

Division of Substance Abuse and Mental Health Strategic Plan (DSAMH)

Revised December 2019

*This is a working document, meant to be updated regularly. Other objectives not listed are being worked on by DSAMH.

DSAMH Vision -- Healthy Individuals, Families, and Communities

DSAMH Mission -- Promote Health, Hope, and Healing from Mental Illness and Substance Use Disorders

DSAMH Functions-- Partnerships, Quality, Education, Accountability and Leadership

DSAMH Principles-- Trauma-Informed, Evidence Based Practices, Sustainable, Culturally and Linguistically Competent

STRATEGIC INITIATIVES

Strategic Initiative #1 - Prevention and Early Intervention (Craig)

Strategic Initiative #2 – Zero Suicides (Kim)

Strategic Initiative #3 – Promote Resilience and Recovery (Pam - Shanel)

Strategic Initiative #4 – Improve Care for Children and Youth (Eric - Shanel)

Strategic Initiative #5 – Health System Integration (Shanel - Pam)

GOALS - OBJECTIVES - METRICS

Strategic Initiative #1 - Prevention and Early Intervention		
GOALS	OBJECTIVES	METRICS

<p>Goal 1.1 Prevent and reduce underage drinking.</p>	<p>Objective 1.1.1 - Reduce community norms favorable to underage drinking.</p> <p>Objective 1.1.2 - Reduce parental attitudes favorable towards underage drinking.</p> <p>Objective 1.1.3 - Reduce youth access to alcohol.</p> <p>Objective 1.1.4 - Increase Communities That Care coalitions.</p> <p>Objective 1.1.5 - Increase access to person-centered prevention services.</p> <p>Objective 1.1.6 - Decrease risk factors and increase protective factors.</p>	<p>Indicator: Decrease the percentage of underage drinking 30 Day Alcohol Use, youth. Baseline: 7%, all grades, 2013 Target: 5%, all grades, 2023 Timeframe: 2013-2023 Responsible: Prevention Program Administrator (Craig PoVey)</p> <p>OUTCOMES - UPDATES: 2017: 6.7% all grades (stable) 2019: 5.5% all grades (decrease)</p>
<p>Goal 1.2 Prevent and reduce prescription drug misuse and abuse.</p>	<p>Objective 1.2.1 - Reduce community norms favorable to misuse and abuse.</p> <p>Objective 1.2.2 - Reduce illicit access to prescription drugs.</p> <p>Objective 1.2.3 - Increase Communities That Care efforts.</p> <p>Objective 1.2.4 - Increase access to person-centered prevention services.</p> <p>Objective 1.2.5 - Decrease risk factors and increase protective factors</p>	<p>Indicator: Decrease percentage of prescription drug misuse and abuse. Prescription Drug Misuse in past 30 days among youth; adults. Baseline: Youth: 2.3, all grades, 2013 Target: Youth: 1.0, all grades, 2023 Timeframe: 2013-2023 Responsible: Prevention Program Administrator (Craig PoVey)</p> <p>OUTCOMES - UPDATES: 2017: Youth 2.4%, All grades (stable) 2019: Youth 1.9%, all grades (slight decrease)</p>

<p>Goal 1.3 Prevent and reduce marijuana use.</p>	<p>Objective 1.3.1 - Reduce community norms favorable to misuse and abuse.</p> <p>Objective 1.3.2 - Reduce access to marijuana.</p> <p>Objective 1.3.3 - Increase Communities That Care efforts.</p> <p>Objective 1.3.4 - Increase access to person-centered prevention services.</p> <p>Objective 1.3.5 - Decrease risk factors and increase protective factors.</p>	<p>Indicator: Decrease the percentage of marijuana use Past 30 day use, youth Baseline: 5.2, all grades, 2013 Target: 4.0, all grades, 2019 Timeframe: 2013-2019 Responsible: Prevention Program Administrator (Craig PoVey)</p> <p>OUTCOMES - UPDATES: 2017: 6.1%, All Grades (slight increase) 2019: 6.2%, all grades (stable)</p>
<p>Goal 1.4 Prevent and reduce depression and other mental illness.</p>	<p>Objective 1.4.1 - Identify opportunities to integrate Substance Use Disorder (SUD) and mental illness prevention systems, models, policies, and practices.</p> <p>Objective 1.4.2 - Increase access to evidence based programs proven to reduce mental illness.</p> <p>Objective 1.4.3 - Promote, educate, and provide leadership to increase the number of Communities That Care Coalitions addressing mental illness issues.</p> <p>Objective 1.4.4 - Decrease risk factors and increase protective factors.</p>	<p>Indicator: Reduce the percentage of mental illness needs for Mental Health Treatment(MH) - High mental health needs. Baseline: 13.0 of all grades, 2013 Target: 12.0 of all grades, 2019 Timeframe: 2013-2019 Responsible: Prevention Program Administrator (Craig PoVey)</p> <p>OUTCOMES - UPDATES: 2017: 18%, all grades (Increase) 2019: 19.3%, all grades (increase)</p>
<p>Goal 1.5 Prevent tobacco and nicotine use.</p>	<p>Objective 1.5.1 - Cooperate with the State Department of Health in the planning and administration of Synar Checks.</p> <p>Objective 1.5.2 - Reduce community norms favorable to use of tobacco and other nicotine products.</p> <p>Objective 1.5.3 - Increase Communities That Care efforts.</p>	<p>Indicator: Reduction of percentage of tobacco use Reduction of percentage of nicotine use, including e-cigs Past 30 day use, e-cigs youth. Baseline: 4.7, all grades, 2013 Target: 4.0, all grades, 2019 Timeframe: 2013-2019 Responsible: Prevention Program Administrator (Craig PoVey)</p>

	<p>Objective 1.5.4 - Decrease Risk factors and Increase protective factors.</p>	<p>PoVey)</p> <p>OUTCOMES - UPDATES: 2017: 8.6%, all grades (stable) 2019: 9.7% all grades (increase)</p>
<p>Goal 1.6 Prevent and Reduce Opioid Misuse.</p>	<p>Objective 1.6.1 - Reduce community norms favorable to opioid misuse.</p> <p>Objective 1.6.2 - Reduce illicit access to opioids.</p> <p>Objective 1.6.3 - Increase the number of coalitions implementing Communities that Care model.</p> <p>Objective 1.6.4 - Increase access to person-centered prevention services.</p> <p>Objective 1.6.5 - Decrease risk factors and increase protective factors.</p>	<p>Indicator: Decrease the percentage of adults 18+ who report using opioids non-medically (NSDUH) New indicator beginning 2018: Decrease the percentage of adults 18+ who report using prescription pain killers non medically (BRFSS) Baseline: 4.33% (12 and older) Target: 2.10% (12 and older) Timeframe: 2013-2023 Responsible: Prevention Program Administrator (Craig PoVey) OUTCOMES: 4.66 (12 and older) 2017 (Stable from baseline, but trending down) 2019: No new NSDUH data available at state level. 2018 data: **Using BRFSS2018 data starting November 2019** Adults reporting non-medical use of Prescription pain killers in past year: 2.4% Indicator: Decrease the percentage of any opioid misuse lifetime, youth Baseline: 6.4%, all grades, 2013 Target: 3.2%, all grades, 2023 Timeframe: 2013-2023 Responsible: Prevention Program Administrator (Craig PoVey) OUTCOMES: 2017- All grades, 6.4% (stable) Visits to Use Only As Directed (UOAD) 20,035</p>

