FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State FY2024-FY2026 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) **#A03082/ #AL20504C** the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Salt Lake County

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

PLEASE PRINT:

Name: _____

Title: _____

Date: _____

Salt Lake County
GOVERNANCE & OVERSIGHT NARRATIVE
3 Year Plan (2024-2026)

Local Authority: Salt Lake County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Subcontractor Monitoring

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

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

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.
All contracted network providers are monitored at least once per year. DBHS (Division of Behavioral Health) staff conduct regular on-site monitoring, electronic monitoring through our EHR, and spot check monitoring as needed for all vendors who are directly contracted with DBHS. This includes our SUD vendors and also our MH vendors who receive non-Medicaid monies. Optum monitors its 109 network providers at least once during the contract cycle. High volume audits are completed on all large providers annually. DBHS monitors/audits Optum at least once per year, but more often if needed. Additionally, the consistent, ongoing reviews and re-authorizations required by contract of any ASAM LOC higher than ASAM 1.0 and any MH contract where the client receives five or more hours a week of treatment immediately alerts us when any issues are identified. A complete list of monitoring tools for SUD items and for MH services is available upon request. All documentation is contained in UWITS or Optum's EHR, Netsmart, or other EHR approved by DBHS. All contracted network providers are required by contract to keep documentation up-to-date and accurate. DBHS requires, through contract language with providers, that the treatment plan and ASAM assessment and mental health assessment be kept current. DBHS determines compliance with this during their annual monitoring visits. For providers that directly contract with DBHS to provide non-Medicaid services, DBHS maintains current copies of insurance certificates, Division of Office of Licensing licenses, and conflict of interest forms in the contractor's file. Optum is responsible for maintaining this documentation for their contracted Medicaid providers. DBHS verifies this during their annual monitoring visit of Optum.

During FY25, there was a change regarding approval of ongoing (i.e., concurrent) authorizations for mental health (MH) residential level of care. For the past year, a number of stakeholders have asserted that additional MH residential care is needed. However, DBHS has made it a priority to increase this level of care because we have historically had just 32 MH residential beds. With the increase in population over the last ten years and the fact that we are seeing more severely mentally ill individuals, some directly out of the Utah State Hospital (USH), we knew the time was right to increase this level of care. With the opening of the VOA's MH residential unit in October 2024 (see MH Narrative, Residential Treatment), this brought our system to 104 MH residential beds.

The need for MH residential is not equitable to the need for substance use disorder (SUD) residential treatment; the latter will always be greater because of the acuity, chronicity, and lethality that those with an SUD may have. For a county our size, we believe 104 MH residential beds are sufficient. The real problem is the lack of transitional and/or affordable permanent housing, which our providers agree is a significant barrier for them to discharge clients. The providers do not want to discharge to homelessness.

However, we believe many of these individuals would qualify for services from an ACT team upon discharge. Within our own five ACT teams, we currently have ~40 clients who are homeless, and yet are being maintained with services in their homelessness while the ACT team works diligently to secure housing for them. Optum's Medical Director has worked on an ACT team in another state and they commonly had those who were homeless enrolled in ACT, and in most jurisdictions where there is an ACT team one will find that they commonly work with those who are homeless. This really is the purpose of an ACT team, to work with some of the most difficult clients in need of treatment. And working with difficult clients means that these are the types of individuals who may be more difficult to place in housing for various reasons. An ACT client could also possibly lose their housing while in ACT, yet losing housing would not be a reason to admit them to an MH residential facility. The ACT team would work to ensure the client remains stabilized and work to secure new housing. The reader will find in the MH Narrative under Outpatient Care that we have expanded our ACT teams to meet the anticipated increased need which will result from this action.

Additionally, it has been shown that once maximum benefit has been reached in any particular level of care, clients have been shown to regress over time the longer they are kept in a level of care for which they no longer need. This is a relatively common reason the USH has for discharging individuals. Therefore, keeping clients in care when they no longer meet medical necessity also represents a quality of care issue.

Therefore, in FY26, we will continue to only authorize clients for MH residential treatment as long as they meet medical necessity. We will not be dictating treatment. If the facility believes it is in the best interest of the client to remain in their facility instead of discharging to an ACT team and homelessness, or other viable wrap-around services, that will be their decision to make. DBHS will work with the facility to formulate a discharge plan; however, if the point in time comes wherein it is determined that the situation is now just custodial care, no further authorization will be granted.

For DBHS' audit of our contracted managed care organization (MCO), Optum, an audit is completed annually. There are two parts to the audit, clinical/administrative and financial. For the clinical/administrative audit, that begins in the early spring and is concluded by June 30 of each year. The final report is issued by September 30 of each year. The reason for this timing is to give providers an opportunity to become familiar with any new requirements and implement them in a meaningful manner. Additionally, Medicaid's audit of our MCO for the previous calendar year occurs sometime between May to August of each year (varies year by year). There

are some things which Medicaid measures which exceed the scope of our audit and we believe it crucial to add their findings into our audit report for a comprehensive review. We receive Optum's response no later than October 31. Therefore, DSAMH can expect to receive the clinical/administrative report no later than November 15 of each year.

