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

Revised November 2018

*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 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**
Goal 1.1 Prevent and reduce underage drinking	Objective 1.1.1 Reduce community norms favorable to underage drinking Objective 1.1.2 Reduce parental attitudes favorable towards underage drinking	**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

	Objective 1.1.3 Reduce youth access to alcohol Objective 1.1.4 Increase Communities That Care coalitions Objective 1.1.5 Increase access to person-centered prevention services. Objective 1.1.6 Decrease risk factors and increase protective factors	PoVey) **OUTCOMES - UPDATES:** **2017: 6.7% all grades (stable)**
Goal 1.2 Prevent and reduce prescription drug misuse and abuse	Objective 1.2.1 Reduce community norms favorable to misuse and abuse Objective 1.2.2 Reduce illicit access to prescription drugs Objective 1.2.3 Increase Communities That Care efforts Objective 1.2.4 Increase access to person-centered prevention services Objective 1.2.5 Decrease risk factors and increase protective factors	**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 **BRFSS: Older Adult** **Target:** Youth: 1.0, all grades, 2023 **Timeframe:** 2013-2023 **Responsible:** Prevention Program Administrator (Craig PoVey) **OUTCOMES - UPDATES:** **2017: Youth 2.4%, All grades (stable)**
Goal 1.3 Prevent and reduce marijuana use	Objective 1.3.1 Reduce community norms favorable to misuse and abuse Objective 1.3.2 Reduce access to marijuana Objective 1.3.3 Increase Communities That Care efforts Objective 1.3.4 Increase access to person-centered prevention services Objective 1.3.5 Decrease risk factors and increase protective factors	**Indicator:** Decrease 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) **OUTCOMES - UPDATES:** **2017: 6.1%, All Grades (slight increase)**

Goal 1.4 Prevent and reduce depression and other mental illness	Objective 1.4.1 Identify opportunities to integrate Substance Use Disorder (SUD) and mental illness prevention systems, models, policies, and practices Objective 1.4.2 Increase access to evidence based programs proven to reduce mental illness Objective 1.4.3 Promote, educate, and provide leadership to increase the number of Communities That Care Coalitions addressing mental illness issues Objective 1.4.4 Decrease risk factors and increase protective factors.	**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) **OUTCOMES - UPDATES:** **2017: 18%, all grades (Increase)**
Goal 1.5 Prevent tobacco and nicotine use	Objective 1.5.1 Cooperate with the State Department of Health in the planning and administration of Synar Checks Objective 1.5.2 Reduce community norms favorable to use of tobacco and other nicotine products Objective 1.5.3 Increase Communities That Care efforts Objective 1.5.4 Decrease Risk factors and Increase protective factors	**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) **OUTCOMES - UPDATES:** **2017: 8.6%, all grades (stable)**
Goal 1.6 Prevent and Reduce Opioid Misuse	Objective 1.6.1 Reduce community norms favorable to opioid misuse Objective 1.6.2 Reduce illicit access to opioids	**Indicator:** Decrease the percentage of adults 18+ who report using opioids non-medically (NSDUH) **Baseline: 4.33% (12 and older)**

	Objective 1.6.3 Increase number of coalitions implementing Communities that Care model Objective 1.6.4 Increase access to person-centered prevention services Objective 1.6.5 Decrease risk factors and increase protective factors	**Target: 2.10% (12 and older)** **Timeframe:** 2013-2023 **Responsible:** Prevention Program Administrator (Craig PoVey Outcomes **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 Outcomes- **2017- All grades, 6.4% (stable)** **Responsible:** Prevention Program Administrator (Craig PoVey) **Visits to Use Only As Directed (UOAD) 20,035** **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 - 1055; 84.5% considered evidence based**
Goal 1.7 Reduce overdose deaths	Objective: 1.7.1 Educate the general public on ways to reduce overdose deaths Objective 1.7.2 Educate the general public on Naloxone Objective 1.7.3 Incorporate education,, and distribution of Naloxone kits among strategic plans of Local Substance Abuse Authorities	**Indicator:** Opiate Overdose Deaths **Baseline:** 274, 2013 **Target:**250, 2019 **Timeframe:**2013-2023 **Responsible:** Prevention Program Administrator (Craig PoVey)

	(LSAAs), Local Mental Health Authorities (LMHAs), Communities That Care and other prevention coalitions Objective 1.7.4 Raise public awareness of opioid overdose using STO campaign and other resources Objective 1.7.5 Educate the general public on ways to reduce overdose deaths Objective 1.7.6 Increase availability and usage of Naloxone	**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: - 2018, 2 (two) events scheduled with 50 locations each event** **# of permanent disposal locations added: as of Oct 2018, 183 permanent drop off locations.**