		<p>Pounds drugs 2018: 38,673 (April & October 2018) Take back events: Two (2) events, 50 locations each event # Communities that Care (CTC) Coalitions in Utah: 24 # Selective, indicated Prevention: Number of programs provided - 571; 84.5% considered evidence based 2019: Youth, 1.4% all grades (decrease) Visits to UOAD: 38,845 visits Take Back Events: April 27, 2019(57 locations participated), 17,885 lbs collected. October 26, 2019 (47 locations participated)18,005 lbs collected. **Multiple locations focused on promoting permanent drop boxes #CTC coalitions in Utah: 26 #Selective, Indicated Px: 311</p>
<p>Goal 1.7 Reduce overdose deaths.</p>	<p>Objective: 1.7.1 - Educate the general public on ways to reduce overdose deaths.</p> <p>Objective 1.7.2 - Educate the general public on Naloxone.</p> <p>Objective 1.7.3 - Incorporate education,, and distribution of Naloxone kits among strategic plans of Local Substance Abuse Authorities (LSAAs), Local Mental Health Authorities (LMHAs), Communities That Care and other prevention coalitions.</p> <p>Objective 1.7.4 - Raise public awareness of opioid overdose using STO campaign and other resources.</p> <p>Objective 1.7.5 - Educate the general public on ways to reduce overdose deaths.</p> <p>Objective 1.7.6 - Increase availability and usage of Naloxone.</p>	<p>Indicator: Opiate Overdose Deaths Baseline: 274, 2013 Target: 250, 2019 Timeframe: 2013-2023 Responsible: Prevention Program Administrator (Craig PoVey) OUTCOMES - UPDATES: 2016: 262 (decrease) Visits to Opidemic.org 15,400 # of people trained as Naloxone end users: 76 # of Naloxone kits distributed: 428 # of documented reversals: 15 # of pounds from take back events/disposal: 38, 673 # of Take Back events scheduled: - 2019, 2 (two) events scheduled with 50 locations each event # of permanent disposal locations added: as of Oct 2018, 183 permanent drop off locations. 2019:</p>

		<p>Opioid overdose deaths: (CY2018) 416 Visits to Opidemic.org: 59,115 # of people trained as Naloxone end users:395 #of Naloxone Kits distributed: 6748 # of documents reversals: 247 # of pounds from take back events/disposal: April 27, 2019(57 locations participated), 17,885 lbs collected. October 26, 2019 (47 locations participated)18,005 lbs # of take back events scheduled: total for 2019: 104 # of permanent disposal locations:</p>
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Strategic Initiative #2 – Zero Suicides		
GOALS	OBJECTIVES	METRICS
<p>Goal 2.1 Support UDOH and other stakeholders in implementation of the Utah Health Improvement Plan.</p>	<p>Objective 2.1.1 - Increase availability and access to quality physical and behavioral health care- Goal: Promote the adoption of the ‘Zero Suicide’ framework by health and behavioral health care providers statewide.</p> <p>Objective 2.1.2 - Increase social norms supportive of help-seeking and recovery- Goal: Train 10% of the Utah population in an evidence based gatekeeper training.</p> <p>Objective 2.1.3 - Reduce access to lethal means. Goal: Partner with firearm retailers and gun owners to incorporate suicide awareness and prevention as a basic tenet of firearm safety and responsible firearm ownership.</p>	<p>Indicator: Number of health systems/organizations formally adopting the Zero Suicide framework. Baseline: Zero organizations have adopted the Zero Suicide framework. Target: Ten health systems/organizations in Utah have formally adopted the Zero Suicide Framework. Time frame: 2017-2021 Responsible: UHIP/Suicide Prevention Admin (Kim Myers) OUTCOMES: July 2018 - Thirteen health systems/organizations adopting Zero Suicide. July 2019- 28 health systems/organizations adopting ZS. Indicator: Number of people trained in an evidence-based gatekeeper training. Baseline: 25,000 (estimated) Target: A minimum of 299,592 Utahns are trained in an evidence-based gatekeeper training. Time frame: 2017-2021 Responsible: UHIP/Suicide Prevention Coordinator</p>

		<p>(Allison Whitworth)</p> <p>OUTCOMES: July 2018- Trained an additional 9000 individuals for total 34,000. July 2019- Trained an additional 35,953 individuals for a total 69,953</p> <p>Indicator: Number of formal partnerships established/engaging in research guided means reduction activities.</p> <p>Baseline: Zero partnerships established</p> <p>Target: Ten firearm retailers, instructors, enthusiasts in Utah have incorporated suicide education, prevention, and awareness efforts into their businesses.</p> <p>Time frame: 2017-2021</p> <p>Responsible: UHIP/Suicide Prevention Admin (Kim Myers)</p> <p>OUTCOMES: 2018 - Seven mini grants awarded to communities to carry out activities. July 2019- Fourteen organizations with formal partnerships.</p>
<p>Goal 2.2 Engage community stakeholders and prevention coalitions in suicide prevention and mental health promotion efforts statewide.</p>	<p>Objective 2.2.1 - Train community members in Gatekeeper awareness and evidence-based trainings.</p> <p>Objective 2.2.2 - Engage workplaces in suicide prevention by using the Action Alliance Blueprint for Workplace Suicide Prevention and by training using Working Minds model.</p> <p>Objective 2.2.3 - Engage Institutes of Higher Education in suicide prevention using the Jed Foundation Campus Model.</p>	<p>Indicator: Number of engaged community prevention coalitions</p> <p>Baseline: # of prevention coalitions engaging in evidence based suicide prevention efforts</p> <p>Target: Increase # of prevention coalitions engaged by 10%</p> <p>Time frame: 2015-2021</p> <p>Responsible: Suicide Prevention Coordinator (Kim Myers)</p> <p>OUTCOMES: Baseline: 2015: Twelve active coalitions July 2019 update: Twenty-five active coalitions</p>
<p>Goal 2.3 Develop broad based support</p>	<p>Objective 2.3.1 - Sustain and strengthen collaborations across agencies and public/private partners to advance suicide prevention.</p>	<p>Indicator: Participation in Suicide Prevention Coalition meetings</p> <p>Baseline: Fifteen stakeholders represented at meetings</p>

