drug-related offenses; over 99% have struggled from moderate or greater SUD. Additionally, 41.6% of all clients have identified opiates as a primary substance of abuse (35.7% of all males and 52.3% 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 JRC 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, up from the original program capacity of 180 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 a recent evaluation 437 clients were found to have engaged in programming during a 12 month period (July 2017 – June 2018). Since the program's inception 178 individuals have graduated, and multiple successful outcomes documented: 86.7% of all clients referred into ISP have been assessed for treatment. Looking at a snapshot of the program in March of FY19, 73.1% of all open clients remain actively engaged in treatment. Graduates of the program enjoy a 40.7% reduction in risk scores. Successful clients saw an 86.2% reduction in new-charge bookings (comparing one year prior to one year post-program intake); revoked clients showed a 60.9% reduction; with the total population showing a 71.1% reduction.

FY20 will be a time of transition for this program due to the elimination of JRC funding. While the number of uninsured and underinsured individuals post-Medicaid Expansion is unknown, it is our intention to maintain current levels of programming throughout this time by transitioning from JRC funding to Medicaid funding. Every effort is being made to enroll participants into Medicaid. In addition to specialty enrollment efforts put in place during the Targeted Adult Medicaid (TAM) expansion, two large eligibility and enrollment trainings were recently held at the

County Government Center. Approximately 213 individuals from 20 organizations across the county registered or walked in to these trainings. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process. It is important to keep in mind that DBHS will no longer be able to monitor data for this program in the same way, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

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

Drug Court Treatment Expansion
Beginning July 1st, 2017 through JRC dollars, 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, more than doubling the residential treatment capacity in the county (residential beds increased from approximately 170 beds in 2016, to 440 beds, with additional expansions planned in the next two months).

FY20 will be a time of transition for this program due to the elimination of JRC funding. While the number of uninsured and underinsured individuals post-Medicaid Expansion is unknown, it is our intention to maintain current levels of programming throughout this time by transitioning from JRC funding to Medicaid funding. Every effort is being made to enroll participants into Medicaid. In addition to specialty enrollment efforts put in place during the Targeted Adult Medicaid (TAM) expansion, two large eligibility and enrollment trainings were held at the County Government Center. Approximately 213 individuals from 20 organizations across the county registered or walked in to these trainings. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process. It is important to keep in mind that DBHS will no longer be able to monitor this data in the same way, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

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 through March of FY19, we would expect to serve approximately 50 clients in CORE 2 in FY20. Clients have remained in CORE 2 programming on average 173 days. 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.

Successful clients in this program saw a 94.3% reduction in new-charge bookings (comparing three years prior to three years post-program intake); unsuccessful clients showed a 49% reduction.

UPD/UNI Mental Health Unit Pilot
After receiving the JRC application-based dollars in July 2017, pilot stakeholders began the process of writing and finalizing contracts and MOU's, and assigning a licensed clinician employed by UNI. The program became operational in November of that year (with JRC 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, Copperton, 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.

Based on program data collected through March 2019, DBHS would anticipate serving approximately 650 unique clients in FY20. Without any additional funds in FY20 this would not represent a change in estimates of unique clients served from the prior year. The program enjoys an average diversion from medical or psychiatric hospitalization rate of 98%.

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.

Outcome Measures

DBHS has developed multiple outcome measures for the programs listed above. Please reference the sections above and attached ISP Presentation for these outcomes and demographics. In addition to reductions in Risk Scores, and NOMS data such as employment, housing and "frequency of use" changes, DBHS tracks reductions in jail recidivism. This was accomplished by finalizing a data sharing agreement with the Salt Lake County Jail; through the hiring of a data analyst in December of 2017; then matching program cohorts with jail data to analyze reductions in new-charge bookings in the Salt Lake County Jail. Prior to release the methodology is shared with the Sheriff's Office to gain their validation and approval for release. Lastly, DBHS has gained access to court data which may allow future analysis of court conviction data.

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

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	**$0**		
Form B - Amount Budgeted in FY19 Area Plan	**$1,293,189**		
Form B - Actual FY18 Expenditures Reported by Locals	**$856,447**		

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

Peyton Smith, Third District Court Administrator
Desmond Lomax, 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.

How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?

FY20 will be a time of transition for this program due to the elimination of DORA funding. While the number of uninsured and underinsured individuals post-Medicaid Expansion is unknown, it is our intention to maintain current levels of programming throughout this time by transitioning from DORA funding to Medicaid funding. Every effort is being made to enroll participants into Medicaid. In addition to specialty enrollment efforts put in place during the Targeted Adult Medicaid (TAM) expansion, two large eligibility and enrollment trainings were held at the County Government Center. Approximately 213 individuals from 20 organizations across the county registered or walked in to these trainings. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process.

Should DORA numbers continue as they have in the past, it is estimated that approximately 190 individuals will continue in treatment in FY20. However, it is important to keep in mind that DBHS will no longer be able to monitor these numbers, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

FY20 Substance Abuse Prevention Area Plan & Budget **Local Authority:** Salt Lake County Behavioral Health **Form C**

FY2020 Substance Abuse Prevention Revenue	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: 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, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue
FY2020 Substance Abuse Prevention Revenue	$155,799		$280,697			$1,858,159						$2,294,655

FY2020 Substance Abuse Prevention Expenditures Budget	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: 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, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures
Universal Direct	$7,791		$25,000			$96,000							$128,791	$121,000
Universal Indirect			$4,000			$125,000							$129,000	$129,000
Selective Services	$104,567		$158,697			$1,164,159							$1,427,423	$1,322,856
Indicated Services	$43,441		$93,000			$473,000							$609,441	$566,000
FY2020 Substance Abuse Prevention Expenditures Budget	$155,799	$0	$280,697	$0	$0	$1,858,159	$0	$0	$0	$0	$0	0	$2,294,655	$2,138,856

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	$54,000	$1,446,159	4000	150000	$201,000	$3,000	$1,858,159

Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures	
Total by Expense Category	265,000	106,000	50,000	0	1,733,159	15,496	125,000	$2,294,655	$0

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Salt Lake County

Instructions:
The next sections help you create an overview of the ***entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 and through working with community coalitions.

Assessing the SUD Prevention needs within Salt Lake County includes the review of several factors. We review available data including the most current Student Health and Risk Prevention survey. The most current SHRP survey was the 2017 survey. We reviewed 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.

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 misused 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 Based Prevention. We do this by training coalitions, the community, and individuals in prevention science. We also look for opportunities to educate and network with the community. We actively seek out communities, entities, and individuals that are prevention ready and facilitate movement towards community-centered evidence-based prevention practices. Each year our prevention staff gives several prevention presentations as a way of raising readiness by discussing prevention. The ultimate aim of Capacity Building is to prevent the misuse of drugs by educating all members of the community in the science of prevention. When individuals and communities understand the science of prevention, they influence the process within their communities as it relates to funding and providing science based prevention.
Before a program is implemented, extensive planning is involved so that we know the strategies that are already being provided in the community. The planning details include program goals, objectives, tracking of outcomes, strategies to reach goals, and time lines for outcomes. All our programs are implemented with logic models that detail who will receive services, when, how, dosage and what the expected results will be. Program evaluation occurs on two levels. First, the Salt Lake County SUD Prevention staff audit each provider yearly to ensure contracted programs are being provided according to the contract and with fidelity. We also track available community surveys that document community behavior.

Although it can be difficult to ascertain if our programs are effective community wide, our review of the pre and post tests, community surveys, and other data document our success. We have the assurance that 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 state, 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

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?
Who was involved in determining priority factors and problem behavior?
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 plan to do re assessment 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). The United States Census Bureau projects the population of Salt Lake County to be approximately 1.2 million people. The population is housed within about 20 different communities. Five of the communities have coalitions that are specific to Substance Use Disorder Prevention. While it is possible to find needs that are shared by each community, differences also exist due to the size of the county. As a result, conclusions are made for the County, but individual communities also conduct assessments with our support and technical assistance. Salt Lake County purchases prevention services through a RFP process. This allows the County to use the expertise of a pool of qualified providers and drive costs down through the competitive bid process. The providers, as a part of their proposal, also assess the needs within the community and propose ways of filling the needs.

The data for the assessment was reviewed by Salt Lake County SUD Prevention staff, community partners, coalitions, and our network of providers. The SHARP's data analysis was completed by Bach Harrison.
After reviewing the data and receiving input from our community partners, several issues of concern were identified by all the community partners. Alcohol use among sixth, eighth, tenth, and twelfth graders in Salt Lake County has seen consistent decreases in the trend data over the past ten years. It is significant to note the alcohol use decrease is being seen while total alcohol sales and consumption in the State of Utah is increasing significantly. As of 2017, alcohol use was down to a low of 8.7% from a high of 15.1% in 2005 for all grades combined. Salt Lake County's 30-day alcohol consumption among youth is consistently higher than the State of Utah numbers, though the gap between the County and the State has been narrowing over the past several years.

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

Marijuana use among sixth, eighth, tenth, and twelfth graders in Salt Lake County has seen consistent minor increases in recent history. However, it is pleasing to note that 30-day marijuana usage in Salt Lake County is slightly down from a high of 8.3% in 2013 to 7.1% in 2017. This represents a greater rate of decline when compared to the state overall.
Prescription drug use among sixth, eighth, tenth, and twelfth graders had seen a minor increase from 2003 to 2017 but has now remains relatively stagnant. Current 30-day usage among the above listed grades in Salt Lake County is 2.6% which is comparable to usage for the same grades statewide.