For the financial audit, we consider that concluded once Medicaid has completed their financial audit. This is done in order to add validity to our audit and demonstrate that an agency independent of DBHS concurs with our findings. We receive the Medicaid audit report sometime in June and issue our final report by July 31 of each year. We receive Optum's response no later than August 31. Therefore, DSAMH can expect to receive the financial audit report no later than September 15 of each year. However, this is for the prior year due to Medicaid's audit process.

Salt Lake County
FORM A - MENTAL HEALTH BUDGET NARRATIVE
3 Year Plan (FY 2024-2026)

Local Authority: Salt Lake County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) **Inpatient Services**

Adult Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
For Medicaid clientele, DBHS's/Optum's Network consists of contracts with the Huntsman Mental Health Institute (HMHI), University of Utah Inpatient Medical Psychiatry (IMP), Common Spirit-West Valley, Salt Lake Behavioral Health and St. Mark's Hospital in Salt Lake County for Adult Inpatient Care. Salt Lake County/Optum will contract with out-of-Network facilities on a client-by-client basis if a client is admitted to a hospital outside of the network. Additionally, HMHI recently increased their inpatient bed capacity by 12 with the new Kem and Carolyn Gardner Crisis Care Center and is in the DBHS's/Optum's network. Furthermore, DBHS/Optum added Aspen Grove Behavioral Hospital as an in-network provider for adult inpatient services beginning July 1, 2024. We will continue to assess our inpatient network needs in the next 3 years. For those who are unfunded, DBHS has contracted with HMHI for Adult Inpatient Care. Other than who is contracted, the process differs for the unfunded as those who are admitted into a hospital do not require a pre authorization. This is due to the fact that the money for unfunded hospitalization is limited and HMHI has repeatedly shown that they provide far more bed days to the unfunded population that regularly exceeds the contracted amount. Valley Behavioral Health (VBH) does work with these clients while in the hospital to either continue or set-up services upon discharge.
Describe your efforts to support the transition from this level of care back to the community.
We continue to use the Adult Care Coordination position to assist those who are transitioning from higher levels of care back into the community. Optum and DBHS meet quarterly to review utilization management data identifying trends, overutilization, and underutilization. Follow-up after hospitalization rates and barriers are identified and prioritized for action. DBHS/Optum's clinical PIP focuses on increasing the follow-up hospitalization rate for adults ages

18-64 years. As part of this project, a resource guide has been created and posted on the Optum SLCo website. It is reviewed for updates at least monthly. Optum investigates a sample of individuals who do not complete a FUH appointment within 30 days post-discharge to determine possible barriers. This information is used as a guide for the barrier analysis and identification of new interventions. New or revised interventions are reviewed quarterly and updated at least annually. Looking ahead, Optum is investigating methods to better identify the true date of discharge for individuals who leave inpatient hospitalization after the last authorized date. We continue to work on development of a method to track barriers to FUH appointments in real time to update interventions and implement change more quickly.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

DBHS/Optum Network continues to contract with HMHI in Salt Lake County for youth inpatient care. Initial assessment for hospitalization is done either in the primary care unit or by the crisis staff in emergency departments at any hospital. Should HMHI be at capacity, DBHS/Optum has the ability to implement a single case agreement (SCA) with any willing provider.

DBHS/Optum added Aspen Grove Behavioral Hospital as an in-network provider for youth inpatient services beginning July 1, 2024.

Describe your efforts to support the transition from this level of care back to the community.

An Optum Care Coordinator is a licensed mental health therapist (LMHT) dedicated to assisting youth with their transition back to the community after inpatient hospitalization. The parent and the youth are contacted with 24 business hours of discharge and at regular intervals to ensure the child is linked to the services recommended by the attending at discharge. The care coordinator is knowledgeable of community resources and provider specialties to troubleshoot barriers to accessing needed services. Contact with the family, including person-to-person outreach, is ongoing after the initial transition to ensure the youth remains engaged for better treatment outcomes.

Beyond weekly case staffing with the Optum medical director, clinical director, care coordination director, Recovery and Resiliency manager, youth care coordinator and deputy director, the Optum Complex Needs Sub-committee meets weekly to problem-solve and to troubleshoot challenges youth and their families are experiencing in care. The team takes action immediately when needed. Updates and next steps are discussed the following week. Patterns are also identified. Issues related to inpatient facilities are addressed at least quarterly during scheduled meetings between the in network inpatient leadership and Optum leadership. Issues related to outpatient providers are addressed by Optum leadership in real time. The Complex Needs Committee tracks their activities and is working to better measure the impact of their efforts.