<p>through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts.</p>	<p>Objective 2.3.2 - Provide ongoing leadership to collaborate and coordinate the Utah Suicide Prevention Coalition, including the Executive Committee and relevant workgroups.</p> <p>Objective 2.3.3 - Update current state suicide prevention plan for 2017.</p>	<p>Target: Maintain or increase the number of stakeholders engaged Time frame: 2015-2017 Responsible: Suicide Prevention Coordinator (Kim Myers)</p> <p>OUTCOMES - UPDATES (July 2019): DSAMH continues to provide leadership to the coalition. Coalition meets every other month with approximately 40 participants at each meeting. Objective will continue. Utah Suicide Prevention Plan 2017-2021 revised and released May 2017 July 2019: Coalition still meeting bi-monthly with approximately 40 to 50 participants per meeting. Eight sub-committees continue to meet regularly to implement strategies. Gov Herbert formed Suicide Prevention Taskforce to continue to advance public/private partnerships to advance efforts.</p>
<p>Goal 2.4 Improve the ability of health providers (including Behavioral Health) to better support individuals who are at risk of suicide through adoption of Zero Suicide framework.</p>	<p>Objective 2.4.1 - Promote suicide prevention as a core component of health care services. Promote the adoption of “zero suicides” as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.</p> <p>Objective 2.4.2 - Promote the adoption of universal screening for suicide risk within the public behavioral health care system.</p> <p>Objective 2.4.3 - Promote same day safety planning for individuals who screen positive for suicide risk.</p> <p>Objective 2.4.4 - Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.</p> <p>Objective 2.4.5 - Provide training to community and clinical service</p>	<p>Indicator: Universal Screening Rates in public mental health system Baseline: Dependent on Local Authority Target: Increase screening rates by 25% Time frame: 2015-2018 Responsible: Suicide Prevention Coordinator (Kim Myers)</p> <p>OUTCOMES - UPDATES: 2016 first implementation year for LA PIP, 2015 was baseline year. Indicator: Same-day safety planning for individuals screened as at risk for suicide Baseline: Dependent on Local Authority Target: Increase same day safety plans by 25% Time frame: 2015-2018 Responsible: Suicide Prevention Coordinator (Kim Myers)</p>

	<p>providers on the prevention of suicide and related behaviors.</p> <p>Objective 2.4.6 - Develop collaborations between emergency departments and other healthcare providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow up after discharge.</p> <p>Objective 2.4.7 - Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.</p>	<p>OUTCOMES - UPDATES:</p> <p>2017 Dec. update- BASELINE Screening: 11% Same Day Safety Plan: 45%</p> <p>2016 Screening: 55% Same Day Safety plan: 62% Zero Suicide Academy- 19 health/behavioral health care organizations represented</p> <p>July 2019:</p> <p>2015 Baseline Screening Rates: 6%</p> <p>2015 Baseline Safety Plan Rates: 40%</p> <p>2016 Year 1 Screening Remeasurement: 24%</p> <p>2016 Year 1 Safety Plan Remeasurement: 47%</p> <p>2017 Year 2 Screening Remeasurement: 50%</p> <p>2017 Year 2 Safety Plan Remeasurement: 54%</p> <p>2018 Year 3 Screening Remeasurement: 55%</p> <p>2018 Year 3 Safety Plan Remeasurement: 62%</p>
<p>Goal 2.5 Promote effective programs and practices that increase protection from suicide risk.</p>	<p>Objective 2.5.1 - Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.</p> <p>Objective 2.5.2 - Develop and disseminate guidance for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.</p> <p>Objective 2.5.3 - Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.</p> <p>Objective 2.5.4 - Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.</p>	<p>Indicator: Number of Media/Safe Messaging Trainings and number of attendees.</p> <p>Baseline: 0</p> <p>Target: Increase media knowledge and practice of safe messaging in public messaging.</p> <p>Time frame: 2017-2021</p> <p>Responsible: Suicide Prevention Coordinator (Kim Myers)</p> <p>July 2019: Three safe messaging trainings held FY19</p> <p>Indicator: Number of concealed carry instructors using the firearm safety module in their training.</p> <p>Baseline: 0%</p> <p>Target: Increase to 25% of Utah instructors using training module.</p> <p>Time frame: 2017-2021</p> <p>Responsible: Suicide Prevention Coordinator (Kim Myers)</p> <p>OUTCOMES:</p>

	Objective 2.5.5 - Complete a Suicide Prevention and Gun Study.	July 2019: 47.4% of instructors
Goal 2.6 Strengthen the state's crisis response system to maximize availability and accessibility of services. (New Aug 2019)	Objective 2.6.1 - Establish MOA's between the Utah Crisis Line and Local Authorities to better coordinate crisis line calls and care transitions statewide. Objective 2.6.2 - Increase the number of individuals in crisis being served and stabilized by community based crisis services.	Indicator: TBD Baseline: TBD Target: TBD Responsible: Suicide rRevention Coordinator (Kim Myers) Indicator: TBD Baseline: TBD Target: TBD Responsible: Suicide Prevention Coordinator (Kim Myers)

Strategic Initiative #3 – Promote Resilience and Recovery		
GOALS	OBJECTIVES	METRICS
Goal 3.1 Promote and establish Peer Support Services.	Objective 3.1.1 - Provide Training for Mental Health (MH) and Substance Use Disorders (SUD) Peer Specialists including evidence-based practice. Certified Peer Support Specialist (CPSS) training and support for the annual Peer Support conference. -Revision of CPSS basic training, including the approval of curricula with standardized components. -Facilitate annual Peer Support conference. -Facilitate training of EBPs and Best Practices, including health and wellness strategies, to CPSS. -Provide information to CPSS on educating legislators on the value of Peer services. Objective 3.1.2 - Educate and Promote the availability of trained PSS to Local Authorities and other potential employers (public and private MH, SUD and health care providers) of the benefits of using Peer Support Specialists. This will include an increase in the visibility of CPSS in the State and development of the CPSS website.	Indicator: Increase # CPSSs and FRFs who have received training in specialized topics. Baseline: FY18 - 22 CPSSs/FRFs received Cultural Competence training. 54 CPSSs/FRFs received Suicide Prevention training. Target: FY20 - 75 CPSSs/FRFs trained per year (aggregate) with enhancement curricula (Youth-in-Transition, Cultural Competence, Suicide Prevention, Integrated Care) Timeframe: 2018-2020 Responsible: Program Manager Peer Support (Heather Rydalch) OUTCOMES - UPDATES: July 2018 <ul style="list-style-type: none"> 3.1.1 - Over 200 attended the Annual Peer Support Conference on June 7, 2019 including CPSSs, FRFs

	<p>-Establish an increased understanding of Peer roles, and the importance of Peers, among all agency staff. -Education to LAs during annual Area Plan review and site monitoring. -Develop and implement a model for effective supportive supervision of Peers. -Development of a DSAMH CPSS website.</p> <p>Objective 3.1.3 Increase sustainability of CPSS services within the state -Explore funding opportunities for CPSS positions. -Notification of CPSS job opportunities to trained CPSS. -Assist with identifying need for CPSS in the system.</p> <p>Objective 3.1.4 - Develop Additional Training for Peer Support in the State. -Develop a Peer Supervision Curriculum and Implement Training. -Develop an Integrated Health Training for CPSSs and FRFs, including online training modules. -Develop a Suicide Prevention Training for FRFs and CPSSs and a T4T Training on Peer Suicide Prevention.</p> <p>Objective 3.1.5 - Increase Support for CPSS who are employed -Hold monthly calls and quarterly webinars for Peer Support Specialists. These will provide them with CEUs for their recertification, as well as educate and support them.</p>	<p>and other paraprofessionals. USU has a core training scheduled for September 2019. A Request for Proposal (RFSQ) has been posted in SciQuest to contract with other providers to be able to offer more trainings for CPSS. An Integrated Health Curriculum for Peer Support is being finalized by DSAMH and should be available by August 2019 for an endorsement training for CPSSs and FRFs.</p> <ul style="list-style-type: none"> ● 3.1.2 - An infograph to increase understanding of Peer roles, and the importance of Peers, will be completed by the end of August 2019. Peer Support certification, requirements and requisite procedures will be presented at Fall Conference 2019. Both of these have been completed. ● 3.1.3 - Notifications of Job openings are distributed to the Peer email contact list as they become available. ● 3.1.4 - A Supervision Curriculum for the State is being finalized and should be completed by October 2019. ● 3.1.5 - Held monthly calls and quarterly webinars for Peer Support Specialists.
<p>Goal 3.2 Promote and establish employment and education services statewide.</p>	<p>Objective 3.2.1 - Identify current programs and barriers in both urban and rural counties. Develop a continuum across available services to describe funding gaps and create a strategic plan to address barriers.</p> <p>Objective 3.2.2 - Increase engagement of employment services for individuals in recovery.</p> <p>Objective 3.2.3 - Work with Medicaid and other sources to expand</p>	<p>Indicator: Increase integrated and competitive employment opportunities through Supported Employment (SE)/Individual Placement and Support (IPS) Baseline: Two LMHAs engaged in SE/IPS providing services to approximately 100 individuals per year Education Baseline: Increase measured from admit to discharge. Target: Engage two rural LMHAs and encourage hiring an</p>