We have seen a dramatic rise in nicotine use by adolescents associated with the introduction of E-cigarettes. Data on youth use of E-cigarettes first became available in 2011 and since that time all grade use has skyrocketed more than 360%. A use rate of 9.7% in 2017 is nearly 4 times higher than the rate of use for conventional cigarettes.
Although we pay close attention to the specific drugs being abused within the community, research is clear that attitudes toward drug misuse and behaviors are changed by influencing risk and protective factors. Best practice Substance Use Disorder Prevention is to lower risk factors and increase protective factors. It is clear four risk factors are concerningly high and four protective factor are weak.

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

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

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

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

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

Salt Lake County currently provides a comprehensive array of prevention services ranging from early pregnancy programs to increased education for the elderly. We use tested, effective, best practice evidence based programs as we encourage other community-based organizations in our county to align with evidence-based community programs and processes such as Communities that Care (CTC) and Community Anti-Drug Coalitions of America (CADCA) models. Salt Lake County believes these proven community centered prevention models are critical pieces toward the goal of reducing substance use and improving the quality of life for the citizens of Salt Lake County. We build community readiness and community capacity by leading 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 two new coalition in FY2020.

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?
After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?
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 stake holders in as many trainings as possible. Trainings that are planned for FY2020 include SAPTS, Bryce Summit, NPN, CADCA Leadership Form, webinars, coalition meetings, and monthly PSN meetings. Contracted providers are required to attend the monthly Prevention Services Network (PSN) meetings which include discussions of pertinent issues related to prevention contracts as well as ongoing trainings.

A significant part of Community Readiness is training opportunities. Coalitions are continually training individuals in prevention science. 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.

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:
- 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 the resources (funding, human, political) to do so?
What agencies and/or people assisted with this plan?

This plan was written by Kitt Curtis the Prevention Coordinator for Salt Lake County in consultation with Salt Lake County Substance Abuse Prevention staff, consultation with the Regional Director Rob Timmerman, consultation with our provider network and the coalitions we work with within the County. The Provider Network consists of 18 different agency we contact with to provide Best Practice prevention direct services. Our coalition work ranges from townships that are meeting monthly to coalitions that are fully mobilized in Strategic Prevention Framework.

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 anti drug 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 CAREGIVERS 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 RESILIENCY (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 skills 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 on principles of motivational interviewing and strengths-based approaches that targets resilience and protective factors.

Logic Models are attached as a file.

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.
**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 two CTC or similar coalitions that include 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. For the upcoming State FY2020 we have commitments from Key Leaders in both the Salt Lake City downtown area and the Magna area to start CTC or CADCA coalitions.

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. This is a list of the programs that were selected and the names of the agencies that will be providing the programs; Chronic Disease Self-Management Program provided by Salt Lake County Aging and Adult Services, Dare To Be You provided, Academic Assistance for Children of Ethnic Minorities, Social Skill Building, Dropout Prevention Case Management, Parenting Wisely, Peer leadership & Mentoring provided by Asian Association, Voices provided by Big Brothers Big Sisters, Smart Moves, Smart Parents, provided by Boys & Girls Club, Strengthening Families Program provided by Centro de la Familia de Utah, Friend 2 Friend, Grandfamilies provided by Children's Service Society of Utah, Drug Offenders' Classroom provided by Granite School District, Employment Skills, Life Skills provided by Salt Lake Neighborhood Housing, Too Good For Drugs and Violence, Leadership and Resiliency Program, Parents as Teachers provided by Housing Opportunities of SLCO, Inc, Family Skills, Skills Training provided by Project Reality, Prime for Life provided by Salt Lake City School District, Strengthening Families Program provided by South Salt Lake Coalition for Drug Free Youth, Vocational Arts Training mentor based provided by SpyHop, Productions, Inc., Health Classes Prevention Education, SPORT provided by Neighborhood Action Coalition, Summer Tutoring provided by Urban Indian Center of Salt Lake, Too Good For Drugs and Violence, Life Skills, Love and Logic provided by Valley Behavioral Health, Families Plus, Life Skills, Living Skills, Sixth Sense, Voices, provided by VOA CCC, Too Good For Drugs and Violence, Alcohol Tobacco and Other Drugs Daily Education, Strengthening Families provided by salt Lake County Division of Youth Services.
The programs are being funded by our State Block Grant. 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.

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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, 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
Stanford Self-Management Programs	$45,024	Yes What Works for Health
Agency	Tier Level:	
Salt Lake County Aging & Adult Services	Scientifically Supported	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce misuse of drugs among older adults	Knowledge of perceived risk	Persons 60 years of age and older Selective	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
Measures & Sources	2012 IBIS 2015 TESS	SLCoAA Pre/post test	Participant Information Forms	Attendance Records	SLCoAA Pre/Post Test	2020 IBIS 2020 TESS

2. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No

Adolescent Capacity and Empowerment Program (ACE)	$55,000	Yes
Agency	Tier Level:	
The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)	2	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 Indicated	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 & 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

3. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Family Strengthening: Dare to Be You (DTBY) Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)	$75,000	Yes- National Registry CrimeSolutions.gov
Agency	Tier Level: Promising	

Salt Lake County						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
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 Selective	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 & 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

4. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Parenting Support and Information: Parenting Wisely Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)	$15,000	Yes-National Registry NREPP and CEBC
Agency	Tier Level:	
Salt Lake County	NREPP: 2.8 and CEBC: 3: Promising Research Evidence	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day ATOD Use	Risk Factor: - Perceived Risk of Drug Use - Parental Attitudes Favorable to Antisocial Behavior Protective Factors: - Family Attachments - Opportunities for prosocial involvement	Parents of refugee or immigrants youth aged 12-18 Indicated	NREPP Parenting Wisely Curriculum	3% improvement on knowledge of parent-child conflict and parental attitudes favorable to antisocial behavior	Reduced 30 day ATOD by 1% from 2013-2023 SHARP Surveys
Measures & 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

5. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
SEAS Program Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)	$60,000	Yes -Researched based, not on registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 Prosocial Involvement - Rewards for Prosocial Involvement	Refugee and Immigrant Youth ages 5-14 from Granite and Salt Lake City School District Selective	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 & Sources	Out of School Time (summer) programming; DTBY curriculum/Life Skills 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

6. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Leaders and Counselors in Training (LCIT) Provider Name: The Refugee and Immigrant Center: Asian Association of Utah (RIC-AAU)	$20,000	YES Researched based, not on registry

Agency	Tier Level:
Salt Lake County	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 prosocial involvement - Rewards for prosocial Involvement	Refugee and Immigrant Youth ages 12-18 Selective	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 & 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

7. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Selective Population, Mentoring Program & Refugee Mentoring Program Provider Name: Big Brothers Big Sisters of Utah (BBBSU)	$55,000	YES 6 different National Registries

Agency					Tier Level:	
Salt Lake County					Suggestive Tier, 3: Promising Research Evidence, Promising	
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	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 staff will maintain monthly (or more frequent, if needed) contact with all first year program participants and at	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) 2. Youth reporting a lack of commitment to school will	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)

				least quarterly contact with all continuing participants to ensure continuous individualized support to achieve positive youth outcomes	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 (ages 9-17) 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 Management (AIM)	SHARP data- Baseline from 2013 SHARP BBBSU's Youth Outcomes Survey	2023 SHARP data as compared to Baseline from 2013 SHARP

8. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Program Name: Indicated Population, Community Based Mentoring Program- Counselor Referred Provider Name: Big Brothers Big Sisters of Utah (BBBSU)	$35,028	YES 6 National Registries
Agency	**Tier Level:**	
Salt Lake County	Effective, 3: Promising Research Evidence, 3: Promising Research Evidence, 3.1	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol use among youth 6-17 years old	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	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	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)

				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 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	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) 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	- 11.3% in 2013 to 9.5% by 2023 (10th grade)

					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

9. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
"Keepin' it REAL" Provider Name: Boys & Girls Clubs of Greater Salt Lake	$21,654	YES-National Registry CrimeSolutions.gov, NREPP
Agency	Tier Level:	
Salt Lake County	2.7 and Promising	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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. Selective	"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

10. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
"Protecting You, Protecting Me" Provider Name: Boys & Girls Clubs of Greater Salt Lake	$21,654	YES National Registry NREPP
Agency	Tier Level:	
Salt Lake County	3.3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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. Selective	"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

11. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No
Nuevo Dia Program Provider Name: Centro de la Familia de Utah				$59,000		Yes-National Registry
Agency				Tier Level:		
Salt Lake County						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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. Selective	Strengthening Families Program Curriculum at Rose Park Elementary 14 sessions based on curriculum; 2	Results from child Pre/Post Test will show an increase in peer-refusal skills to avoid adverse behavior, thus **decreasing the**	Reduce 30 day underage drinking in youth of all grades from 7% in 2013 to 5% in 2023.

				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)	**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**	
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

12. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Grandfamilies (GF) Kinship Care Provider Name: Children's Service Society (CSS)	$27,744	Yess
Agency	Tier Level:	
Salt Lake County	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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

13. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No
Life Skills Provider Name: Granite School District (GSD)				$40,866	Yes-National Registry
Agency				Tier Level:	
Salt Lake County					
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal/Selective/Indicated		Short	Long
Logic	1. Reduce 30-day alcohol use amongst focus population. 2. 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.

14. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Leadership and Resiliency Program Provider Name: Housing Opportunities Inc.	$46,748.76	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce the risk of substance abuse among youth ages 12-18	Low academic achievement Low commitment to school Anti-social behavior Favorable attitudes towards ATOD use	130 low-income, at-risk youth ages 12-18 living in public housing and The Bud Bailey Apartment Community located in Salt Lake County owned and managed by The Housing Authority of the County of Salt Lake	<u>Academics</u> Youth Counselors and volunteers will help youth with academic assistance and homework completion according to the developmental levels for the first 45 minutes of program. <u>Leadership and Resiliency Program</u> As described on NREP the Leadership and Resiliency Program uses the following components: The Leadership and Resiliency Program will be implemented for 48 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	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 antisocial peers by 15% 85% of youth will report that they do not intend to use drugs.	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

				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 prosocial involvement. Parents are invited to participate.		
Measures & Sources	2013 SHARP	2013 SHARP Archival Data	Attendance Records	Attendance Records Homework Completion Records LRP pre/post evaluations Parent and Youth Satisfaction	SHARP Data LRP Pre/Post Evaluations Parent and Youth Satisfaction Surveys	2023 SHARP Annual Comparisons

				Surveys Daily Activity Log		

15. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Parents as Teachers Program Provider Name: Housing Opportunities Inc.	$32,376	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce the risk for future Marijuana and alcohol use in households with children 0-5	Family Management Prosocial involvement in the family and community Family Attachment	35 families with children 0-5 living in the nine public housing communities for low-income families owned and managed by The Housing Authority of the County of Salt Lake	As described by NREP the Parents as Teachers Program consists of the following four components: <u>Personal Visits</u> Personal visits consist of 45 minute, monthly in- home visits using plans from the Parents as Teachers curriculum that are appropriate for the child's development and age. Parent educators are able to build rapport	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 prosocial involvement in the family from 70% to 90% 85% of participants who attend 70% of the home visits will increase their opportunity for	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

				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 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	prosocial 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%	

				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 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

16. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No
Too Good for Drugs and Violence Kids Program Provider Name: Housing Opportunities Inc.				$57,624	Yes-National Registry
Agency				Tier Level:	
Salt Lake County					
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal/Selective/Indicated		Short	Long
Logic	Reduce the risk for future Marijuana and alcohol use in children ages 5-12	Prosocial 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. <u>Academics</u> Youth Counselors and volunteers will help youth with academic assistance according to developmental levels for the first 45 minutes of program. Younger children will work on letter, number and word recognition. Older children will work on partner reading, story retelling, related writing, etc. Children will also work on homework completion <u>TGFDV</u> Youth Counselors will use the interactive, model curriculum Too Good For Drugs and Violence (TGFDV) to decrease risk	Increase opportunities for prosocial involvement in the community to 90% Increase family attachment youth from 70% to 90% Increase opportunities for prosocial 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

				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

17. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
YouthWorks		

Agency	Tier Level:
Salt Lake County	2

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic		RF1: Attitudes Favorable to Antisocial 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 Prosocial Involvement: Creating Neighborhood attachment (Community Domain) PF2: Community organization	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 prosocial 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	Reduced or no ATOD use by 2% by 2019 Increased neighborhood & community attachment by 10% by 2019 Increased rewards for prosocial involvement in Neighborhoods by 10% by 2019 Increased rewards for prosocial 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

		(Community Domain) PF3: Rewards for prosocial involvement in (School Domain)		crimes 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 crimes and use drugs. Youths who report stronger emotional bonds to peers that engage in prosocial 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 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 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-employmen t activities will enhance the youth's perception of opportunities for prosocial 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 crimes 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 crimes and use drugs. Youths who report stronger emotional bonds to peers that engage in prosocial 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 likely to use drugs. Youths who perceive more opportunities for involvement in pro-social activities are more likely to participate in such activities and *less likely* to commit crimes 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 crimes and use drugs Youths who have goals to keep them from getting involved in the juvenile justice system are less likely to commit crimes.		
Measures & Sources	SHARP test Baseline : RF1: 34% RF2: 46% RF3: 20%	SHARP test Pre/ Post Test: Thinking for a Change	Registration – Interview process		SHARP test Baseline and Post	3, 6 and 9 month follow up surveys 12 month Survey

	PF1: 54% PF2: 54% PF3: 61% Pre/ Post Test: Thinking for a Change Pre/ Post Program Tests YASSI Test	Pre/ Post Program Tests YASSI Test Program Attendance			Pre/ Post Test: Thinking for a Change Pre/ Post Program Tests Attendance Records	SHARP Test

18. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No
Communities Empowering Parents Provider Name: Project Reality				$101,875.05		Yes
Agency				Tier Level:		
Salt Lake County				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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	-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)	Among youth ages 12 and older: 1. Percent reporting PFM will decrease from 36% in 2013 to 30% in 2015 2. Percent reported family conflicts will decrease from 32% in 2013 to 30% in 2015	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%

		favorable to antisocial behavior 6. Adolescents attitudes favorable to antisocial 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		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 - Preschool age	3. Percent reporting Parental attitudes favorable to drug use will decrease from 12% in 2013 to 11% in 2015 4. Percent reported family attachment will increase from 66% in 2013 to 68% in 2015 (Continued next page) 5. Percent reporting Parental attitudes favorable to antisocial 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	in 2013 to 3% by 2019 3. Marijuana use, 30 day use, will decrease from7% in 2013 to 5% in 2019

					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

19. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Communities Empowering Parents Provider Name: Project Reality	$125,000	Yes
Agency	Tier Level:	

Salt Lake County				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day use of: 1. Alcohol 2.Tobacco 3.Marijuana Among youth ages 12 and older	Poor family management (PFM) High levels of family conflicts Parental attitudes favorable to drug use Low family attachment Parental attitudes favorable to antisocial behavior Adolescents attitudes favorable to antisocial behavior Early initiation of drug use by adolescents Low perceived risk of drug use Poor rewards for prosocial involvement P 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 - Preschool age	Among youth ages 12 and older: 1. Percent reporting PFM will decrease from 36 % in 2013 to 30% in 2015 2. Percent reported 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 reported family attachment will increase from 66% in 2013 to 68% in 2015 (Continued next page) 5. Percent reported parental attitudes favorable to antisocial behavior will decrease from 30% in 2013 to 29% in 2015 6. Percent reported	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

					attitudes favorable to antisocial 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 and attendance Records	2015 SHARP Survey Program attendance records CEP Pre/Post-Test	Program participant self-report 2019 SHARP Survey

		Program and Attendance Records Program participant self-report			for parent class participants Behavior Rating Scales Program participant self-report	

20. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Insight Program – Prime for Life Provider Name: Salt Lake City School District	$12,000	Yes
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Decrease 30 day alcohol abuse among teens.	1. Early initiation of anti-social behavior. 2. Attitudes favorable toward the problem behavior	7th – 12th grade Salt Lake City School District (SLCSD) students who violate the Level 1 SLCSD Drug and Alcohol policy.	Prime for Life: Provide four two-hour classes for students and parents with education on risks of ATOD use and benefits of not using ATOD.	1. Early initiation of anti-social behavior by 2017 as evidenced by PFL Pre/Posttests. 2. Attitudes favorable toward the problem behavior reduced by 2017 as evidenced by PFL Pre/Post-tests.	Decrease 30- day alcohol abuse among teens from *13%* to 11% by 2021.
Measures & Sources	2015 Utah SHARP Survey.	PFL Pre/Post Testing.	Prime for Life attendance records, Salt Lake County mandated reporting program.	Prime for Life attendance Records.	PFL Pre/Post Testing results.	2021 Salt Lake City School District SHARP

						Survey results.

21. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
SPY HOP PRODUCTIONS Provider Name: SPY HOP PRODUCTIONS	$105,000	Yes
Agency	Tier Level:	
Salt Lake County	2	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
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.	Based Learning (Sense of belonging; social emotional learning) Inquiry Based Learning (collaboration, problem-solving) Project Based Learning (21st Century/Workplace Readiness Skills)	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%.