2) Residential Care

Adult Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

DBHS/Optum continually seek ongoing opportunities to contract with community providers, as needed, to provide residential care for the adult clients.

Co-Occurring Re-entry and Empowerment (CORE) – Valley Behavioral Health (VBH)

CORE is a 16-bed residential facility for mentally ill adult male clients who also have substance use disorder (SUD) treatment needs.

Co-Occurring Re-entry and Empowerment (CORE 2) – VBH CORE 2 is an additional 16-bed residential facility for mentally ill adult female clients as described above.

Odyssey House offers a 16-bed residential facility for mentally ill adult female clients and a 16-bed adult male program. Many of these individuals also have substance use disorder (SUD) treatment needs and are involved in criminal justice services. Treatment focuses on behavioral health issues and criminogenic risk factors.

VBH Steps is a male-only, 16-bed, primary mental health residential treatment program designed to help stabilize and support adult clients experiencing minimal or no substance use disorder through medication management, therapy, case management, and benefits coordination. This program provides similar services as our CORE programs. The only difference is that Steps will accept clients with a co-occurring SUD that meets the placement criteria for ASAM 1.0-2.1 level of care, while CORE will only accept clients with a co-occurring SUD that meets the placement criteria for 3.1 level of care. The Screening process for Steps is the same as the CORE screening process, including that these clients receive help with medications, obtaining Social Security and Medicaid benefits as well as a treatment plan for further assistance and housing. Admission to the Steps program is determined by the Steps intake team (clinical team, medical team, unit leadership, and access coordinator) looking at eligibility (sex offender, age), mental health symptoms and SMI, medical symptoms, substance use needs, and involvement in court-ordered treatment.

Valley Steps provides stabilization services to clients who have serious mental health and possibly some substance use. These clients come from homelessness, jail, hospital, or families who can no longer take care of the client. The program helps clients stabilize on medications and learn skills to live independently. The program helps clients access some type of housing and get them set up to continue mental health/substance use treatment at discharge. This program was created to help clients with serious mental health to stabilize and re-enter the community with fewer relapses in their mental health.

Valley Steps clients receive help with obtaining Social Security and Medicaid benefits as well as a treatment plan for further assistance and housing. A mental health diagnosis is a requirement to receive treatment at Valley Steps, and each individual is evaluated based on eligibility. Access to Steps is determined by the Steps intake team (clinical team, medical team, unit leadership, and access coordinator) looking at eligibility (sex offender, age), mental health symptoms and SMI,

medical symptoms, substance use needs, and involvement in court-ordered treatment. A LOCUS (Level of Care Utilization System) is also administered to assess level of care needs.

Turning Point Centers was added to the network in FY23. This program offers 8 co-ed beds for SMI members.

VOA opened a CORE-like Residential program for adult males (Ballington House) on October 22, 2024. It is designed for those who are diagnosed with co-occurring SMI/SUD, are engaged in the criminal justice system, and are also homeless or at risk of homelessness. This facility will provide mental health and substance use treatment to individuals who are homeless or at risk of homelessness. Mental health does have to be the primary diagnosis. Services will include individual/group therapy, medication management, case management and peer support. This is a 16 bed facility.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

DBHS/Optum uses the LOCUS-Level of Care Utilization System for Adults to determine if a residential level of care is indicated for mental health treatment.

DBHS and Optum have partnered to enhance UM and address discharge barriers to reduce lengths of stay and improve access to residential level of care. There has been training provided by the Optum medical director on the LOCUS criteria to determine medical necessity with the residential providers as part of this plan. Training will continue into FY26.

Effectiveness is evaluated during concurrent clinical reviews (i.e., utilization management or UM) and audits to ensure members are making progress in treatment and discharge planning is ongoing, and whether there are quality of care issues. During the UM process, the most recent treatment plan review along with at least the required encounter note tied to the treatment plan review are scrutinized to ensure that If there are concerns, these are addressed immediately. During the audit process, all areas of the randomly chosen files to be audited are reviewed. Additionally, each client's file who is to be audited is reviewed to ensure the inputted outcomes meet what is reflected in the file. As part of the audit, if the provider is not meeting the standard for any given outcome measured in SAMHIS, this is included as a finding.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please identify your current residential contracts. *Please identify any significant service gaps related to residential services for youth you may be experiencing.*

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

New Beginnings
New Beginnings is a 16-bed residential facility for adolescent boys and girls. The youth have

access to school services along with therapeutic services, including medication management.

Aspire, through Wasatch Behavioral Health, is also now contracted as an in-network provider for adolescent females.

Copa is a 16-bed residential facility for male adolescents with mental health issues. Currently, they are utilizing 8 beds for males with the plan to expand in FY25 to the 16 beds and include females.