	<p>services through various funding mechanisms.</p> <p>Objective 3.2.4 - Increase the number of SUD participants employed/attending school.</p> <p>Objective 3.2.5 - Encourage IPS employment specialists to attend trauma-informed training and motivational interviewing.</p>	<p>employment specialist to provide SE/IPS services. Engage all accredited Clubhouses to provide SE/IPS services to approximately 25 additional individuals.</p> <p>Timeframe: 2014-2019</p> <p>Responsible: Supported Employment Program Manager (Sharon Cook)</p> <p>OUTCOMES - UPDATES:</p> <p>Update June 2019</p> <ul style="list-style-type: none">● 3.2.1 - The Supported Employment Coordinating Committee (SECC) will continue to address SE/IPS sustainability and scalability. The data evaluator with U of U Criminal Justice Center will provide data outcomes to identify gaps and improve SE/IPS services.● 3.2.2 - Total of eight sites are continuing to provide SE/IPS services and three accredited Clubhouses are in providing SE/IPS services.<ul style="list-style-type: none">○ Alliance House hired an FTE IPS Trainer and continues to provide IPS training for accredited Clubhouses and Clubhouse-like programs.○ All employment specialists have received online IPS practitioner training and receive quarterly training from the statewide IPS trainer.○ All employment specialists have received ACRE certification to become vendors for job coaching services.● 3.2.3 - Psychoeducational services and Targeted Case Management billing and VR Milestone payments are being used as a funding method to sustain SE/IPS.
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<p>Goal 3.3 Provide MH and SUD services in a trauma informed environment for clients and staff.</p>	<p>Objective 3.3.1 - Review Division Directives and contracts to include the provision of services in a trauma informed environment.</p> <p>Objective 3.3.2 - Create a Trauma Informed Workgroup that reports to the UBHC Clinical Directors to make recommendations about changes in policy, procedures, and funding strategy to move to a TIC system.</p>	<p>Indicator: Increase trauma informed services for clients Baseline: Four LAs are currently undergoing training Target: All LAs would be trained in trauma informed approach Timeframe: FY18 Responsible: SUD and MH Program Administrators (Becky King, Robert Snarr)</p> <p>OBJECTIVE COMPLETE: Objective 3.3.2 Provide increased training and technical assistance for Local Authorities. Through the CABHI Grant, providing evidence based training on Trauma Informed Care (TIC).</p> <p>OUTCOMES - UPDATES - 2019: The following statewide trauma-informed and gender responsive training events were provided for Local Authority and Private SUD and MH Providers:</p> <ul style="list-style-type: none"> ● <u>Seeking Safety Youth Training - Utah State Youth Treatment Implementation Grant</u> <ul style="list-style-type: none"> ○ January 9 - 10, 2019 ● <u>Trauma Recovery and Empowerment Model for Women and Men</u> <ul style="list-style-type: none"> ○ May 7-8, 2019 ● <u>Seeking Safety Webinar</u> <ul style="list-style-type: none"> ○ June 25 - 26, 2019

		<ul style="list-style-type: none"> ● <u>Utah Trauma Academy</u> <ul style="list-style-type: none"> ○ October 21 - 25, 2019
<p>Goal 3.4 Develop an array of non-clinical services designed to provide necessary supports for individuals seeking recovery or in early recovery.</p>	<p>Objective 3.4.1 - Expand contract language to encourage and incentivize expansion of services providing early intervention and post-acute treatment services to support recovery.</p> <p>Objective 3.4.2 - Work with appropriate committees and groups to ensure that essential health benefits in Utah include early intervention and recovery support services in insurance plans.</p> <p>Objective 3.4.3 - Work with state and local community stakeholders to continue developing recovery oriented standards of care and work towards implementation planning and delivery.</p> <p>Objective 3.4.4 - Recovery Support data specifications reported from each LA into TEDS.</p> <p>Objective 3.4.5 - Expand funding sources and opportunities to support and expand Recovery Support Services to the Local Authorities and other community partners.</p>	<p>Indicator: Increase recovery oriented support services to clients.</p> <p>Baseline: Scorecard history of recovery oriented services including: employment, housing, and peer support related services.</p> <p>Target: Increase recovery oriented support services provided by 5%.</p> <p>Timeframe: SFY20</p> <p>Responsible: Adult Mental Health and SUD Program Administrators (Pam Bennett and Shanel Long)</p> <p>OUTCOMES - UPDATES - July 2019:</p> <ul style="list-style-type: none"> ● 3.4.1- FY19 Division Directives modified RSS services (RSS manual and approved service list continually updated); Contract developed for provide funding for LBHS to work with LGBTQ Latinx youth. ● 3.4.3- ROSC and UBHC committee continue to address RSS and best practices. ROSC committee looking at Recovery Capital Scales: Possible selection: DLA-SUD. USARA developed Recovery Support Guidelines. ● 3.4.4- 9 out of the 13 Local Authorities are now reporting in TEDS RSS services. <ul style="list-style-type: none"> ○ RSS services to be expanded in FY20 to expand RSS services to additional clients and to use additional funding sources. ● 3.4.5- TANF Contracts to increase and support RSS services through CPSS: USARA Completed & SouthWest completed contracted ends June 30,2019. CPSS services will be expanded under

		<p>the RSS program to all LAs.</p> <ul style="list-style-type: none"> • RSS Funding for FY20: JRI, Drug Court, Corrections, SOR, ORG-Recovery Residence (WFS), SABG MHBG.
<p>Goal 3.5 Improve permanent supported housing services across the state.</p>	<p>Objective 3.5.1 - Identify current Permanent supported housing programs and barriers in both urban and rural counties.</p> <p>Objective 3.5.2 - Develop a continuum across available services and create a strategic plan to address barriers.</p> <p>Objective 3.5.3 - Explore Medicaid services to maximize funding mechanisms and ensure that those eligible for Medicaid are enrolled.</p>	<p>Indicator: Explore the development of additional funding for services to help individuals access permanent supported housing.</p> <p>Baseline: Scorecard for housing indicators to show length of stay, income, employment, mainstream benefits.</p> <p>Target: Timeframe- SFY20</p> <p>Responsible: Program Administrator-Adult Mental Health (Robert Snarr)</p> <p>OUTCOMES - UPDATES:</p> <ul style="list-style-type: none"> • DSAMH continues to work with Local Authorities and State Medicaid to improve funding opportunities for services to individuals seeking admission and those enrolled in permanent supported housing. • State Medicaid recently approved a SPA to allow to provide ACT and ACOT services as a bundled rate increasing the opportunity to provide needed services.
<p>Goal 3.6 Promote JRI certification and implementation throughout public and private MH and SA systems.</p>	<p>Objective 3.6.1 - Identify JRI providers and have them complete application for certification.</p> <p>Objective 3.6.2 - Promote JRI throughout the State also identify and address barriers.</p> <p>Objective 3.6.3 - Require each local authority to develop an annual plan that identifies their JRI committee and implementation plans.</p>	<p>Indicator: Increase the number of certified JRI providers that are trained in the use of evidence based practices</p> <p>Baseline: 99 sites, 24 private providers and all 13 Local Authority Providers certified</p> <p>Target: Maintain the certification process and continual certification of new and current providers</p> <p>Timeframe: SFY 2019</p> <p>Responsible: Program Manager Justice Certification</p>