				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.		
Measures & Sources	Pretest & Post-tests Salt Lake County SHARP data	Pretest & Post-tests Attendance Records	Registration Intake Forms	Attendance Records Student Surveys Student Journals Class observations	Pre and Post-tests Attendance Records SHARP data	Pretest & Follow-up Survey SHARP data

22. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
SPORT© Program Program Provider: Neighborhood Action Coalition at University of Utah	$34,730	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long

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 the 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
Measures & Sources	SHARP Data	SHARP Data	Attendance Sheets	- Staff Reports - Curriculum checklist/lesson plans - Worksheet completion checklist - Pre-Post tests	Completion of Fitness Feedback Sheet - Pre- and Post-consultation	Hillcrest (Midvale) Cone SHARP Data

23. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Promise South Salt Lake Substance Abuse Prevention Program (SAPP) Provider Name: City of South Salt Lake	$45,000	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	-Reduce Underage Drinking -------- -Reduce Marijuana Use -------- -Reduce Prescription Drug Abuse	Attitudes favorable to drug use ------- Attitudes favorable to antisocial behavior --------- Poor Family Management	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 -------- Positive Action Program @ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks ------- Deliver Strengthening Families Program to 10 Lincoln Families 10 lessons @ 1 lesson per week lessons x 3 hours + supporting	% reporting Attitudes favorable to drug use will decrease from 44.6% in 2013 to 34.4% in 2017 ------- % of youth reporting attitudes favorable to antisocial behavior will decrease from 41.1% in 2013 to 31.4% in 2017 ---------	-Underage Drinking (among the target group) will decrease from 5.9% in 2013 to .09% in 2019 ------- -Marijuana use (among the target group) will decrease from 10.9% in 2013 to 5.9% in 2019 ------- -Prescription Drug Abuse will decrease from 4.8% in 2013 to 2.4% in 2019

				activities		
Measures & Sources	2013 SHARP Report for Lincoln Elem (ATOD During past 30 Days) ------- 2013 SHARP Report for Lincoln Elem ------- 2013 SHARP Report for Lincoln Elem	2013 SHARP NREPP research/program report ------- 2013 SHARP NREPP research for program ------- 2013 SHARP NREPP research for program	Program daily activity sheets Attendance records ------- Program daily activity sheets Attendance records Program/CTC Risk and Protective Factors Survey ------- Attendance records Program/CTC Risk and Protective Factors Parent Survey	Daily Activity Reports, Attendance Records ------- Daily Activity Reports, Attendance Records ------- Attendance Records	2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey ------- 2013 SHARP (Baseline), Benchmark: % reported in 2015 R&P Survey ------- 2013 (Baseline) SHARP Benchmark: % reported in 2015 R&P Survey	2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School ------ 2013 SHARP as compared to 2017 SHARP for Lincoln Elementary School ------- 2013 SHARP as compared to 2019 SHARP for Lincoln Elementary School

24. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Strengthening Families Program Provider Name: Urban Indian Center of Salt Lake				$15,000	Yes-National Registry	
Agency				Tier Level:		
Salt Lake County						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce lifetime underage drinking	Early initiation of alcohol use	American Indian and Alaska Native Youth ages 6-18 from Salt Lake County	Strengthening Families Program	Reduce early initiation of alcohol	Reduce Underage Drinking from 30%

	and commercial tobacco abuse	Opportunities for Prosocial Involvement			from from 2015 to 2017 Increase opportunities for prosocial involvement from 2015 to 2017	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

25. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No	
Valley Behavioral Health Early Adolescent School Based – Advancing Decision Making and Problem Solving (Adapt)						Yes	
Agency				Tier Level:			
Salt Lake County				2			
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic	Reduce underage use of Alcohol	Risk Factor: Early initiation on antisocial behavior and alcohol use Friends use of alcohol	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	Percent reporting early initiation of antisocial behavior and alcohol use will decrease from 20% to 15% in 3 to	Underage drinking will decrease from 20% to 15% in 5-10 years

		Protective Prosocial involvement		weeks at schools in Salt Lake County Title 1 Schools	5 years Pre- and Post-testing	
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

26. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Valley Behavioral Health Elementary School aged Youth – Too Good for Drugs and Violence		Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce underage use of Drinking	Risk Factor: Early initiation on antisocial behavior and alcohol use Friends use of alcohol Protective Prosocial	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	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

		involvement		Title 1 Schools		
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

27. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No
All Stars Provider Name: Volunteers of America UT/ Cornerstone Counseling				$21,829.50		Yes-National Registry
Agency				Tier Level:		
Salt Lake County						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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	Attendance Records, WITS Reporting	Attendance Records, Fidelity	Pre/Post Tests, Teacher and	Utah SHARP Survey 2023

		student evaluation/ feedback forms		Checklist	student evaluation/ feedback forms	

28. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Collaborative Multi-Family Prevention Program (CMFPP) Provider Name: Volunteers of America, Utah	$24,874.50	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce ATOD use	Early and persistent antisocial 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

29. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Life Skills Training Provider Name; Volunteers of America UT/ Cornerstone Counseling	$19,899.00	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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	1. 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 2020

30. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Living Skills	$80,055.36	Yes-National Registry

Provider Name: Volunteers of America UT/ Cornerstone Counseling						
Agency				Tier Level:		
Salt Lake County						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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

31. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No
Families Plus; Making Choices Provider Name: Volunteers of America UT/ Cornerstone Counseling				$31,202.27	Yes-National Registry
Agency				Tier Level:	
Salt Lake County					
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal/Selective/Indicated		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 evaluation forms	Utah SHARP Survey 2021

32. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No
Families Plus – Strong Families Provider Name: Volunteers of America UT/ Cornerstone Counseling				$38,016	Yes-National Registry
Agency				Tier Level:	
Salt Lake County					
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal/Selective/Indicated		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

33. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Voices Provider Name: Volunteers of America UT/ Cornerstone Counseling	$106,481.23	Yes, National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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

34. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Daily Alcohol, Tobacco, and Other Drugs Classes Provider Name: Salt Lake County Division of Youth Services (DYS)	$37,376	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day drug and alcohol use among high	Attitudes Favorable to Drug Use (Peer/Individual	1.Teens age 12-18 in state custody staying in group homes at DYS 2.Teens age 12-18 brought into the	Too Smart to Start ATOD curriculum taught for 17	Attitudes Favorable to Drug Use (Peer/Individual	Reduce 30 day Drug and Alcohol use among high

	risk teens and see a 3% decline in use from 2013 to 2017	Domain)	Juvenile Receiving Center by parents, law enforcement, and schools	session that last 1 hour. Program will be taught (M-F) for each group home and onsite classroom	Domain)	risk teens and see a 3% decline in use from 2013 to 2017
Measures & Sources	2013 SLCO SHARP	2013 SLCO SHARP	Program Logs Attendance Records Pre and Post Assessments	Program Logs Attendance Records Pre and Post Assessments		2013/2017 SLCO SHARP

35. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Girls Circle (Discovering Possibilities) Provider Name: Salt Lake County Division of Youth Services	$19,876.80	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 antisocial 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

36. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Strengthening Families Provider Name: Salt Lake County Division of Youth Services	$24,846	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 teenage 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 SHARP	2013 SLCO SHARP	Program Logs Attendance Records Pre and Post Assessments	Rosters	2013 SLCO SHARP	2013/2017 SLCO SHARPS

37. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Too Good for Drugs and Violence Provider Name: Salt Lake County Division of Youth Services	$37.376	Yes-National Registry
Agency	Tier Level:	
Salt Lake County		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce teen drug use by 3% from 2013 to 2017	Attitudes Favorable to antisocial 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 antisocial 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

Family Size	Monthly Gross Income (based on the 2018 Federal Poverty Guidelines)								
	0-5% FPL	25-50% FPL	50-150% FPL	150-200% FPL	200-250% FPL	250-300% FPL	300-350% FPL	350-400% FPL	>400% FPL
1	$0 - $253	$254 - $506	$507 - $1,518	$1,519 - $2,023	$2,024 - $2,529	$2,530 - $3,035	$3,036 - $3,541	$3,542 - $4,047	$4,048
2	$0 - $343	$344 - $686	$687 - $2,058	$2,059 - $2,743	$2,744 - $3,429	$3,430 - $4,115	$4,116 - $4,801	$4,802 - $5,487	$5,488
3	$0 - $433	$434 - $866	$867 - $2,598	$2,599 - $3,463	$3,464 - $4,329	$4,330 - $5,195	$5,196 - $6,061	$6,062 - $6,927	$6,928
4	$0 - $523	$524 - $1,046	$1,047 - $3,138	$3,139 - $4,183	$4,184 - $5,229	$5,230 - $6,275	$6,276 - $7,321	$7,322 - $8,367	$8,368
5	$0 - $613	$614 - $1,226	$1,227 - $3,678	$3,679 - $4,903	$4,904 - $6,129	$6,130 - $7,355	$7,356 - $8,581	$8,582 - $9,807	$9,808
6	$0 - $703	$704 - $1,406	$1,407 - $4,218	$4,219 - $5,623	$5,624 - $7,029	$7,030 - $8,435	$8,436 - $9,841	$9,842 - $11,247	$11,248
7	$0 - $793	$794 - $1,586	$1,587 - $4,758	$4,759 - $6,343	$6,344 - $7,929	$7,930 - $9,515	$9,516 - $11,101	$11,102 - $12,687	$12,688
8	$0 - $883	$884 - $1,766	$1,767 - $5,298	$5,299 - $7,063	$7,064 - $8,829	$8,830 - $10,595	$10,596 - $12,361	$12,362 - $14,127	$14,128
Copays									
Adult Residential (once/month)	No Copay			$ 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 monthly)				No Copay				$ 50	
Youth Outpatient (weekly max)								$ 5	
DUI Assessment	No Copay	$15	$50	$125	$200	No Subsidy (consumer pays full cost)			

Salt Lake County Fee Schedule Methodology and Use

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 far 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 outpatient copay. The monthly Adult Residential copay rate is lower than the lowest residential provider rate in the Division of Behavioral Health Services' (DBHS) network. The copay schedule increases the fees up to the maximum amount based on the 2018 Federal Poverty Level (FPL), which accounts for gross household income and family size. All copays are based upon one FPL framework and assume greater ability to pay as income increases. For all adult services, at or above 400% of FPL, consumers are provided no county subsidy.

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 350% of the FPL. The Youth Residential schedule maxes out at $50 per month, while the Youth Outpatient schedule maxes out at $5 per week.