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

Optum has previously been able to secure a Single Case Agreement with Center for Change for a member with an eating disorder. Eating disorder treatment is still a gap due to limited funding and Medicaid billing limitations.

DBHS/Optum are in communications and in support of partnering with PATH Integrated Healthcare to develop an outpatient eating disordered component to potentially start in FY26.

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

DBHS/Optum uses the CALOCUS: Child and Adolescent Level of Care/Service Intensity Utilization System and ECSII: Early Childhood Service Intensity Instrument for Youth to determine if a residential level of care is indicated.

Through concurrent reviews for ongoing care, Optum Care Advocates evaluate agency discharge planning to ensure the youth's natural supports are included and access to follow-up care is coordinated. The goal is to help youth transition back home and into their community. Access to needed clinical services (i.e., day treatment, intensive outpatient, medication management services,respite care, FPSS referral, school-based supports) is also coordinated. Each discharge plan is expected to be individualized. The Optum Clinical Team is available to staff cases with providers and offer assistance throughout the discharging planning process, while the plan is based on needs identified by the treatment providers. The Recovery & Resiliency Team can offer support to parents dealing with challenges of caring for a child with behavioral health needs and can link parents to community supports like the Utah Parent Association and NAMI.

3) Outpatient Care

Adult Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding.

DBHS/Optum has a large network of providers who are available to provide a vast array of outpatient services. Clients have the freedom to choose any provider from the network that

provides services to meet their needs. Additionally, in some cases, clients may opt to receive services from a provider not in the network. These services can be provided as long as pre-authorization requirements are met and a Single Case Agreement has been agreed upon and signed.

Treatment services for refugees are primarily provided by the Refugee and Immigrant Center, Asian Association of Utah (RIC-AAU) and Journey. RIC-AAU provides focused and culturally appropriate treatment to serve the refugee population located in the valley. VBH's outpatient clinics also serve the refugee population.

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

DBHS/Optum have supported providers in incorporating an intensive Case Management model as members step down from higher levels of care. The Critical Time Intervention (CTI) model is a time-limited intervention connecting members with Case Management services through in-reach while in higher levels of care to assure a smooth transition into the community with needed wraparound services and support. We have several providers who have, or are training in, adopting this model including VOA and Project Connections.

There are currently 5 functioning ACT teams. Volunteers of America (VOA) now has two teams, while Odyssey House has both a FACT team and an ACT team, and Valley Behavioral Health has one ACT team. Each team has a capacity of 100 clients for a total of 500 clients. Odyssey House's FACT team serves clients with medium to high criminogenic risk.

First Step House operates an outpatient mental health program that provides services to tenants at both of their permanent supportive housing projects (Central City Apartments, Stratford Apartments, and Medina Place) and to individuals from their SUD programs and the community. Services include prescribing, crisis intervention, personal services, skills development, and individual and group therapy. They also provide supportive living services at Central City Apartments.

DBHS/Optum has introduced an adult Day Treatment and IOP program through Moving Forward Counseling and plans to add another adult IOP program through Holistic Elements at the beginning of FY26.

DBHS/OPTUM providers continue to offer Telehealth services to members, with most planning to maintain these capabilities as an option for treatment post-pandemic.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

Volunteers of America ACT
ACT is a national, evidenced-based service delivery model with a primary goal of recovery through

community treatment and habilitation. For consumers with the most challenging and persistent problems, ACT assumes primary responsibility for all services — from psychiatry and social work to rehabilitation and substance use disorder treatment. Rather than referring members to multiple programs and services, the ACT program takes a team approach to provide the treatment and services that members need. The VOA ACT teams follow the SAMHSA fidelity measures. Evaluation of adherence to the fidelity measures is completed by VOA and reported to Optum. Depending upon the measure, evaluation is conducted weekly or monthly. DBHS also conducts an annual fidelity review. Outcome measures include increase in community tenure including housing stability and employment/volunteering involvement while simultaneously reviewing reduction of inpatient admissions, criminal charges, and jail stays.

Valley Behavioral Health ACT
ACT is a national, evidenced-based service delivery model with a primary goal of recovery through community treatment and habilitation. For consumers with the most challenging and persistent problems, ACT assumes primary responsibility for all services — from psychiatry and social work to rehabilitation and substance use disorder treatment. Rather than referring members to multiple programs and services, the ACT program takes a team approach to provide the treatment and services that members need. The VBH ACT team follows the SAMHSA fidelity measures. Evaluation of adherence to the fidelity measures is completed by VBH and reported to Optum. Depending upon the measure, evaluation is conducted weekly or monthly. DBHS also conducts an annual fidelity review. Outcome measures include increase in community tenure including housing stability and employment/volunteering involvement while simultaneously reviewing reduction of inpatient admissions, criminal charges, and jail stays.