Strategic Initiative #2 – Zero Suicides		
GOALS	**OBJECTIVES**	**METRICS**
Goal 2.1 Support UDOH and other stakeholders in implementation of the Utah Health Improvement Plan	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. 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 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.	**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 Coordinator **Outcomes:** July 2018 - 13 health systems/orgs adopting Zero Suicide. **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 **Outcomes:** July 2018- trained an additional 9000 individuals for total 34,000. **Indicator:** Number of formal partnerships established/engaging in research guided means reduction activities. **Baseline:** Zero partnerships established **Target:** Ten firearm retailers, instructors, enthusiasts in Utah have incorporated suicide education, prevention, and awareness efforts into their businesses. **Time frame:** 2017-2021 **Responsible:** UHIP/Suicide Prevention Coordinator **Outcomes:** 2018 - 7 mini grants awarded to communities to carry out activities.
Goal 2.2 Engage community stakeholders and prevention coalitions in suicide prevention and mental health promotion efforts statewide	2.2.1 Train community members in Gatekeeper awareness and evidence-based trainings 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 2.2.3 Engage Institutes of Higher Education in suicide prevention using the Jed Foundation Campus Model **COMPLETED OBJECTIVES:** 2.1.4 Subcontract with a minimum of 13 local coalitions through Prevention by Design. FY 2016 subcontracted with 24 coalitions statewide for suicide prevention/mental health promotion	**Indicator:** Number of engaged community prevention coalitions **Baseline:** # of prevention coalitions engaging in evidence based suicide prevention efforts **Target:** Increase # of prevention coalitions engaged by 10% **Time frame:** 2015-2021 **Responsible:** Suicide Prevention Coordinator **OUTCOMES - UPDATES (July 2017)** **22 Coalitions engaged in Prevention by Design/Suicide Prevention activities statewide with the following activities:** **<u>Data Outcomes</u>** **Outcome data from the skills based trainings included an**

		evaluation score measuring change in participant's knowledge, understanding and confidence surrounding the skills presented in the training. **These scores are recorded, averaged and stated as a percentage of those who responded either a 4 or 5 on the Likert scale. This percentage is termed the "Evaluation Score." The higher the percentage, the greater the change in knowledge, understanding and confidence. The Evaluation Score for all reported skills based interventions was 94.2%.6** **FY18 Process Outcomes:** **• Skills trainings (e.g. Mental Health First Aid, QPR, ASIST):** **o Number of trainings: 417** **o Number of persons certified: 10,9833** **• Trainer for trainer (T4T) (e.g. QPR, SafeTALK):** **o Number of persons certified as trainers: 51** **• Media and Events (e.g. interviews, articles, flyers etc.):** **o Articles: 64** **o Community Events: 69** **o Flyers: 120,520** **o Take back events: 15** **o Gun safety (i.e. gun locks and other resources): 1312** **• School based activities (e.g. NAMI's Hope for Tomorrow and Hope Squads)4:** **o Number of schools: 48** **o Total number of students involved: 1193** **FY18 Outcomes:** **Received twenty-four proposals with logic models and budget justifications. Seventeen entities were awarded FY2018 contracts totaling $234,000.**

		The Evaluation Score for all FY2018 skills based interventions was 93.45%. **• Skills trainings (e.g. Mental Health First Aid, QPR, ASIST):** **o Number of trainings: 298** **o Number of persons certified: 6,637** **Trainer for trainer (T4T) (e.g. QPR, SafeTALK):** **o Number of persons certified as instructors: 129** **• Coalition activity (directly working with PbD sub-contractors):** **o Number of coalitions: 17** **o Number of coalition meetings: 229** **Number of persons in attendance: 922** **Average attendance: 54** **• Media and Events (e.g. interviews, articles, flyers etc.):** **o Articles: 55** **o Community Events and other Suicide Prevention Strategies: 741** **Number of persons in attendance: 30,506** **Average attendance: 43** **o Flyers, campaign materials etc.: 6475** **o Take back events: 618** **o Gun safety (i.e. gun locks and other resources): 2,973** **• School based activities (e.g. NAMI Hope for Tomorrow, Hope Squads):** **o Number of schools: 293** **o Total number of students served: 5,464**
Goal 2.3 Develop broad based support through	2.3.1 Sustain and strengthen collaborations across agencies and public/private partners to advance suicide prevention	**Indicator:** Participation in Suicide Prevention Coalition meetings **Baseline:** 15 stakeholders represented at meetings **Target:** Maintain or increase number of stakeholders

public/private partnerships dedicated to implementing and sustaining suicide prevention efforts	2.3.2 Provide ongoing leadership to collaborate and coordinate the Utah Suicide Prevention Coalition, including the Executive Committee and relevant workgroups 2.3.3 Update current state suicide prevention plan for 2017	engaged **Time frame:** 2015-2017 **Responsible:** Suicide Prevention Coordinator (Kim Myers) **OUTCOMES - UPDATES (July 2018):** **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**
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	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 2.4.2 Promote the adoption of universal screening for suicide risk within the public behavioral health care system 2.4.3 Promote same day safety planning for individuals who screen positive for suicide risk 2.4.4 Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means 2.4.5 Provide training to community and clinical service providers on the prevention of suicide and related behaviors 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	**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) **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) **OUTCOMES - UPDATES:** **2017 Dec. update- BASELINE Screening: 11% Same Day Safety Plan: 45%** **2016 Screening: 55% Same Day Safety plan: 62%** **Zero Suicide Academy- 19 health/behavioral health care organizations represented**