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 FY20 approximately $280).

Copay amounts can only be charged for clinical services provided. Drug testing is not deemed to be a clinical service. If a drug test is the only service provided, then the County can be billed for this service at the contracted rate. Copay amounts cannot exceed the rate that you would bill the County for the service provided.

Providers and clinicians are given discretion to waive fees as judged necessary to reduce barriers to treatment in consideration of individual circumstances. When fees are waived documentation must be kept on file explaining these circumstances for waiving or reducing the rate. For incarcerated individuals, all copays for service are waived.

Providers may utilize an alternative copay schedule if it is believed that it would be in their clients' and the County's best interest. All alternative fee policies/schedules must be approved by the County prior to being implemented and must not create an excessive barrier to treatment.

SALT LAKE COUNTY

INTENSIVE SUPERVISION PROBATION (ISP)

July 2015 through December 2018

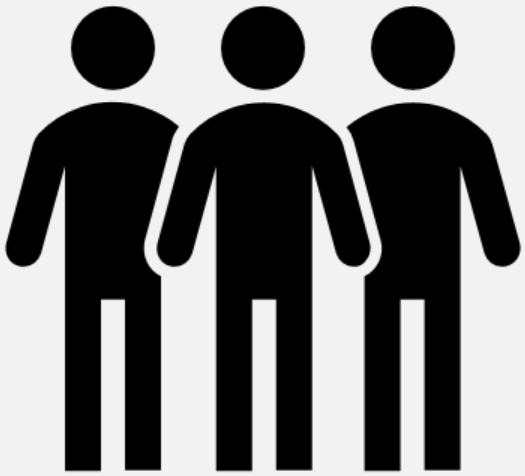
SALT LAKE COUNTY CRIMINAL JUSTICE SERVICES

SALT LAKE SHERIFF COUNTY

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

SALT LAKE COUNTY

INTENSIVE SUPERVISION PROBATION (ISP)



A partnership between the Sheriff's Office, Criminal Justice Services, and Behavioral Health Services providing intensive supervision and community treatment to high-risk individuals with co-occurring substance use disorders and mental illness.

SALT LAKE COUNTY

PROGRAM COMPOSITION

- July 1, 2015 – ISP implemented as a coordinated response to HB348 (JRI)
- Sheriff's Office – 10 Deputies, 1 Sergeant, 1 support staff
- Criminal Justice Services – 7 Probation Case Managers, 1 Case Manager Supervisor
- Behavioral Health Services – 8 SLCo network treatment providers, 3 licensed mental health professionals providing assessments on site at CJS

SALT LAKE COUNTY

PROGRAM STATS

756 total ISP referrals

64.3% drug or alcohol offenses (other offenses include property and person crimes)

Clients completing program on average in 12 months

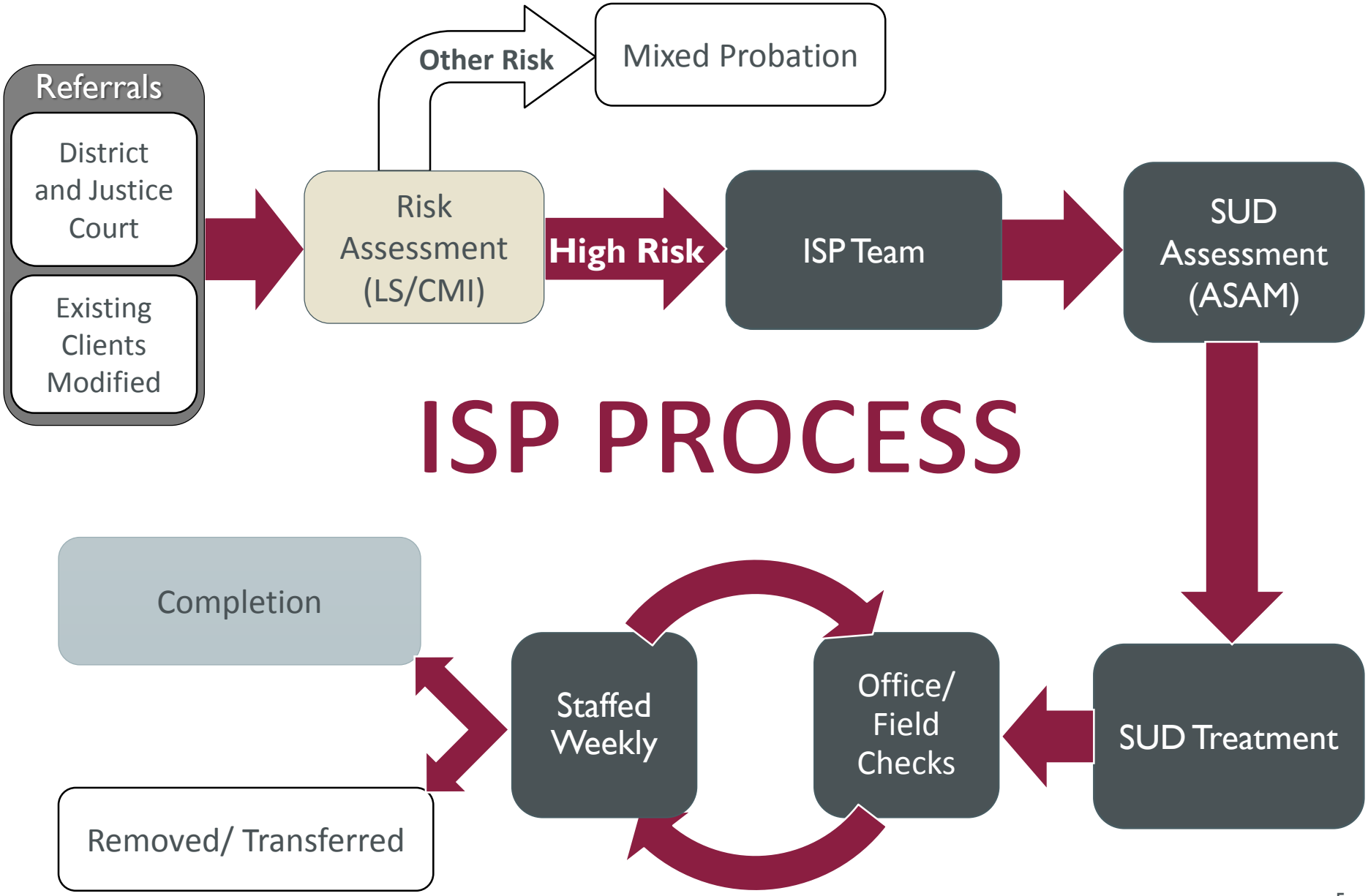
437 clients engaged in programming in 12 month period (July 17- June 18)

86.7% of clients who receive an intake, follow through with a clinical assessment

280 clients served at full capacity

SALT LAKE COUNTY

ISP PROCESS



SALT LAKE COUNTY

POPULATION

- High Risk as determined by the LS/CMI
- High SUD need as determined by the clinical assessment (ASAM)
- Same population as Drug Court
- Approximately 35 years old
- 60% male, 40% female
- 41.6% Opioid (35.7% male, 52.3% female)

SALT LAKE COUNTY

OTHER HIGH RISK / HIGH NEED PROGRAMS

The most effective programs combine treatment and supervision.

Examples:

- Philadelphia's Adult Probation and Parole Department supervision-only program for high-risk offenders demonstrated 41.6% recidivism rate at one year for new charge bookings
- ISP recidivism at one year: 22.7%

SALT LAKE COUNTY

HOW WE MEASURE PROGRAM EFFECTIVENESS

Reductions in…

- Recidivism
- Criminal Risk (LS/CMI)

Improvements in…

- National Outcome Measures (NOMS)
  - Primary Substance Frequency of Use, Housing & Employment

SALT LAKE COUNTY

RECIDIVISM

Definition

The tendency to relapse into criminal behavior.