	<p>Objective 3.6.4 - Develop treatment standards for all public and private facilities and promote compliance of those standards to all providers.</p> <p>Objective 3.6.5 - Increase the number of providers and individuals trained in EBP.</p>	<p>(Thom Dunford)</p> <p>OUTCOMES - UPDATES:</p> <p>July 2019</p> <p>3.6.1 DSAMH continues to reach out to public and private stakeholders to educate and inform them on the JRI certification process. New agencies continue to submit applications for Justice Certification on a monthly basis. The following update reflects the current certified provider count:</p> <ul style="list-style-type: none"> ● Received applications for 251 sites (up 32 over SFY 18) representing 110 (up 17 over SFY 18) private agencies and all 13 Local Authorities ● Provisionally certified 208 sites (up 17 over SFY 18) with 168 (up 8 over SFY 18) private agency sites and 40 Local Authority sites ● Provisionally certified 6 prison programs ● Provisionally certified 15 jail programs ● Provisionally certified 22 Adult Probation and Parole Programs ● Revoked certification on 2 agencies 6 sites ● Reinstated certification on 2 agencies 5 site <p>3.6.2 The Justice Program Administrator is a member of the following committees:</p> <ul style="list-style-type: none"> ● CCJJ JRI Implementation Committee ● USAAV Justice Committee ● DOC/ASCENT Community Reentry committee ● SB 205 Workgroup with Rep. Brad Daw ● Inmate Healthcare Study Work Group With CCJJ <p>3.6.3 The FY 2019 annual review of Local Authority programs was completed and all Local Authorities are holding regular implementation committee meetings. Some are very strong and collaborative in their function.</p>
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		<p>3.6.4 DSAMH continues to review program standards that are established in R523-4. A quarterly outreach meeting is held with a group of private providers and standards are regularly discussed. The Division is in a current rule revision process that makes sweeping changes to the certification process and simplifies screening and assessment expectations.</p> <p>3.6.5 The following training has been offered to increase the use of EBPs:</p> <ul style="list-style-type: none"> ● 3rd annual Utah Criminal Justice Conference at the University of Utah ● The Fall Substance Use Conference- September 2018 ● ASAM <ul style="list-style-type: none"> ○ ASAM Skill-Building 2-day training opened to 40 participants Completed: <ul style="list-style-type: none"> ■ March 20-21, 2018 ■ August 10-11, 2018 ■ October 23-24, 2018 ○ MI Enhanced ASAM/Tx Planning 2-day training opened to 42 participants Completed: <ul style="list-style-type: none"> ■ May 21-22 , 2018 ■ January 16-17, 2019 ■ February 12-13, 2019 ■ April 2-3, 2019 ■ July 4 - 5, 2019 ■ July 25 - 26, 2019
<p>Goal 3.7 Improve outcomes related to mental health treatment.</p>	<p>Objective 3.7.1 - Demonstrate client’s self-report improved functioning after mental health services.</p> <p>Objective 3.7.2 (New Objective) - Expand mental health service array</p>	<p>Indicator: Positive outcomes (stable, improved and in recovery) during treatment (or discharged) as measured by OQ.</p> <p>Baseline FY2015: Reporting positive OQ outcomes -</p>