	2.4.7 Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide	
Goal 2.5 Promote effective programs and practices that increase protection from suicide risk.	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 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 2.5.3 Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk 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 2.5.5 Complete a Suicide Prevention and Gun Study	**Indicator: Number of media stories following safe messaging guidelines and providing crisis resources** **Baseline: TBD** **Target: Decrease percentage of media stories using unsafe messaging by TBD** **Time frame: 2017-2021** **Responsible: Suicide Prevention Coordinator (Kim Myers)** **Indicator: Number of concealed carry instructors using the firearm safety module in their training** **Baseline: 0%** **Target: Increase to 25% of Utah instructors using training module** **Time frame: 2017-2021** **Responsible: Suicide Prevention Coordinator (Kim Myers)**

Strategic Initiative #3 – Promote Recovery		
GOALS	**OBJECTIVES**	**METRICS**
Goal 3.1 Promote and establish Peer	3.1.1 Provide Training for Mental Health (MH) and Substance Use Disorders (SUD) Peer Specialists including evidence-based practices, , Certified Peer Support Specialist (CPSS) training and support for the	**Indicator**: Increase # CPSSs and FRFs who have received training in specialized topics. Baseline: FY18 - 22 CPSSs/FRFs received Cultural

Support Services	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 3.1.2 Educate and Promote the availability of trained PSS to Local Authorities and other potential employers (public and prime vate MH, SUD and health care providers) on 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. - 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 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 NEW GOAL: 3.1.4 Develop Additional Training for Peer Support in the State. - Develop a Peer Supervision Curriculum and Implement Training. - Develop a Integrated Health Training for CPSS's and FRF's, including online training modules.	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) **Timeframe:** 2018-2020 **Responsible:** Cami Roundy **OUTCOMES - UPDATES:** **July 2018** **3.1.1** ● The Annual Peer Support Conference was held on June 8, 2018. Over 200 attended including CPSS's FRF's and other paraprofessionals. ● A total of 83 new CPSSs were trained between October 2017 and July 2018. ● USU has scheduled a Training for August 2018 and October 2018. ● An Integrated Health Curriculum for Peer Support is being finalized by DSAMH and will be available by August 2018 for an endorsement training for CPSS's and FRF's. ● A Cultural Competency Training for CPSS's and FRF's was held in March 2018. **3.1.2** ● LA's have been educated throughout the year on annual monitoring visits regarding the Peer Role and the Value of Peers, as well as the current wages across the state. ● 98 CPSSs and 44 FRFs are employed by the Local Authorities. ● A flyer promoting recovery and the Value of Peer

	- Develop a Suicide Prevention Training for FRF's and CPSS's and a T4T Training on Peer Suicide Prevention. NEW GOAL 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 CEU's for their recertification, as well as educate and support them.	work has been developed and will be handed out in 2018. ● A Supervision Curriculum for the State is being finalized and Supervision will be presented on at the Fall Substance Abuse Conference in 2018. ● A presentation was held by CPSS's and FRF's at the Generations Conference in March 2018. This was to promote the use and role of Peers. A panel of 6 CPSSs and FRFs presented. ● The new website has been developed and the Information and Applications have been updated. **3.1.3** ● Notifications of Job openings have been distributed to the Peer email contact list as they become available.
Goal 3.2 Promote and establish employment and education services statewide	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 Objective 3.2.2 Increase engagement of employment services for individuals in recovery Objective 3.2.3 Work with Medicaid and other sources to expand services through various funding mechanisms Objective 3.2.4 Increase the number of SUD participants employed/attending school	**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 **Target:** Engage two rural LMHAs and encourage hiring an employment specialist to provide SE/IPS services. Engage all accredited Clubhouses to provide SE/IPS services to approximately 25 additional individuals **Timeframe:** 2014-2019 **Responsible:** Supported Employment Program Manager (Sharon Cook)

	Objective 3.2.5 Encourage IPS employment specialists to attend trauma-informed training and motivational interviewing.	Education Baseline: Increase measured from admit to discharge **OUTCOMES - UPDATES:** **May 2018** ● An IPS Trainer was hired at Alliance House to provide IPS training and services for accredited Clubhouses and Clubhouse-like programs. Rural LMHAs engaged in SE/IPS training and provided SE services.. **January 2018** ● 3.2.1 - The Supported Employment Coordinating Committee (SECC) continues to address SE/IPS barriers and provides strategies for sustainability and scalability.3.2.2 - Total of eight sites are providing SE/IPS services. ○ SE/IPS trainer provided statewide quarterly training for all employment specialists for FY18. ○ The employment specialists have completed the Association of Community Rehabilitation Educators (ACRE) training. Expansion sites are implementing the IPS model to fidelity. All of the employment specialists received quarterly on-site IPS training with the IPS statewide trainer in FY18. ○ 3.2.3 - Psychoeducational services and Targeted Case Management billing is being used as a funding method to sustain SE/IPS. Two IPS sites are receiving Vocational Rehabilitation Milestone Payments for providing SE services. An additional expansion site plans to collect Milestones in August 2018. **Update June 2018**

		● 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 the providing SE/IPS services. ○ 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. ● 3.2.4 - Employment specialists are participating in integrated SUD meetings and Drug Court ● First Step House plans to implement IPS to fidelity. ● 3.2.5- Employment specialists will be encouraged to attend upcoming trauma-informed training and motivational interviewing.