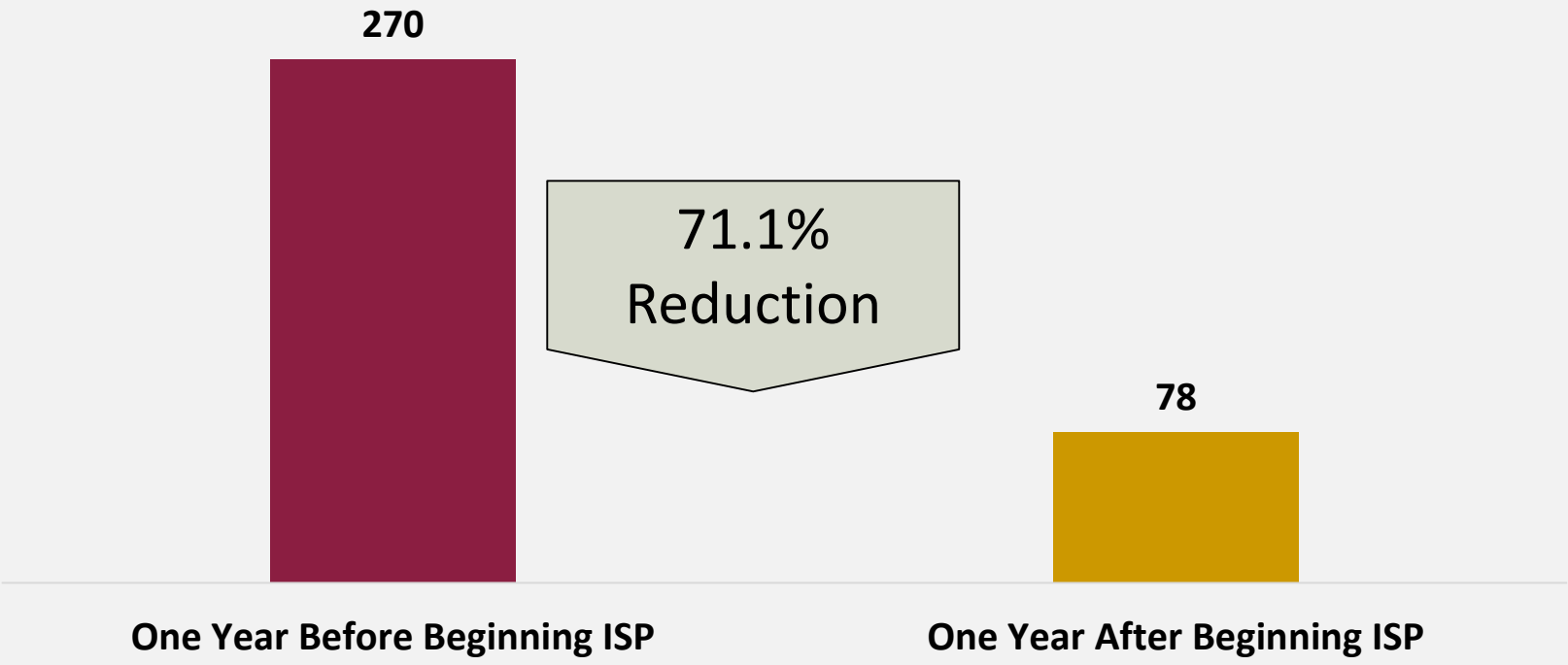
Metric

The overall change in Salt Lake County Jail new charge bookings (NCB) compared at 1, 2 and 3 years pre- and post-program participation.

SALT LAKE COUNTY

ONE YEAR CHANGE IN NCB

319 Total Clients



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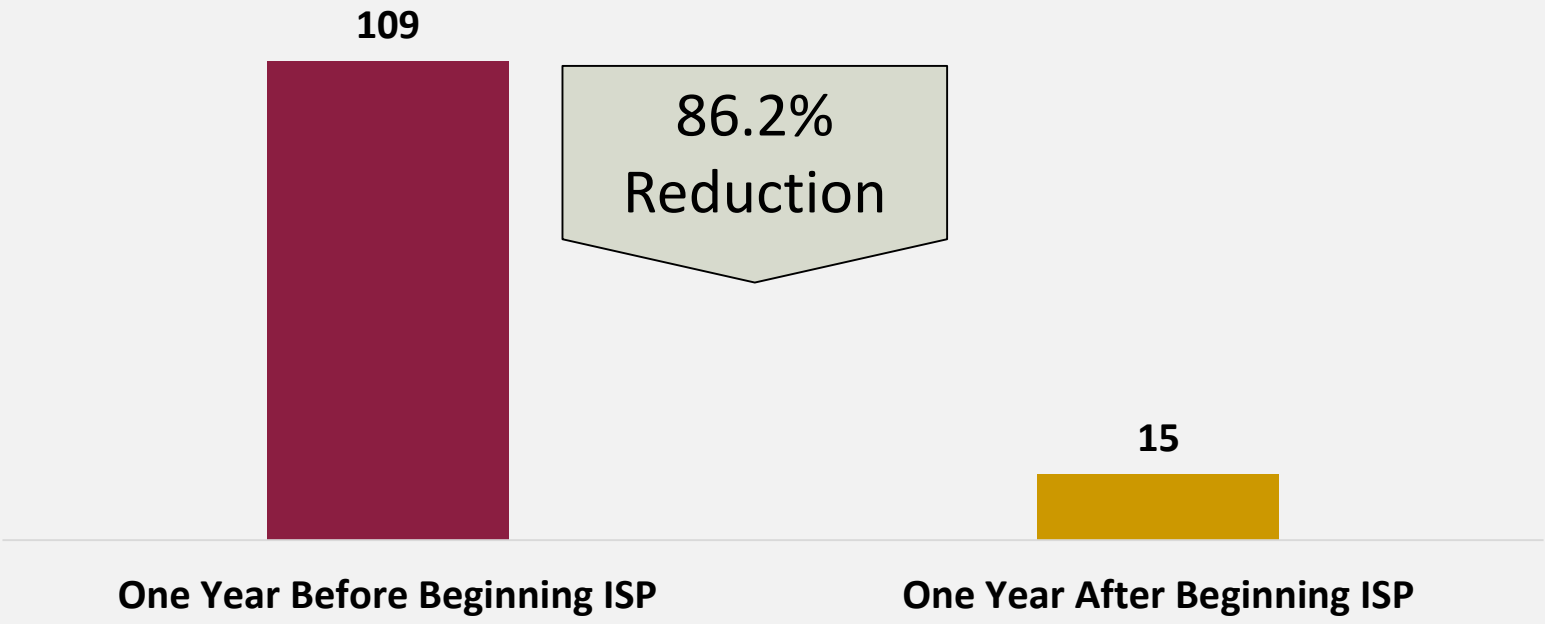
ONE YEAR CHANGE IN NCB