	<p>to include occupational therapy and cognition health that improve the person’s ability to perform daily activities so he/she may fully participate in community living (e.g., in school, employment, and social situations).</p>	<p>84.1% Adults Target (DHS target): 69% of clients report positive outcomes Timeframe: 2019-2021 Responsible: Mental Health Administrator (Pam Bennett) Indicator: Providers’ organizational capacity to assess for and provide occupational therapy and cognitive remediation service. Baseline: Utah’s public mental health system does not currently assess for or provide occupational therapy and cognitive remediation services. Target: Clients are routinely assessed for their needs for occupational therapy and cognitive remediation and services are available if such needs are identified. Timeframe: August 2019-June 2020: OT is available in Utah, Davis and Weber counties. Cognitive remediation training is provided for Utah, Davis and Weber counties. July 2020-June 2022: OT is available through integrated health/behavioral health sites Cognitive health is included in standard service arrays in Utah, Davis and Weber counties Responsible: Adult mental health program (Ming Wang)</p> <p>OUTCOMES-UPDATES: July 2019 3.7.1 - FY18 Scorecard indicates that 84.96% in treatment and 84.83% are discharged with positive outcomes. 3.7.1 - FY19 site monitoring demonstrated that several Local Authorities are not using the OQ as a clinical intervention as required.</p>
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<p>Goal 3.8 Expand access and participation in evidence-based treatment services for opioid use disorders.</p>	<p>Objective 3.8.1 - Increase the number of qualified prescribers who can prescribe medications approved to treat opioid use disorder.</p> <p>Objective 3.8.2 - Increase participation in Opioid Treatment Programs (OTP).</p> <p>Objective 3.8.3 - Increase access and use of Naltrexone, Vivitrol, and Buprenorphine.</p> <p>Objective 3.8.4 - Increase use and training of SBIRT.</p> <p>Objective 3.8.5 - Improve treatment retention for individuals with opioid use disorders.</p> <p>Objective 3.8.6 - Increase number and percent of clients with opioid use disorder who complete treatment successfully.</p> <p>Objective 3.8.7 - Increase the number of clients with public/private insurance.</p> <p>Objective 3.8.8 - Increase the number of individuals voluntarily participating in Community Support Activities.</p>	<p>Indicator: 3.8.1 # of Providers waived to prescribe MAT through SAMHSA Baseline FY2017: 288 Target: Increase providers by 1% each year, focusing on Rural Areas TimeFrame: May 2017 - May 2018 Responsible: SUD Program and Opioid STR Administrator (Shanel Long and VaRonica Little)</p> <p>OUTCOMES-UPDATES: Update: July 2018 342 unduplicated waived physicians Update: June 2019 388 unduplicated on the SAMHSA waived physician locator public list. Indicator: 3.8.2 # of Participants in OTP's based on Quarterly and Annual Reports. Baseline: Calendar Year 2013, 1449 participants Target: Increase participants by 5% within 2 years TimeFrame: Update Annually, per calendar year OUTCOMES-UPDATES: Update: CY2017 Average census 2724 CY 2018 Average census 2847 Indicator: 3.8.3 Increase the use of all forms of FDA approved Medication Assisted Treatment including but not limited to Methadone, Naltrexone, Vivitrol and Buprenorphine within the public providers. Baseline: FY17 1624 Target: Increase baseline by 5% TimeFrame: State Fiscal Year monitoring. OUTCOMES: FY2018 2166 These numbers are pulled from our state fiscal year TEDs submissions of clients served with OUD that have the MAT or Methadone indicators. Indicator: 3.8.4 Providing SBIRT Trainings to partners</p>
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		<p>Baseline: None</p> <p>Target: Complete at least 2 trainings in behavioral and physical health settings.</p> <p>TimeFrame: May 1, 2017- May 1, 2019</p> <p>OUTCOMES: July 2018 Eight in-person trainings with 239 participants. Update: June 2019 Ten in-person trainings and 720 participants in the online SBIRT training throughout the year.</p> <p>Indicator: 3.8.5 Treatment Retention</p> <p>Baseline: FY2016 62.7% (retained in treatment for a minimum of 60 days)</p> <p>Target: Increase by 5% of baseline</p> <p>TimeFrame: Annual Monitoring.</p> <p>OUTCOMES:</p> <p>*FY2017 57.8%</p> <p>*FY2018 55.4%</p> <p>*The annual reporting data for this has changed and the retention rate went from retained in treatment for 60 days or more to retained in treatment for 90 or more. This continues to only indicate those with OUD as primary diagnoses which makes year to year accurate comparison but not the baseline.</p> <p>Indicator: 3.8.6 OUD clients who successfully complete treatment</p> <p>Baseline: FY2016 36.1%</p> <p>Target: Increase 5% of baseline</p> <p>TimeFrame: Annual Monitoring</p> <p>OUTCOMES: FY2017 34.2%</p> <p>FY2018 40.2%</p> <p>*limitation of data is that only those with primary OUD can be identified with outcome data.</p> <p>Indicator: 3.8.7 Percent of clients with insurance</p> <p>Baseline: Service was not provided previously</p>
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		<p>Target: Enroll 200 Clients per year TimeFrame: May 1, 2017 - May ,1 2019 OUTCOMES: July 2018 438 new enrollments into insurance programs between May 1, 2017 - April 30, 2018 Update: June 2019 between April 2018 - May 1, 2019 there were 1,424 new enrollments into insurance programs Indicator: 3.8.8 OUD clients engagement in Recovery Support Services within the public system. Baseline: FY 16 18.1% Target: Increase by 10% from baseline TimeFrame: May 1, 2017 - May 1, 2019 OUTCOMES: FY17 33.3% FY18 30.5%</p>
<p>Goal 3.9 Provide MH and SUD services in a culturally and linguistically competent environment for clients and staff.</p>	<p>Objective 3.9.1 - Collaborate with UBHC to identify areas of strengths and challenges in culturally and linguistically competent care.* Objective 3.9.2 - Collaborate with UBHC to develop a system-wide cultural competency plan. * Cultural and linguistic competence include but are not limited to racial/ethnic minorities, people who are deaf or hard of hearing, and people with diverse sexual orientation and gender identities.</p>	<p>Indicator: Increased culturally competent services for clients Baseline: No cultural competence strategic plan in place Target: a system-wide cultural competence strategic plan is developed in collaboration with UBHC Timeframe: FY 20 Responsible: Adult Mental Health Program (Pam Bennett and Ming Wang)</p>
<p>Goal 3.10 Successful transition into adulthood by transition-age youth and young adults (between the ages of 16 and 25)</p>	<p>Objective 3.10.1 - Collaborate with UBHC to identify areas of strengths and challenges improvement in youth-in-transition services. Objective 3.9.2 - Collaborate with UBHC to develop a system-wide youth-in-transition strategic plan. Objective 3.9.3 - Collaborate with the Center for Law and Social Policy (CLASP) to implement policy initiatives to improve system-wide</p>	<p>Indicator: Seamless transition from children to adult MH/SA systems as evidenced by service coordination and improved client functioning outcomes Baseline: No youth-in-transition strategic plan in place Target: a system-wide youth-in-transition strategic plan is developed in collaboration with UBHC Timeframe: FY 20 Responsible: Adult Mental Health Program (Ming Wang)</p>

with mental health conditions and/or SUD.	youth-in -transition services.	
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Strategic Initiative #4 – Improve Care for Children and Youth

GOALS	OBJECTIVES	METRICS
<p>Goal: 4.1 Improve access to care and outcomes for School-Based Behavioral Health.</p>	<p>Objective 4.1.1 - Improve School-Based Behavioral Health (SBBH) partnerships through increased number of Schools and Local Education Agency (LEA) partnerships.</p> <p>Objective 4.1.2 - Increase the number of children and youth receiving SBBH services.</p> <p>Objective 4.1.3 - Improve SBBH outcome data measures (e.g. YOQ, GPA, Office Disciplinary Referrals).</p> <p>Objective 4.1.4 - Increase access to SBBH through Telehealth related services.</p>	<p>OUTCOMES</p> <p>4.1.1 Indicator: Increased number of LEA with LA partnerships. Baseline FY16: 256 schools Target: Increase by 5% per year. Timeframe: Annually Update FY19: 323 schools</p> <p>4.1.2 Indicator: Increased number of children and youth served. Baseline FY16: children/youth served: 2,439 MHEI/4,084 total Target: Increase by 5% per year. Timeframe: Annually Update FY19: children/youth served:</p> <p>4.1.3 Indicator: Positive outcomes (stable, improved and in recovery) during treatment or post discharge as measured by Y/OQ. Improve GPA or DIBELS literacy score and reduce office disciplinary referrals. Baseline FY16: Average Y/OQ symptom reduction: 22.92% Improved GPA: 7.82% increase (average GPA went from 2.2 to 2.3) or DIBELS: 49.8% increase</p>

		<p>Reduced office of disciplinary referrals: 38.11% reduction Target: Increase by 10% per year. Timeframe: Annually Update FY19: Average Y/OQ symptom reduction: 18% reduction Improved GPA: -4.5 % decrease (average GPA went from 2.8 to 2.7) or DIBELS: 33% increase Reduced office of disciplinary referrals: 25% reduction</p> <p>4.1.4 Indicator: Increased number of LEA with LA partnerships. Baseline: FY19:12 public schools and 1 home school participated with 67 students being served Target: Increase by 5% per year. Timeframe: Annually Responsible: Children/Youth Assistant Director, Children/Youth Program Administrator and Program Manager (Eric Tadehara, Leah Colburn, Codie Thurgood)</p>
<p>Goal 4.2 Increasing system knowledge for adolescent co-occurring substance use and mental health disorders treatment.</p>	<p>Objective 4.2.1 - Develop and publish dashboard with data regarding the provision of services and outcomes for adolescents with co-occurring substance use and mental health disorders.</p> <p>Objective 4.2.2 - Increase utilization of LMHA/LSAA supplied data regarding the provision of services and outcomes for adolescents with co-occurring substance use and mental health disorders.</p>	<p>Indicator: Adolescent Dashboard for Co-Occurring MH and Substance Use Disorders developed and used. Baseline: None, this would be a newly developed Scorecard. June 2018: Dashboard developed and published Data Source: SAMHIS, Local Authority Reports Responsible: Children, Youth and Family Program Administrator and Research Consultant/Business Analyst (Leah Colburn, Ryan Carrier)</p> <p>OUTCOMES - UPDATES: July 2018: The dashboard is completed and is being updated as needed.</p>
<p>Goal 4.3</p>	<p>Objective 4.3.1 - Evaluate and measure treatment quality and</p>	<p>Indicator: Annually review 24+ private and public</p>