Goal 3.3 Provide MH and SUD services in a trauma informed environment for clients and staff	Objective 3.3.1 Review Division Directives and contracts to include the provision of services in a trauma informed environment 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) Objective 3.3.3 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	**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) **OUTCOMES - UPDATES:** **February and April 2018:** The following statewide trauma-informed and gender responsive training events were provided for Local Authority and Private SUD and MH Providers: **Beyond Trauma: A Healing Journey for Women** **Healing Trauma: Brief Intervention for Women** February 20 - 21, 2018 **Voices: A Program for Self-Discovery and Empowerment for Girls** April 24-25, 2018 **Trauma-Informed Approach Training - Salt Lake County Criminal Justice Services** August 8-9, 2018 CABHI (Cooperative Agreement to Benefit Homeless Individuals) arranged and provided training for client specific TIC for the following: Weber Human Services, Davis Behavioral Health, Valley Behavioral Health, Volunteers of America, Utah County Substance Abuse, Wasatch Mental Health

Goal 3.4 Develop array of non-clinical services designed to provide necessary supports for individuals seeking recovery or in early recovery	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 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 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 Objective 3.4.4 Recovery Support data specifications reported from each LA into TEDS Objective 3.4.5 Expand funding sources and opportunities to support and expand Recovery Support Services to the Local Authorities and other community partners	**Indicator:** Increase recovery oriented support services to clients **Baseline:** Scorecard history of recovery oriented services including: employment, housing, and peer support related services **Target:** Increase recovery oriented support services provided by 5% **Timeframe:** SFY18 **Responsible:** (Pam Bennett, Shanel Long) **OUTCOMES - UPDATES:** **June 2018** ● **3.4.1-** FY19 Division Directives modified RSS services (RSS manual and approved service list continually updated) ● **3.4.3-** ROSC and UBHC committee continue to address RSS and best practices. ROSC committee looking at Recovery Capital Scales: Possible selection: BARC-10. USARA developed Recovery Support Guidelines. ● **3.4.4-** 9 out of 13 Local Authorities are now reporting in TEDS RSS services. LA using Credible now reporting using TEDs ● **3.4.5-** TANF Contracts to increase and support RSS services through CPSS: USARA Completed & SouthWest completed. RSS Funding for FY19: JRI, STR, TANF, Drug Court-RSS, Corrections, SOR, ORG-Recovery Residence (WFS) .
Goal 3.5 Improve housing services across the	Objective 3.5.1 Identify current housing programs and barriers in both urban and rural counties	**Indicator:** Explore the development of additional affordable supported housing and Medicaid resources **Baseline:** Scorecard history for housing indicators

state	Objective 3.5.2 Develop a continuum across available services to describe funding gaps and create a strategic plan to address barriers Objective 3.5.3 Explore Medicaid services to maximize funding mechanisms and ensure that those eligible for Medicaid are enrolled	**Target:** Development of increase of 5% of additional affordable supported housing for individuals who are homeless/mental illness and/or substance use disorders. **Timeframe:** SFY18 **Responsible:** Robert Snarr **OUTCOMES - UPDATES:** **August 2017** ● 3.5.1 Identify all LMHAs housing programs and barriers in both urban and rural counties, indicate lack of residential beds and limited access to NF5.2 Currently working on a strategic plan to address barriers -Survey completed, for all LMHA's. 3.5.3 Working with CMS and State Medicaid to maximize funding and sustainability for tenant based services. This goal is ongoing for FY19 with the Department of Health and the waiver program specific for patients seeking affordable housing discharging from Nursing Facilities. For FY19 will update state survey and complete a strategic plan to address barriers.
Goal 3.6 Promote JRI certification and implementation throughout public and private MH and SA systems. ***(NEW GOAL: APRIL, 2016)***	Objective 3.6.1 Identify JRI providers and have them complete application for certification Objective 3.6.2 Promote JRI throughout the State also identify and address barriers Objective 3.6.3 Require each local authority to develop an annual plan that identifies their JRI committee and implementation plans Objective 3.6.4 Develop treatment standards for all public and private facilities and promote compliance of those standards to all providers	**Indicator:** Increase number of certified JRI providers **Baseline:** 0 providers certified **Target:** Development of certification process and continual certification of new and current providers **Timeframe:** July 1, 2016 = precertification, Area plan review by June 30, 2017. **Responsible:** Shanel Long **OUTCOMES - UPDATES:** **July 2018** **3.6.1** DSAMH continues to reach out to public and private stakeholders to educate and inform them on the JRI