Odyssey House manages the Forensic ACT Team for individuals who meet criteria for ACT and have legal issues which complicate access to resources and require special consideration. ACT is a national, evidenced-based service delivery model with a primary goal of recovery through community treatment and habilitation. For consumers with the most challenging and persistent problems, ACT assumes primary responsibility for all services — from psychiatry and social work to rehabilitation and substance use disorder treatment. Rather than referring members to multiple programs and services, the ACT program takes a team approach to provide the treatment and services that members need. The ACT team follows the SAMHSA fidelity measures. Evaluation of adherence to the fidelity measures is completed by Odyssey House and reported to Optum. Depending upon the measure, evaluation is conducted weekly or monthly. DBHS also conducts an annual fidelity review. Outcome measures include increase in community tenure including housing stability and employment/ volunteering involvement while simultaneously reviewing reduction of inpatient admissions.

See Section 2 above for information regarding Adult Residential programming for those with mental health, SUD, and criminogenic risk.

See Section 8 for information on supportive housing.

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

DBHS/Optum has a large network of providers who are available to provide a vast array of

outpatient services. Clients have the freedom to choose any provider from the network that provides services to meet their needs. All levels of care are available and DBHS/Optum works with all clients to assist them in determining the level of care needed and align them with a provider at their request.

DBHS/Optum uses the LOCUS-Level of Care Utilization System for Adults to determine if a residential level of care is indicated for mental health treatment.

Optum participates in Commitment Court and maintains a census that has all participants within Commitment Court listed. Optum tracks individuals, their benefits, the referral source, their community provider, next court date, and determining next steps based upon court recommendations. Following court, we coordinate with known providers for any needed treatment updates and court notifications for upcoming court dates. Additionally, DBHS maintains within our EHR all known individuals that have ever been civilly committed which contains many of the above elements.

See Section #16 for information regarding fidelity monitoring and outcome measures.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding. *Please highlight approaches to engage family systems*.

DBHS/Optum has a large network of providers who are available to provide a vast array of outpatient services. Clients have the freedom to choose any provider from the network that provides services to meet their needs. Additionally, in some cases clients may opt to receive services from a provider not in the network. These services can be provided as long as preauthorization requirements are met. DBHS's/Optum's network offers a comprehensive outpatient program that serves children 0-18 with mental illness and their families in Salt Lake County. Services include individual, family and group therapy, psychiatric evaluation, medication management, psychological testing, respite, Family Peer Support, inter-agency coordination and crisis intervention.
The network also consists of providers specializing in Abuse and Trauma Treatment to children, identified as victims or perpetrators of sexual abuse, and their families. Treatment consists of individual/family counseling, group therapy, and coordination with other agencies involved with abuse victims, such as DCFS, DJJS, the court, and law enforcement. Objectives of the program include stabilizing family life, while protecting the victim and other children in the home and community.

Key providers for children and youth include:

The Children's Center
Services offered include: assessment and evaluation, medication management, family therapy and trauma treatment for children ages 0-8. In addition, The Children's Center provides Therapeutic Preschool Programs and specialty services for children with autism and mental health issues. The

Children's Center employs 5 certified Child Parent Psychotherapy (CPP) providers and is certified in training future in-house clinicians in this modality working with youth and families with domestic violence and trauma issues. They are also completing certification in providing Attachment and Biobehavioral Catch-up (ABC).

Valley Behavioral Health
VBH offers outpatient and medication management services for youth at Children, Youth, Family Outpatient Services (CYF OP). CYF OP opened the same day access clinic for outpatient level of care in early 2024. Services offered are Intensive Outpatient (ACES - Acute Children's Extended Services), for elementary aged youth, and Children, Youth, and Family Day Treatment Services (formally AIM, DBT, and KIDS) for children and adolescent ages 5-17 with primary mental health diagnoses. Valley is working toward expanding SUD services in their Outpatient and Day Treatment clinics. Valley's children and youth programs are CARF certified.

Valley provides IDD services for youth ages 2-22 at the Pingree School for Autism. Treatment focuses on individuals who have Autism and a dual mental health diagnosis. Services are provided in a Day Treatment setting.

VBH has a campus that all Child, Youth, and Family services are housed in on 4100 South 3725 West (old Granger medical building). The children's services include the VBH Day Treatment programs (KIDS, ACES, AIM, DBT), outpatient services and VBH Psychological Services. The purpose of the campus is to centralize treatment, increase continuity of care, improve access and collaboration.

Hopeful Beginnings
Hopeful Beginnings provides in-office and in-home services for children, youth and adults. Services include: individual therapy, family therapy, case management, medication management, skills development, and respite care. In addition, Hopeful Beginnings provides in-home crisis stabilization services for children, youth and their families. The Intensive Day Treatment program for adolescents can serve up to 12 DBHS/Optum Medicaid consumers. Hopeful Beginnings employs therapists to provide Trauma specific treatment including the use of EMDR.