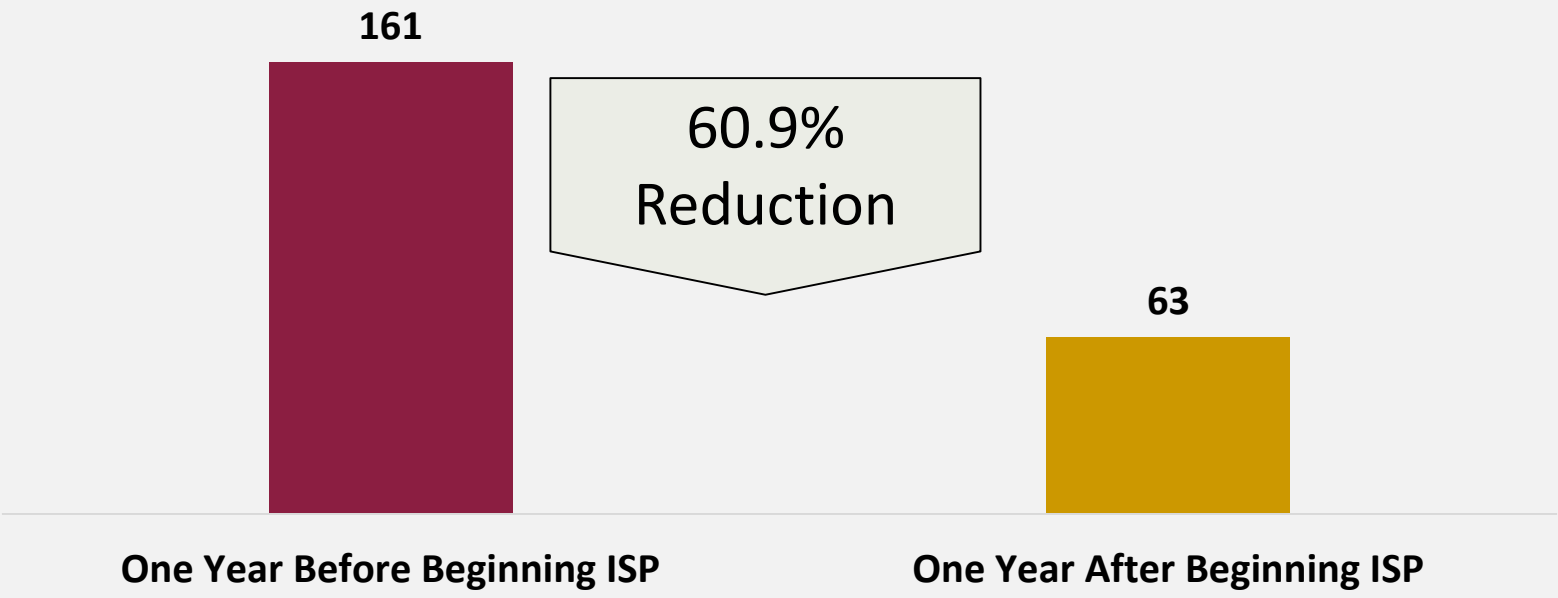
144 Successful Clients



SALT LAKE COUNTY

ONE YEAR CHANGE IN NCB

175 Revoked Clients

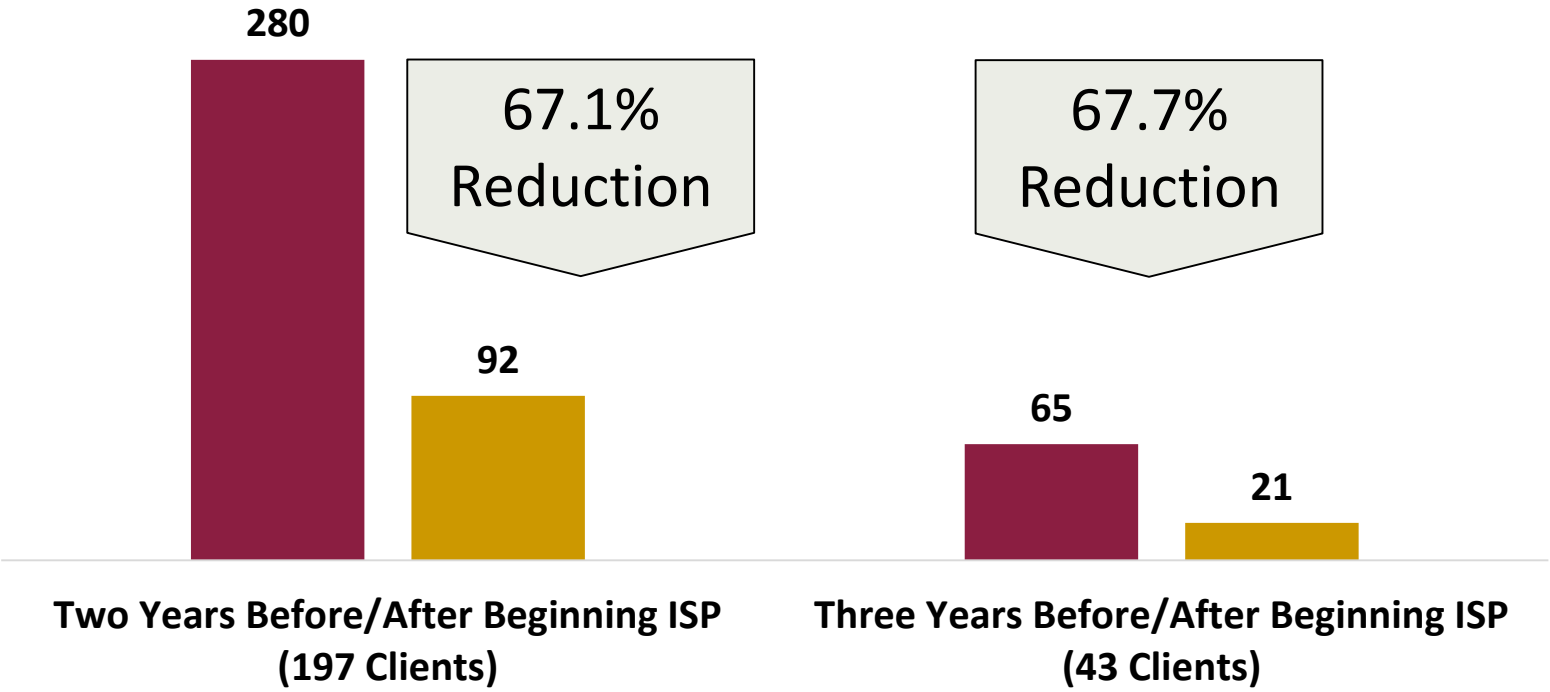


*273 day average length of stay in ISP for revoked clients

SALT LAKE COUNTY

TWO AND THREE YEAR CHANGE IN NCB

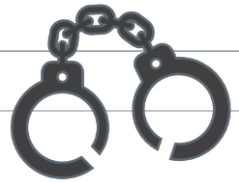
All Clients



SALT LAKE COUNTY

CRIMINAL RISK REDUCTION

Tool	Level of Service/ Case Management Inventory (LS/CMI); scores range 0 to 43
Metric	Percentage change in risk score from admission to discharge from ISP
Eligibility for ISP	High or intense risk clients (scoring 20 or higher)



SALT LAKE COUNTY

HOW WE MEASURE PROGRAM EFFECTIVENESS

152 Graduates from ISP

- Average risk score at admission 27
- Average risk score at discharge 16
- 11 point reduction, representing 40.1% reduction in risk (LS/CMI)

SALT LAKE COUNTY

NATIONAL OUTCOME MEASURES (NOMS)

- Primary substance metric: frequency of use in last 30 days for primary substance identified
- Housing metric: living arrangement at treatment intake and discharge
- Employment metric: employment status at treatment intake and discharge

SALT LAKE COUNTY

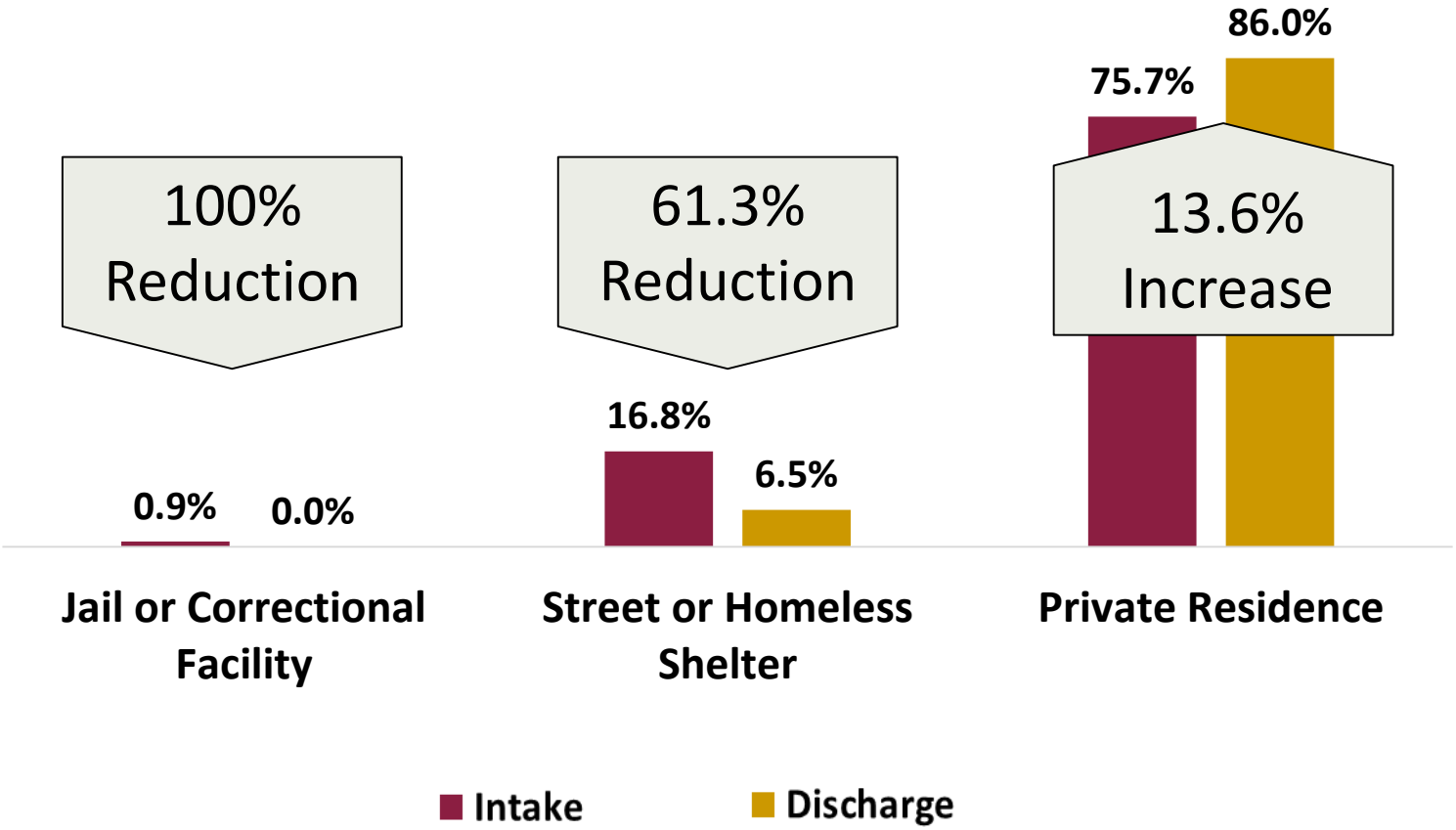
PRIMARY SUBSTANCE FREQUENCY OF USE DATA

- 71% of ALL clients indicated no use in last 30 days at treatment discharge
- No (0%) SUCCESSFUL clients indicated daily use at treatment discharge
- 95% of SUCCESSFUL clients indicated no use in last 30 days at treatment discharge

SALT LAKE COUNTY

HOUSING OUTCOMES

Successful Clients



SALT LAKE COUNTY

Successful clients increased from 36.4% employed at treatment intake to 57.9% at discharge

Revoked clients decreased slightly from 26.4% employed at treatment intake to 23.6% at discharge

Overall, ISP clients increased from 29.9% employed at treatment intake to 38.2% at discharge

EMPLOYMENT DATA

SALT LAKE COUNTY

FY18 TREATMENT FUNDING

State Funds	County General Funds	Medicaid Funds	Total Funding
$1,544,000	$704,000	$180,000	$2,428,000

Average annual treatment case rate of $5,556 per client, based upon the 437 clients served in FY18

SALT LAKE COUNTY

FY18 SUPERVISION FUNDING

Agency	County General Funds	State (JRI/JRC)	Total Funding
CJS	$575,000	$172,000	$747,000
SO	$1,127,000	-	$1,127,000
Total	$1,702,000	$172,000	$1,874,000

SALT LAKE COUNTY

WHY INVEST IN THIS POPULATION?