	Objective 3.6.5 Increase number of providers and individuals trained in EBP	certification process. New agencies continue to submit applications for Justice Certification on a monthly basis. The following update reflects the current certified provider count: ● Received applications for 219 sites representing 106 private agencies and all 13 Local Authorities ● Provisionally certified 197 sites with 156 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 17 agencies 19 sites ● Reinstated certification on 3 agencies 3 site **3.6.2** The Justice Program Manager is a member on the following committees: ● CCJJ JRI Implementation Committee ● USAAV Justice Committee ● DOC/ASCENT Community Reentry committee **3.6.3** The FY 2018 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. **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 has taken feedback and is currently working on a case flowchart that will be used to help educate the courts on how a JRI case is managed through the behavioral health provider system. Also, there are plans to update and refine the current rule. **3.6.5** The following training has been offered to increase the use of EBPs:

		● The Fall Substance Use Conference- September 2017 ● ASAM- ○ The Change Companies online course (3 module, 300 participants and 300 ASAM manuals)- completed April 2018 ○ ASAM Skill-Building 2-day training opened to 40 participants Completed: ■ January 16-17, 2018 ■ February 20-21, 2018 ■ March 20-21, 2018 ■ April 17-18, 2018 ■ May 22-23 , 2018 ■ July 10-11, 2018
Goal 3.7 Improve outcomes related to mental health treatment ***(NEW GOAL: SEPT, 2016)***	Objective 3.7.1 - Demonstrate client's self-report improved functioning after mental health services	**Indicator:** Positive outcomes (stable, improved and in recovery) during treatment (or discharged) as measured by OQ. **Baseline FY2015:** Reporting positive OQ outcomes - 84.1% Adults **Target (DHS target):** 69% of clients report positive outcomes **Timeframe:** 2016-2018 **Responsible:** MH Administrator- Pam Bennett **OUTCOMES - UPDATES:** **June 2018** 3.7.1 - FY Scorecard indicates that 85.02% in treatment and 84.98% are discharged with positive outcomes. 3.7.1 - FY18 site monitoring included review of OQ

		administration and use as an intervention. One site was required to address less than 50% administration rate and four sites required action plans to address inadequate use of the OQ as an intervention tool.
Goal 3.8 Expand access and participation in evidence-based treatment services for opioid use disorders	Objective 3.8.1 Increase the number of qualified prescribers who can prescribe medications approved to treat opioid use disorder Objective 3.8.2 Increase participation in Opioid Treatment Programs (OTP) Objective 3.8.3 Increase access and use of Naltrexone, Vivitrol, and Buprenorphine Objective 3.8.4 Increase use and training of SBIRT Objective 3.8.5 Improve treatment retention for individuals with opioid use disorders Objective 3.8.6 Increase number and percent of clients with opioid use disorder who complete treatment successfully Objective 3.8.7 Increase number of clients with public/private insurance Objective 3.8.8 Increase the number of individuals voluntarily participating in Community Support Activities	**Responsible: Shanel Long and VaRonica Little** **Indicator:**3.8.1 # of Providers waivered to prescribe MAT through SAMHSA **Baseline FY2017:** 288 **Target:** Increase providers by 1% each year, focusing on Rural Areas **TimeFrame:** May 2017 - May 2018 **Update:** July 2018 342 unduplicated waivered physicians **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 **Update:** CY2017 3694 **Indicator:**3.8.3 Use of Naltrexone, Vivitrol and Buprenorphine within public providers **Baseline:** FY17 322 **Target:** increase baseline by 5% **TimeFrame:** State Fiscal Year monitoring. **Update:** FY2018 995

		Indicator:3.8.4 Providing SBIRT Trainings to partners **Baseline: None** **Target:** Complete at least 2 trainings in behavioral and physical health settings. **TimeFrame:** May 1, 2017- May 1, 2019 **Update:** July 2018 8 in person trainings with 239 participants. Online training is now completed and available for use. **Indicator:**3.8.5 Treatment Retention **Baseline:** FY2016 62.7% **Target:** Increase by 5% of baseline **TimeFrame:** Annual Monitoring. **Update:** FY2017 66.5% *limitation of data is that only those with primary OUD can be identified with outcome data. **Indicator:**3.8.6 OUD clients who successfully complete treatment **Baseline:** FY2016 36.1% **Target:** Increase 5% of baseline **TimeFrame:** Annual Monitoring **Update:** FY2017 34.2% *limitation of data is that only those with primary OUD can be identified with outcome data. **Indicator:**3.8.7 Percent of clients with insurance **Baseline:** Service was not provided previously

		Target: Enroll 200 Clients per year **TimeFrame:** May 1, 2017 - May ,1 2019 **Update:** July 2018 438 new enrollments into insurance programs between May 1, 2017 - April 30, 2018 **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 **Update:** FY17 33.3%