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

Child and Family Empowerment Services
Multilingual agency that focuses on services with an emphasis on and respect to culturally diverse youth and families.

Multicultural Counseling Center
Bilingual services are offered for a variety of services, with an emphasis on and respect to culturally diverse youth and families.

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

Counseling services include immediate crisis counseling for youth and families, and ongoing mental health and SUD counseling for Medicaid qualified youth and those who are uninsured or underinsured.

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

DBHS/Optum added Touchstone Counseling as an In-Home provider in November, 2024.

Youth Care Coordinator
Optum's Care Coordination Team includes one individual dedicated to youth care coordination activities, including engaging families to support linkages to appropriate services within the community.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

DBHS/Optum supports both community-based in-home and school-based services whenever viable for the youth and family. We have several providers that offer in-home services to youth/families who have transportation challenges and/or whose needs are better addressed in the client's home. (Some of these providers are listed above.) In addition, DBHS/Optum works with several providers that have designated school-based clinicians assigned to schools within each district at the school districts' discretion. These providers are Hopeful Beginnings, Project Connection and Odyssey House. Optum collaborates with Intermountain Healthcare's Stabilization and Mobile Response (SMR) to facilitate transition for youth and families into the Optum SLCo Medicaid Network.

Additionally, Optum participates in the High-Fidelity Wraparound staffings with multiple systems to identify community-based treatment to support their complex needs.

See Section #16 for information regarding fidelity monitoring and outcome measures.

4) 24-Hour Crisis Care
Adult Services ***Jennifer Hebdon-Seljestad***

Please outline plans for the next three years for access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are currently provided in your area, where services are provided, and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHHS systems of care,

law enforcement and first responders, for the provision of crisis services. Include any planned changes in programming or funding.

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

Mobile Crisis Outreach Teams (MCOT) – HMHI
The HMHI MCOT is an interdisciplinary team of mental health therapists and Certified Peer Specialists,who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, referrals and connection to community resources, and crisis follow-up for residents of Salt Lake County 24/7, 365 days per year. The team is committed to responding within 30 minutes to law enforcement requests and within 60 minutes to community requests. At the time of this writing the average law enforcement response time was 31.38 minutes and the average community response time was 34.85 minutes. The staff assess the situation and make a determination regarding disposition to provide the best possible outcome, by using all the community resources available focusing on the least restrictive alternatives. During FY25, through March, 87% of those receiving an outreach visit were diverted from inpatient and emergency room visits. This was an increase from the previous year. The HMHI MCOT averages almost 457 contacts per month, an increase of 150 contacts per month compared to last year. Of the 457 contacts, an average of 374 resulted in a direct outreach by the MCOT team.

Receiving Center – HMHI
The Receiving Center (operating 24/7 365 days a year) diverts people from inpatient services and the jail. It is able to receive referrals from law enforcement, MCOT, stakeholders and the community. Consumer-centered crisis services are offered through this “living room” style center and individuals can stay at the center for up to 23 hours to receive what they need to resolve the current crisis — including assessments, medications and other support.

The Receiving Center expansion ran at full 12 chair capacity From July 2024 through March 30, 2025 and has seen an average of 406 patients a month, which represents a 50% increase in utilization from the FY24 average. Front door referrals accounted for 78% of our guests (4% provider referrals, 70% walk in referrals, and 4% other) and back door referrals accounted for the remaining 22% (1% Fire/EMS, 4% Law Enforcement, 7% MCOT, and 9% ED step downs). There were 19 different police and fire jurisdictions that used the Receiving Center over the course of the year. SLC PD was the highest utilizer with 35% of referrals coming from that jurisdiction and Adult Parole and Probation was the next highest at 26%. Diversion indicators show that of those referred by EMS/Fire/Law Enforcement, 61% would have otherwise been sent to an emergency room, 26% would have been left in the community without mental health support, 4% would have been taken to jail, 5% would have been dropped at the shelter, and 5% didn’t know what they

would have done without this resource. EMS/Fire/Law Enforcement users have indicated a satisfaction rating of 4.67 out of 5 for this service and handoff times have happened on average in 7 minutes. Of all those who used the service, 66% were able to discharge home, 3% to community placements, 3% to acute medical services, and 28% to inpatient care. The Crisis Care Center opened its 30 chair Receiving Center on March 31, 2025, in South Salt Lake, across from the Salt Lake County Jail. This has replaced the 12 chair pilot Receiving Center. This facility will have a separate EMS drop-off, 3 separate areas with lounge chairs, access to contained outdoor areas, quiet rooms, pharmaceutical needs, and access to inpatient care within the same facility if needed.