Agency Savings

Local, State and Federal Law Enforcement, DA, LDA, EMS, Fire Department, Hospitals and ERs, Prison, AP&P, Victim Impact, Pre-Trial, Court, Sheriff's Office, Jail, CJS, BHS

Societal Impacts

Families reunified and relationships strengthened, new and improved employment, increased tax base, physically and mentally healthier individuals, safer communities, reduced emotional distress for victims and their families

Monetary benefit to society associated with investing in treatment is greater than a 7:1 ratio.[1]

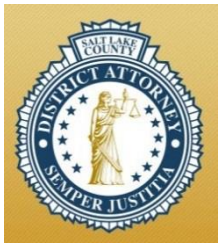
[1]Ettner, S. L., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Hser, Y. I. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"?. *Health services research*, *41*(1), 192-213.

SALT LAKE COUNTY

PROGRAM SUCCESSES

- 152 total graduates
- 2016 NACO Achievement Award Winner
- Sheriff's Office Distinguished Unit Award 2017
- Positive community feedback
- Industry Leader: Providing technical assistance for many jurisdictions that have replicated program
- Presented program at national, state and local conferences
- Numerous partnerships

PARTNERSHIPS



SALT LAKE COUNTY

Please join us for the next ISP graduation on March 21st at 2PM in the Council Chambers

Thank You

SALT LAKE COUNTY CRIMINAL JUSTICE SERVICES

SALT LAKE COUNTY SHERIFF

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

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, SLC PD SW Program Unified Police Department MH Unit, UHP SW

# of individuals Accessing Services

Recidivism

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

II. Jail

Jail MH Svcs, CATS, CRT,
State Jail Competency Restoration Unit,
Operation Rio Grande Drug Court Jail Assessments,
Jail Medication Assisted Treatment Program

Vivitrol Program - 71% reduction in new charge bookings, 82% reduction in length of stay from new charge bookings

III. Courts

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

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

Based on the Munetz and Griffin Sequential Intercept Model*

ISP – 40.1% reduction in graduate's LS/CMI Risk Scores
71.1% reduction in new charge bookings

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

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

MCOT = Mobile Crisis Outreach Team
MHC = Mental Health Court
MH = Mental Health
MHL=Mental Health Liaison
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 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, acts as the front door to the UNI Crisis System, 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 Centers** - These programs partner with the Salt Lake City Police, West Valley City Police, UTA Police and the Salt Lake County Sheriff's Department to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to come to the detox center.

- **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 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 day treatment level of care (20 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 interim group services called Drug Offender Group Services (DOGS).

- **Jail Medication Assisted Treatment Program -** Qualifying program participants with opioid use disorders (OUD's) have access to medication assisted treatment, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and will be clinically-driven with a focus on individualized patient care. Services will be provided through the jail's health services staff and through a contract with Project Reality.

- **Community Response Team (CRT)** - This Valley Behavioral Health (VBH) team works with severely and persistently mentally ill (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 hospital bed.

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

- **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 working 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, coordinates connecting individuals with serious mental illness involved in the criminal justice system to community treatment, Alternatives to Incarceration (ATI) Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the legal defenders office, offering invaluable assistance in connecting large numbers of 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 multiple court cases throughout the valley (in coordination with other court orders). 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 (LDA), Valley Behavioral Health, Criminal Justice Services (CJS), 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, and case managers, and assists 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 use disorder treatment approaches with the ultimate goal of successful reentry and a reduction in recidivism. DBHS funds housing for these clients as they transition into the community.
- **ATI Transport -** This VBH program transports severely and persistently mentally ill inmates released from the jail at a specific time (avoiding nighttime releases) 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 behavioral health 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** - DBHS funds Medicaid Eligibility Specialists to assist with enrollment into Medicaid. One is mobile, visiting various locations, the others are embedded within the largest behavioral health provider.
- **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. These services are provided at many different locations, including court settings, provider locations, pretrial and probation settings.
- **Gap Funding -** DBHS provides gap funding to assist with medications and treatment for uninsured SPMI individuals being released from jail.

Sequential Intercept #5 - Community

- **VOA Assertive Community Treatment Team (ACT)** - Salt Lake County/Optum has contracted with Volunteers of America (VOA) to implement an Assertive Community Treatment Team (ACT) service delivery model for Salt Lake County residents. The ACT Team is taking on new clients, 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. DBHS funds housing for this program.
- **Housing Programs -** A housing first initiative called RIO Housing, is for clients of the Jail Diversion Outreach Team and the 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 155 units).
  DBHS has also partnered with First Step House and Optum as a service provider, rental subsidy source and in the application process for a tax credit application to build a 75 unit permanent supportive housing program for individuals with serious mental illness. A similar partnership was formed for a tax credit project between DBHS, Salt Lake City, Optum and Volunteers of America to rehab and open a 22 unit building. DBHS has also partnered with First Step House with a letter of understanding to support a new tax credit application for a 40 unit permanent supportive housing program.
  In addition to the above, there are many housing programs through many funding streams that DBHS partners with and in some cases provides in-kind behavioral health services to assist in meeting HUD funding requirements.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Intensive Supervision Pilot -** This program targets high risk individuals who are sentenced to County probation at Criminal Justice Services (CJS). Clients receive an LSI-CMI risk assessment and then an ASAM assessment to determine the appropriate level of care. Clients enrolled in the program are supervised in the community by officers from the Sherriff's department and receive intensive case management services through the 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.

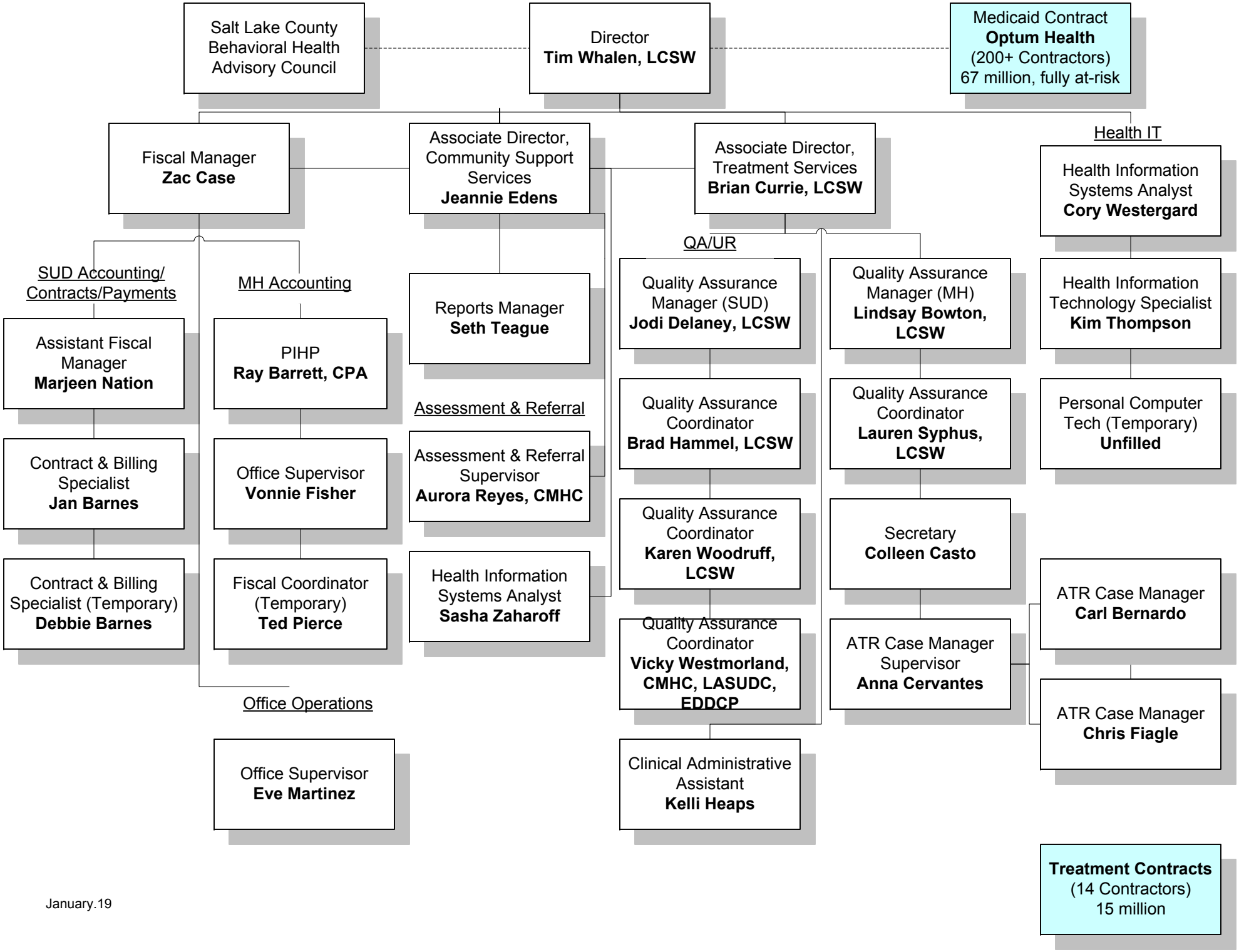
- **NAMI Utah -** The National Alliance on Mental Illness in Utah's mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy. NAMI is a great partner with Mental Health Courts and other individuals with mental 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. New federal dollars have just been released and will be utilized to maintain these new clinics and to possibly increase the medications used and numbers served in jail.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

DIVISION OF BEHAVIORAL HEALTH SERVICES



January.19

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 2020 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 and 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 Council

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

PLEASE PRINT:

Name: RICHARD SNELGROVE

Title: CHAIR - SL COUNTY COUNCIL

Date: 5-7-19