Strategic Initiative #4 – Improve Care for Children and Youth		
GOALS	**OBJECTIVES**	**METRICS**
Goal 4.1 Promote Community Based Services (Systems of Care Values) through increasing accountability of states placing youth in Residential Treatment Centers (RTCs) in Utah	Objective 4.1.1 Increase in state system knowledge of, and compliance with, the Interstate Compact on the Placement of Children (ICPC) process through a collaboration with Office of Licensing (OL), Division of Child and Family Services (DCFS), Division of Juvenile Justice, DSAMH and the LMHAs Objective 4.1.2 Establish and utilize collaboratively developed procedures to ensure ICPC compliance Objective 4.1.3 Identify all states sending children and youth to RTCs in Utah and increase collaboration regarding compliance and oversight by sending state	**Indicator:** Compliance with ICPC process **Baseline:**Numbers of out of state clients accessing State or County services without reimbursement from the sending state through the ICPC process **First Year Target:** Establish baseline **Second Year Target:** 20% reduction **Data Source:** Partner agencies, OL, DCFS, ICPC Local Authorities **Description of Data:** Research results, reports, Substance Abuse and Mental Health Information System (SAMHIS) and Outcome Data **Responsible:** Children, Youth, and Families Program Administrator (Eric Tadehara)

		OUTCOMES - UPDATES: July 2018 **Objective 4.1.1 -** Office of Licensing (OL) has incorporate ICPC compliance in monitoring. **Objective 4.1.1 -** All LMHAs have been trained by DCFS regarding the ICPC system. **Objective 4.1.2 -** 1. All LMHAs have been trained by DSAMH regarding procedures to follow when ICPC issues arise 2. All DJJS staff supervising Detention, Receiving Centers and Multi-use Facilities have been trained to notify DJJS administration when a youth placed in Utah from out of state is ending up in one of their facilities. 3. DSAMH, DJJS and DCFS are working to resolve ICPC situations when the arise and involve OL when violations occur.
Goal 4.2 Increasing system knowledge for adolescent co-occurring substance use and mental health disorders treatment	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. 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	**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 Business Analyst Supervisor (Eric Tadehara, Brenda Ahlemann) **OUTCOMES - UPDATES: July 2018:** The dashboard is completed and is being updated as needed.

Goal 4.3 Improve the quality of adolescent treatment services in Utah	Objective 4.3.1 Evaluate 34 public and private adolescent SUD treatment providers to measure treatment quality and effectiveness and create a continuous quality improvement system through the Utah Quality Youth Treatment Project. Objective 4.3.2 Contract written and suggested Project Tools developed by U of U Social Research Institute (SRI). Objective 4.3.3 SRI will create, demonstrate, and host The Utah Directory of Quality Youth Treatment website. One side will offer an internet-based dashboard for agencies to access centralized feedback, and a consumer-friendly public-facing website where scores/relevant links are published. Objective 4.3.4 Evaluation Reports generated for each agency, performance improvement plans created, and timelines set to meet improvement benchmarks. Bi-Annual and Annual Reports generated for DSAMH Program Administrators.	**Indicator:** Annually review 34 private and public adolescent SUD treatment providers during the project period (January 1, 2016 - June 30, 2021). **Baseline:** 24 Providers/Agencies reviewed and assessed for quality adolescent SUD treatment **Target:** Increase the number of new participating agencies by 10, and continual development of improvement process with DSAMH, providers and SRI by FY19 **Timeframe:** January 1, 2016 - June 30, 2021 Bi-annual and annual reports will be provided regarding the progress and effectiveness of this project. **Responsible:** (Shanel Long, Shanin Rapp) **OUTCOMES - UPDATES:** **4.3.1 -** ● 24 public, private, and one tribal treatment provider commit to participate in the previously named *TRI Consumer Guide to Adolescent Substance Abuse Treatment for the State of Utah*. ● **UPDATE**: **November 2018** 10 new agencies added for FY2019 Project name changed to **Utah Quality Youth Treatment Project**, updated **May 2018** ● 5 Co-audit site visits conducted and the remaining 19 agencies reviewed through June of 2017. ● Individual management reports are delivered to

		each agency with results that include program ratings and areas where improvements are indicated. ● Performance Improvement Plans are generated by each agency in response to the management reports. ● Technical Assistance stipends are paid to all agencies to help them address their Performance Improvement Plans. ● Final Quarterly and Annual reports provided by TRI score the progress and effectiveness of the project. Program improvements are indicated for all agencies. ● DSAMH ended the contract with TRI in June of 2017. ● Summit held 08/30/2017 to address agency scores and management report questions. Common areas needing improvement are addressed and Agencies provide feedback and exchange recommendations. **UPDATE**: **May 2018** NEW CONTRACT **4.3.2** **UPDATE**: New contract with The University of Utah, Social Research Institute (SRI) on **May 2018** **4.3.3** **UPDATE**: Website created through the new contract with The University of Utah, Social Research Institute (SRI)**,** Completion by Dec. 2018