Crisis Line – HMHI
The Utah Crisis Line, in association with the National Suicide Prevention Lifeline (988), is a statewide 24/7 confidential phone line answered by certified crisis workers. Certified crisis workers will provide crisis intervention, suicide risk assessment, and triage the call to determine if an immediate referral to the MCOT is needed. If immediate referral to MCOT is not necessary, staff work with the caller in an attempt to de-escalate the client. If the caller is not in an emotional crisis and is in need of empathetic listening and support, staff can also immediately connect the caller with the Utah Warm Line (see below). During FY25 through March, the Utah Crisis Line, including Lifeline, has received an average of 9,269 calls per month, which represents an average monthly increase of 1,750 calls, or a 23% monthly increase during the same time in FY24.

Warm Line – HMHI
The Utah Warm Line is a confidential phone line answered by Peer Support Specialists professionally trained to provide support to callers and share their lived experience with mental health and/or substance use challenges aligned with the Recovery Model to foster hope and healing. Staff are trained to connect with, share, and provide support, hope, and a listening ear for peers in times of stress and uncertainty. Callers are connected with someone who can truly understand their struggle because they have "been there before," or provide a needed local resource or referral. During FY25, through March, the Utah Warm Line has received an average of 2,937 calls per month. A decrease of 285 calls, or 9% decrease from the average during the same time in FY23.

Describe your current and planned evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications and key performance indicators are available if needed, please describe any areas for help that are required.

Due to multiple delays in funding and construction delays, the new HMHI Receiving Center just opened on March 31, 2025. In preparation for opening the facility, the following performance metrics will be collected through the electronic health record, and the admission and discharge surveys: diversion rates from jail, emergency departments and inpatient hospitalization; satisfaction rates; timely connection to services post-release; client demographics; and other effectiveness of intervention metrics (around stability, release disposition, and symptom reduction).

Please outline plans for the next three years for access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are currently provided in your area, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Crisis Outreach Teams, facility-based stabilization/receiving centers and In-Home Stabilization Services). Including if you provide SMR/Youth MCOT and Stabilization services, if you are not an SMR/Youth MCOT and Stabilization provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services
to include the Utah Crisis Line, JJYS and other DHHS systems of care, law enforcement and first responders, schools, and hospitals for the provision of crisis services to at-risk youth, children, and their families. Include any planned changes in programming or funding.

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

Mobile Crisis Outreach Teams
The HMHI MCOT is an interdisciplinary team of mental health therapists and Certified Peer Specialists, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, referrals and connection to community resources, and crisis follow-up for residents of Salt Lake County 24/7, 365 days per year. The team is committed to responding within 30 minutes to law enforcement requests and within 60 minutes to community requests. At the time of this writing the average law enforcement response time was 31.31 minutes and the average community response time was 39.69 minutes. The staff will assess the situation and make a determination regarding disposition using all the resources available to provide the best outcome possible using the least restrictive alternatives. The Youth MCOT is flexible, multi-faceted, and immediately accessible to families, children and adolescents at risk for hospitalization or out-of-home placement. They work closely with community partners specialized in child and family issues including DYS, VBH children's outpatient unit, etc. All clinical staff are either State certified Designated Examiners or Mental Health Officers who can evaluate and initiate commitment procedures for those under the age of 18 (i.e., Neutral and Detached Fact Finders).

During FY25, through March, 85% of those receiving an outreach visit were diverted from inpatient hospitalizations, which represents a 2% increase during the same time in FY24. The HMHI MCOT averages 70 youth contacts per month, which is an increase of 6 per month compared to the same time during FY24, of which an average of 56 resulted in a direct outreach by the MCOT team.

MCOT currently coordinates with SMR by providing SMR as a resource when appropriate based on

availability of SMR services at that time of the call and scope of the caller's needs. Additionally, MCOT has monthly calls set up with SMR leadership that assist in coordination of services and bridging any gaps seen across the care continuum.

Additionally, with the opening of The Crisis Care Center and its 30 chair Receiving Center on March 31, 2025, it is the intention of HMHI to re-purpose the 12 chair pilot Receiving Center into a Youth Receiving Center. Though no definitive date is available at this time to open this Youth Receiving Center, the plan is to open it sometime during CY25. They will serve clientele who are experiencing a mental health crisis and they will be allowed to stay up to 23 hours.

Salt Lake County YS-Christmas Box House
This program provides 24-hours, 7 days a week emergency intake, assessment, interim residential care and for children ages 0 to 21 who are taken into temporary protective custody by DCFS or law enforcement for alleged abuse and neglect.

Salt Lake County YS – Shelter Group Home
This program provides 24-hours, 7 days a week emergency intake, assessment, interim residential care and for children ages 12 to 21 who are taken into temporary protective custody by DCFS or law enforcement for alleged abuse and neglect.