<p>Improve the quality of adolescent SUD treatment services through evaluation.</p>	<p>effectiveness. Create a continuous quality improvement system through the Utah Quality Youth Treatment Project.</p> <p>Objective 4.3.2 - SRI will create The Utah Directory of Quality Youth Treatment dashboard and website, and evaluation tools.</p> <p>Objective 4.3.3 - Evaluation strives to meet improvement benchmarks. Bi-Annual and Annual Reports generated for agencies and DSAMH Program Administrators.</p>	<p>adolescent SUD treatment providers during the project period (January 1, 2016 - June 30, 2021).</p> <p>Baseline: 24 Providers/Agencies, including 13 local authorities have been evaluated.</p> <p>Target: Increase the number of new participating agencies by 5 from baseline in FY20, and the number of new, additional participating agencies by 10 from baseline in FY21</p> <p>Timeframe: January 1, 2016 - June 30, 2021 Bi-annual and annual reports will be provided regarding the progress and effectiveness of this project.</p> <p>Responsible: SUD Program Administrator and Youth SUD Program Manager (Shanin Rapp and Shanel Long)</p> <p>OUTCOMES - UPDATES:</p> <p>4.3.1 Twenty-four public, private, and one tribal treatment provider commit to participate in the improved Quality Youth Treatment Project. UPDATE: May 2019 Five locations visited and many prepared after early pre-emptive visits from SRI. Many sites have no youth currently being treated or any outside referrals coming in. Recruiting private programs to come aboard has some challenges.</p> <p>4.3.2 UPDATE: MAY 2019 Project tools include the evaluation form, pre and post surveys for each agency, and youth input surveys. Website is under construction. Dashboard Directory is under construction.</p> <p>4.3.3 UPDATE: May 2019 Evaluation reports for agencies are being redesigned to include a creative recruitment piece</p>
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		<p>per each agency. Tools reconsidered to address recruitment and retention plans for agencies, where many sites aren't currently receiving and treating youth.</p>
<p>Goal 4.4 Improve SUD and co-occurring early intervention, treatment and recovery support services for adolescents and transitional-aged youth ages 12-25.</p>	<p>Objective 4.4.1 - Provide training, consultation, and technical assistance to five treatment agencies using Gain Q3 MI, A-CRA, and training in the implementation of the Trauma-Informed Approach (TIA), Seeking Safety, and Adolescent Development.</p> <p>Objective 4.4.2 - Utilize the Unsafe Behavior Inventory for Youth (UBI-Y) as a screening tool to increase youth input and evaluation of service efficacy.</p> <p>Objective 4.4.3 - Continual participation in discussions to improve access to early intervention, treatment, and recovery support services.</p>	<p>Indicator: Five public youth treatment providers and one tribal site using particular evidence-based tools and modalities</p> <p>Baseline: All six agencies trained in 2017</p> <p>Target: Compliance and fidelity monitoring quarterly, biannually, and annually, with a focus on youth feedback.</p> <p>Timeframe: Utah SYT Implementation project period (September 30, 2017 - June 30, 2021).</p> <p>Responsible: SUD Program Administrator and Youth SUD Program Manager (Shanin Rapp and Shanel Long)</p> <p>OUTCOMES - UPDATES: Implementation Grant, Utah YT-I, Oct. 2017. 4.4.1 - Gain Q3-MI, Adolescent Community Reinforcement Approach-A-CRA, TIA, Seeking Safety, Adolescent Development UPDATE 2019: Continued efforts to utilize EBPs. Gain Q3-Mi is not liked by the agencies, it's too redundant in their screening process. Reports indicate the agencies like A-CRA. Certification for agencies has continued. A-CRA and Gain Q3 MI have regular fidelity call opportunities. Seeking Safety training and fidelity calls, Trauma-Informed Care training and fidelity calls, and Adolescent Development Training all within FY19. GPRA data being collected. 4.4.2 Good feedback about the UBI-Y tool. Providers are experiencing good feedback from the youth. Baseline measurements at intake and follow-up 8 to 12 weeks later. Fidelity monitoring is ongoing</p>

		<p>4.4.3 UPDATE 2019: Several smaller work groups have combined to address the all-time low numbers of referrals for youth to the continuum of treatment services. The group is called the Youth Treatment Referral Work Group, currently meeting monthly through the end of 2019.</p>
<p>Goal 4.5 Improve outcomes related to mental health early intervention services.</p>	<p>Objective 4.5.1 - Demonstrate client's improved functioning after receiving Family Resource Facilitation (FRF)/Family Peer Support Services.</p> <p>Objective 4.5.2 - Demonstrate client's improved functioning after receiving Youth Mobile Crisis services.</p> <p>Objective 4.5.3 - Demonstrate client's improved functioning after receiving Clinical High Risk for Psychosis services.</p> <p>Objective 4.5.4 - Build and grow the mental health early intervention programs (Clinical High Risk for Psychosis, Family Resource Facilitator (FRF) and Mobile Crisis).</p>	<p>Indicator: Positive outcomes (stable, improved and in recovery) during treatment or post discharge as measured by proxy outcomes: FRF: (Data outcomes collected by the Utah Family Coalition FRF database) to include staying at home with proper supports, being enrolled at school, and staying out of legal trouble Mobile Crisis: Avoiding police involvement and out-of-home placement. Clinical High Risk for Psychosis: Delayed onset or prevention of first episode psychosis.</p> <p>Baseline FY2017: At home with proper support: 69% Enrolled at school: 22% Staying out of legal trouble: 63% Avoiding police involvement: 44.4% Avoiding out-of-home placement: 32.88%</p> <p>Targets: At home with proper support: 70% Enrolled at school: 30% Staying out of legal trouble: 70% Avoiding police involvement: 73% Avoiding out-of-home placement: 68%</p> <p>Timeframe: Annually</p> <p>4.5.3</p>

		<p>Indicator: SPARS data client level functioning Baseline: No data available Target: 75% of clients receiving clinical high risk for psychosis services demonstrate improved SPARS data at discharge Timeframe: FY20-21 Responsible: Adult Mental Health Program Managers (Ming Wang and Mindy Leonard)</p> <p>4.5.4 Indicator: Availability and quality of clinical high risk for psychosis services in Utah’s public mental health system Baseline: Clinical high risk for psychosis services are available in Utah, Davis and Weber counties. Target: One additional local mental health authority provides clinical high risk for psychosis services. Timeframe: FY20-21 Responsible: Adult Mental Health Program Managers (Ming Wang and Mindy Leonard)</p> <p>OUTCOMES - UPDATES: 4.5.1 FY2019: At home with proper support: 67% Enrolled at school: 23% Staying out of legal trouble: 63% Avoiding police involvement: 71.3% Avoiding out-of-home placement: 23.7% Responsible: Children, Youth, and Families Team for FRF and Mobile Crisis (Eric Tadehara, Leah Colburn, and Tracy Johnson) Adult Mental Health Program for Clinical High Risk for Psychosis. (Jeremy Christensen and Ming Wang)</p> <p>4.5.4</p>
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		<p>Baseline FY2017 (FRFs): July, 2017: Total of 59 FRFs/Family Peer Support; 2,410 children were served by FRFs. Mobile Crisis Teams: July 2017: Provided in 4 counties (Washington, Iron, Utah, and Salt Lake); 4,193 served by mobile crisis teams. Targets: FRF: Continue to maintain and grow the number of certified FRFs, Family Peer Support, and Wraparound Specialists. Maintain 55-65 total FRFs through LMHAs. Mobile Crisis Teams: 5% increase in the number served</p> <p>OUTCOMES-UPDATES: UPDATES FY19 FRF: 40 FRFs statewide in each catchment area, 1,819 of children served by FRF. Mobile Crisis Teams: Provide in 4 counties (Salt Lake, Utah, Iron, and Washington; Davis County shifted funding to School Based Behavioral Health); 3,639 children and youth served.</p>
<p>Goal 4.6 Increase system knowledge and ability to provide services to children and youth with co-occurring mental health and intellectual/develop mental disabilities.</p>	<p>Objective 4.6.1 - DSAMH will collaborate with the Division of Services for People with Disabilities, Family Advocacy Agencies, System of Care, UNI Home, and Department of Health to identify gaps and barriers in service delivery.</p> <p>Objective 4.6.2 - DSAMH will partner with allied agencies to increase workforce development to improve competencies and skills in providing services to children and youth with complex issues.</p>	<p>Indicator: Gaps and barriers are identified and shared with partners . Baseline: Zero gaps and barriers formally identified. Target: One coordinated plan identifying gaps and barriers. Plan will include ways to improve workforce development across systems. Timeframe: FY20 Responsible: Children, Youth, and Families Team</p> <p>OUTCOMES: Update August 2019: NADD has provided 2 trainings. The first training was</p>