		4.3.4 **UPDATE**: New contract with The University of Utah, Social Research Institute (SRI) on **May 2018,** will provide bi-annual and annual reports that reflect a Critical Path Production Schedule
Goal 4.4 Improve SUD and co-occurring early intervention, treatment and recovery support services for adolescents and transitional aged youth ages 12-25 with SUD and/or co-occurring mental health disorders	Objective 4.4.1 - Assure youth and their families/caregivers have access to improved screening, evidence-based assessments, early and brief intervention services, treatment models, and recovery support services by strengthening the existing infrastructure system. Objective 4.4.2 - Provide training, consultation, and technical assistance to five treatment agencies in Screening, Assessment, and Brief Intervention using Gain Q3 MI, evidence-based treatment modality A-CRA, and training in the implementation of the Trauma-Informed Approach, Seeking Safety training, and Adolescent Development training. Objective 4.4.3 - Increase access to services along the continuum for youth and families by further support and collaboration of prevention, intervention, treatment and recovery support efforts. Expansion of existing resources, and creation of new resources. Objective 4.4.4 - Continual participation in the Utah Quality Youth Treatment Project to insure the advancement of EBPs in treatment programming, improving treatment quality, providing transparency in service delivery, and reinforcing goals and providing support to providers.	**Indicator:** Adolescent and Transitional-aged Youth Treatment Enhancement and Dissemination Planning and Implementation **Baseline:** Establish a quality baseline of treatment among participating adolescent SUD treatment providers **Target:** Improve the integration and efficiency of the treatment and the recovery support system through the study and application of specific evidence-based treatment practices (EBPs). **Timeframe:** Utah SYT Implementation project period (September 30, 2017 - June 30, 2021). **Responsible:** Shanel Long and Shanin Rapp **OUTCOMES - UPDATES:** **The first year the Implementation Grant , Utah YT-I, went into effect was Oct. 2017.** **4.4.1 -** **Oct 2017** Existing infrastructure supported and strengthened through multiple measures. **4.4.2** **Oct/ Nov 2017** Specific EBP modalities set in place among 5 contracted agencies. Gain Q3 MI training October 2017 and A-CRA

		training provided November 2017. On-going certification into 2018, among other training. GPRA and other data being gathered to establish a treatment quality and efficacy baseline. **4.4.3** **Mar 2018** A special SUD Workgroup met July 2018 to consider tactics to address improved youth SUD treatment access and referral. Met with KOPPIR Director August 2018 to discuss replicating, organizing, and disseminating the community family support model for use across the state. **4.4.4** **Oct 2018** SOW and continued participation throughout the grant period, with a sustainability plan for long-term quality programming and evaluation
Goal 4.5 Improve outcomes related to mental health early intervention services	Objective 4.5.1 - Demonstrate client's improved functioning after mental health early intervention services (School-based behavioral Health (SBBH), Family Resource Facilitator (FRF) and Mobile Crisis) Objective 4.5.2 - Build and grow the mental health early intervention programs (School-based behavioral Health (SBBH), Family Resource Facilitator (FRF) and Mobile Crisis)	**Indicator:** Positive outcomes (stable, improved and in recovery) during treatment or post discharge as measured by Y/OQ. Other Proxy outcomes: SBBH: Improve GPA or DIBELS literacy score and reduce office disciplinary referrals 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; **Baseline FY2015:** Reporting positive OQ outcomes - 86.7% Children/Youth Avoiding police involvement: 74% Avoiding out-of-home placement: 67.4% Improved GPA: 14% or DIBELS: 42% Reduced office of disciplinary referrals: 45.6% At home with proper supports: 68.7% Enrolled at school: 25% Staying out of legal trouble: 59% **Target (DHS Targets):** Reporting positive OQ outcomes 69% (DHS target) of clients report positive outcomes Avoiding police involvement: 73% Avoiding out-of-home placement: 68% Improved GPA: 14% or DIBELS: 42% Reduced office of disciplinary referrals: 46% At home with proper supports: 70% Enrolled at school: 30% Staying out of legal trouble: 70% **Timeframe:** 2016-2018 **Responsible:** Children, Youth, and Families Program Administrator (Eric Tadehara) **4.5.2** **Baseline FY2017** **(FRFs): July, 2017:** There are 2 FRFs working

		directly with Mobile Crisis Teams, 10 working solely as school-based FRFs, 2 working directly with DCFS, 2 working directly in the juvenile mental health courts, 2 working with The Children's Center, 1 with USARA, 1 with the Early Psychosis team, and 1 working at USH. 2,410 children were served by FRFs **SBBH: July 2017:** 313 total schools served; 89 specific to areas with high rates of Intergenerational Poverty; 3,335 youth served via SBBH **Mobile Crisis Teams: July 2017:** Provided in 5 counties (Washington, Iron, Utah, Davis, and Salt Lake); 4,193 served by mobile crisis teams **Target (DHS Targets):** **FRF:** Continue to maintain and grow the number of certified FRFs, Family Peer Support, and Wraparound Specialists. FRF - currently 59 total certified and available in all catchment areas; **Target:** Maintain 55-65 total FRFs through LMHAs Family Peer Support - New certification, **Target:** 10 throughout DHS in collaboration with each Division Wraparound Specialists - New certification, **Target:** 10 through LMHAs and SOC **SBBH:** Grow number of schools and youth served by 5% each year **Mobile Crisis Teams:** 5% increase in the number served

		OUTCOMES - UPDATES: **4.5.1** **FY2018:** Reporting positive OQ outcomes - N/A Children/Youth Avoiding police involvement: 54.58% Avoiding out-of-home placement: 67.74% Improved GPA: 1.13% or DIBELS: 37.74% Reduced office of disciplinary referrals: 44.86% At home with proper supports: 52.94% Enrolled at school: 7% Staying out of legal trouble: 71% **4.5.2** **FY2018** **FRF:** 59 FRFs statewide in each catchment area **SBBH:** 342 Schools served; 89 IGP Schools; 3,504 total youth served with MHEI/TANF funding **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