		<p>focused on Professional skill development as a Train the Trainer. 25 people participated in this training. The second training was focused on partners, community members, and families. 130 individuals participated. There will be 2 additional sets of training to be held by June 2020.</p>
<p>Goal 4.7 Improve collaboration among child serving entities and provide consultation for early childhood mental health.</p>	<p>Objective 4.7.1 - DSAMH will participate in statewide and inter-agency councils focused on early childhood health</p> <p>Objective 4.7.2 - DSAMH will lead efforts to engage with community partners and include national technical assistance to develop a formal structure and model for early childhood consultation</p>	<p>Indicator: Formalized structure for collaboration and consultation for early childhood mental health is established, as well as ongoing workforce development opportunities.</p> <p>Baseline: Limited collaboration among child serving entities for early childhood mental health as well as limited access for early childhood mental health training</p> <p>Timeframe: SFY18-SFY20.</p> <p>Responsible: Children, Youth, and Families Program Administrator (Leah Colburn and Codie Thurgood)</p> <p>OUTCOMES:</p> <p>Update July 2018: A previous needs assessment for infant and early childhood mental health services was reviewed and updates made. A vision statement and goals have been developed to begin efforts to create a clear structure for collaboration and consultation, as well as workforce development. Community partnerships have also been developed to bring national infant and early childhood competencies and endorsements to Utah. No direct funding is supporting infant and early childhood mental health at this time; but efforts are being made to secure needed funding.</p> <p>Update July 2019: Input on infant and early childhood mental health has been provided for a qualitative and quantitative statewide needs assessment being</p>

		<p>completed by the Office of Child Care through a Preschool Development Grant. Efforts are being made towards workforce development around infant and early childhood mental health. No direct funding is supporting infant and early childhood mental health at this time; but efforts are being made to secure needed funding.</p>
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Strategic Initiative #5 – Health System Integration

GOALS	OBJECTIVES	METRICS
<p>Goal 5.1 Increase partnerships with Department of Health, accountable/ care organizations (ACOs), federally qualified health centers (FQHCs), and the Local Authorities.</p>	<p>Objective 5.1.1 - DSAMH will collaborate with Department of Health/Medicaid to facilitate at least three meetings to discuss integration with Local authorities, ACOs and FQHC representatives annually.</p> <p>Objective 5.1.2 - Require each local authority to develop an annual plan that describes their efforts to integrate services.</p> <p>Objective 5.1.3 - Local authorities will contract for services with FQHCs.</p> <p>Objective 5.1.4 - Local authorities will contract for services with ACOs.</p> <p>Objective 5.1.5 - Educate FQHCs regarding trauma-informed care. Find out what is already being done.</p>	<p>Indicator: Number of local authorities that submit integration area plan. Baseline: in SFY 2016, 100% of local authorities submitted integration plan. Target:100% in SFY 2018 Timeframe: 2015-2018 Responsible: SUD Program Administrator and Assistant Director Adult Mental Health (Shanel Long and Jeremy Christensen)</p> <p>OUTCOMES - UPDATES: July 2019 Update 5.1.1 DSAMH Leadership meeting with Medicaid expansion and regularly to discuss integration. DSAMH hosted 6 Webinar trainings provided by Medicaid to educate on TAM (Justice Involved, SUD providers, OTP’s). 5.1.2 All FY20 Local Authority Area Plans have been reviewed. LAs were required to provide more detail regarding integrated care. 5.1.3 and 5.1.4 FY20 Area Plans describe contracts with 18 FQHCs and relationships with several ACOs. 5.1.5 Trauma informed care trainings were provided, FQHC’s were a targeted audience member for these trainings.</p>

<p>Goal 5.2 Services will address an individual's substance abuse, mental health, and physical healthcare needs.</p>	<p>Objective 5.2.1 - Provide or arrange for a diabetes/HIV/TB screening, as indicated.</p> <p>Objective 5.2.2 - Identify tobacco use in the assessment and offer resources as indicated.</p> <p>Objective 5.2.3 - Provide services in a tobacco free environment.</p> <p>Objective 5.2.5 - Provide information to individuals on physical health concerns and ways to improve their physical health including referrals where needed.</p> <p>Objective 5.2.6 - Incorporate wellness and physical care into individual person centered Recovery Plans as needed.</p> <p>Objective 5.2.7 - Increase coordination of care between physical health providers and behavioral health providers.</p> <p>Objective 5.2.8 (New Objective) - Provide training to physical health providers in identifying youth and young adults at high risk for psychotic disorders or suffering from first episode psychosis.</p>	<p>Indicator: Percent of clients using tobacco at discharge will decrease from admission.</p> <p>Baseline: FY16 based off outcome data for each LA.</p> <p>Target: Decrease by 1% by each LA in FY20- outcome data.</p> <p>Timeframe: SFY17-SFY21</p> <p>5.2.1 New Indicator: Number of Local Authorities trained by the Health Department to conduct communicable disease testing or that has the health department coming to provide testing directly.</p> <p>Baseline: 2019 None officially</p> <p>Target: 2020 Four Local Authorities will be trained or have an agreement with the Health department to provide communicable disease testing.</p> <p>Timeframe: SFY19-SFY21</p> <p>Responsible: SUD Program Administrator (Shanel Long)</p> <p>5.2.8</p> <p>Indicator: Referral for clinical high risk for psychosis and the first episode psychosis services from physical health providers.</p> <p>Baseline: Utah’s physical health providers have little to no knowledge about clinical high risk for psychosis and first episode psychosis to make referrals to mental health system.</p> <p>Target: Three physical health providers receive training on warning signs of clinical high risk for psychosis and the first episode psychosis services.</p> <p>Timeframe: FY20</p> <p>Responsible: Adult Mental Health Program Managers (Ming Wang and Mindy Leonard)</p> <p>OUTCOMES - UPDATES: FY2019 Updates:</p>
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		target to serve 350 individuals in SFY19.
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