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	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 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	**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:** SFY18 **Responsible:** Children, Youth, and Families Program Administrator (Eric Tadehara) **Update July 2018:** Gap in services identified for individuals with co-occurring mental health and intellectual/developmental disorders. Individuals with co-occurring disorders have difficulty accessing treatment to address their complete needs. Often, the services they receive only address the Mental Health or the Intellectual/Developmental Disabilities and professionals do not feel adequately prepared to provide co-occurring treatment. Funding has been secured to provide a professional development training in the State of Utah. Preliminary plan involves 2 single day trainings to go over the best practices for working with this population occurring in October/November 2018. January/February 2019 will then introduce a train the trainer model for professional development for those working with these populations.
Goal 4.7 Improve collaboration among child serving entities and provide consultation for	Objective 4.7.1 DSAMH will participate in statewide and inter-agency councils focused on early childhood health Objective 4.7.2 DSAMH will lead efforts to engage with community partners and include national technical assistance to develop a formal	**Indicator:** Formalized structure for collaboration and consultation for early childhood mental health is established, as well as ongoing workforce development opportunities **Baseline:** Limited collaboration among child serving

early childhood mental health	structure and model for early childhood consultation	entities for early childhood mental health as well as limited access for early childhood mental health training **Timeframe:** SFY18-SFY20 **Responsible:** Children, Youth, and Families Program Administrator (Eric Tadehara and Codie Thurgood) 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.

Strategic Initiative #5 – Health System Integration		
GOALS	**OBJECTIVES**	**METRICS**

Goal 5.1 Increase partnerships with Department of Health, accountable/ care organizations (ACOs), federally qualified health centers (FQHCs), and the Local Authorities	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 Objective 5.1.2 Require each local authority to develop an annual plan that describes their efforts to integrate services Objective 5.1.3 Local authorities will contract for services with FQHCs Objective 5.1.4 Local authorities will contract for services with ACOs Objective 5.1.5 Educate FQHCs regarding trauma-informed care - Find out what is already being done	**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:** Shanel Long **OUTCOMES - UPDATES:** **July 2018** 5.1.1 DSAMH Leadership meeting with Medicaid regularly to discuss integration. DSAMH hosted 3 Webinar trainings provided by Medicaid to educate on TAM (Justice Involved, SUD providers, OTP's) 5.1.2 All FY19 Local Authority Area Plans have been approved. LAs were required to provide more detail regarding integrated care. 5.1.3 and 5.1.4 FY19 Area Plans describe contracts with 18 FQHCs and relationships with several ACOs. 5.1.5 New objective to be implemented in FY19

Goal 5.2 Services will address an individual's substance abuse, mental health, and physical healthcare needs	Objective 5.2.1 Provide or arrange for a diabetes/HIV/TB screening, as indicated Objective 5.2.2 Identify tobacco use in the assessment and offer resources as indicated. Objective 5.2.3 Provide services in a tobacco free environment Objective 5.2.4 Evaluate all individuals who are Opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) and if appropriate: include the use of MAT in the treatment plan, and either provide the medications as part of the treatment, or refer the individual for Medication assisted treatment Objective 5.2.5 Provide information to individuals on physical health concerns and ways to improve their physical health including referrals where needed Objective 5.2.6 Incorporate wellness and physical care into individual person centered Recovery Plans as needed Objective 5.2.7 Increase coordination of care between physical health providers and behavioral health providers Objective 5.2.8 Provide targeted needle exchange to prevent/reduce HIV, HEP C, and other infectious diseases spread by IV drug use	**Indicator:** Percent of clients using tobacco at discharge will decrease from admission. **Baseline:** FY16 based off outcome data for each LA. **Target:** Decrease by 1% by each LA in FY17- outcome data. **Timeframe:** SFY17 **Responsible:** SUD Administrator- Shanel Long **% of medicaid restricted population in SUD treatment** **# of needles distributed** **OUTCOMES - UPDATES:** **July 2018** ● FY18 Site monitoring included review of assessment of tobacco use, review of agency as a tobacco free zone, priority populations engagement and services provided including education and referrals, emphasis of physical health and wellness within the treatment plan, and have included screenings for need of MAT. ● DSAMH STR grant year one end and year 2 starting. SOR application for FY19 being submitted (Opioid prevention and treatment funding) ● MH/SUD/Prevention meet monthly with DOH Tobacco Prevention and Control Program Outreach Coordinator ● All FY19 Local Authority Area Plans have been approved. LAs were required to provide more detail regarding integrated care and tobacco cessation referrals/services ● DOH provides needle exchange services and programs. ● State MASOB installing Non-Tobacco signage at entrances as indicated by law.

		● Increase Coordination of Care and provide education between behavioral health and physical health: June 2018- Addictions Update Conference. ● 5.2.8 Working with Health Department based on CDC determination of Need on HIV/Hep C for outreach, screenings, referrals and treatment of infections diseases (New 2018/2019 Block Grant requirements)