Salt Lake County Youth Services-Juvenile Receiving Center (JRC)
This program offers screening, evaluation and referral services to youth, families and law enforcement 24/7. Services are for youth ages 8 to 17 who need a crisis timeout, are runaway, homeless, ungovernable youth or youth who have committed minor offenses. Youth may come to the facility on their own, with parents or police may bring in youth who have committed a status offense or delinquent act that does not meet Detention Admission Guidelines. This may include but not limited to running away from home, truancy, substance abuse, curfew violation or acting beyond the control of the youth's parents. No appointment is needed to access the Juvenile Receiving Center services including individual or family crisis counseling. Serving two locations: Salt Lake and West Jordan.

Salt Lake County Division of Youth Services-Crisis Residential
Offers 24/7 crisis timeout service to run away and ungovernable youth ages 10 to 17. These services can only be accessed as part of the JRC.

Salt Lake County Youth Services-Homeless Youth Walk-in Program:
This program provides 24-hour access to food, clothing, laundry, shower facilities and overnight shelter for homeless youth under age 18. Referrals, crisis counseling and therapy are also available resources.

Salt Lake County Youth Services-Safe Place: Youth Services manages the nationwide program called "Safe Place in Utah", which is dedicated to helping youth in trouble with a safe place to go for help and/or shelter. More than 88 Safe Place sites are spread throughout Salt Lake County in public places such as libraries, fire stations and recreation centers. Locations can be spotted by the yellow Safe Place sign on the building or in the window. Employees at Safe Place sites are trained to call Youth Services if a youth is asking for help. A Youth Services employee will speak with the youth on the phone and, if desired, transport the youth to our facilities.

Any youth can access this help either by going to a Safe Place site or coming directly to the Youth Services Juvenile Receiving Center, or text SAFE and their location to 69866.

Family Support Center - The Family Support Center also offers a free Crisis Nursery 24/7 for families with children ages 0-11 in three locations in the Salt Lake Valley.

Hopeful Beginnings provides in-home crisis response interventions in the moment to divert from higher levels of care and utilize community-based treatment.

Describe your current and planned evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications and key performance indicators are available if needed, please describe any areas for help that are required.

Since the crisis services data was reported by the provider directly to DSAMH beginning July 1, 2021, Optum/DBHS has been unable to conduct our historical data analysis. Since the data dashboard is now available, Optum/DBHS will collaborate on a plan to monitor this data and respond accordingly. Additionally, the Youth MCOT team does collect data that is submitted to the state directly.

In FY24, Optum discovered inaccuracies in the dashboard. These were attributed to issues with the SAMHIS data, and submissions related to Tooele County having been included in the Salt Lake County data. As outlined during the last OSUMH audit of Salt Lake County DBHS, Optum worked directly with OSUMH to void the entries and resubmit. The process was completed during the third fiscal quarter of 2024.

Due to ongoing SAMHIS portal configuration issues as of April 14, 2025, Optum is working with OSUMH and Salt Lake County DBHS on a second clean-up project targeting line-level SAMHIS provider IDs for all historical MH data records submitted by Optum. This clean-up involves two phases – the first is assigning an individual SAMHIS provider ID to each Optum billing provider (versus the legacy process of assigning a single Optum submitter ID for all records), and the second is to perform a claim-line level reconciliation of all SLCo and TCo MH submitted records and assign each record the correct county -specific SAMHIS provider ID. This will allow for identification of the correct county/individual Optum provider for each record moving forward despite SAMHIS submission portal limitations which do not allow for multiple county file submissions from the same user account. This process is expected to be completed by the end of the fourth fiscal quarter for FY25 (June 30, 2025). Once complete, the updated crisis data will be reviewed by Optum/SLCo to better assess how to evaluate crisis services for children and youth.

5) Psychotropic Medication Management
Adult Services ***Pete Caldwell***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings.*

Medication management services are offered by multiple providers throughout the county to include outpatient clinics, nursing homes, and via telehealth. Prescribers on ACT Teams can meet members where needed, such as the clinic, their home, or elsewhere in the community. All clients have access to a prescriber to adjust, change, or maintain the medication that the client needs. DBHS/Optum encourages their network of prescribers to stay abreast of the advancements in medication and other technologies. Those who provide this service are licensed psychiatrists, APRNs, and RNs. Where possible, LPNs or PAs may provide supportive interventions. This is monitored through the auditing process and highlighted in clinical trainings. DBHS/Optum will continue to seek out prescribers in the community.

Currently, DBHS/Optum has 119 prescribers (M.D.s, D.O.s, and APRNs) within the Optum Salt Lake County Medicaid Network. Some prescribers are counted more than once, as some offer their services at more than one contracted agency/provider.

When adults are discharged from inpatient services, a follow-up medication management appointment is to be scheduled as part of the discharge plan. The discharge plan and medication orders are sent to the receiving provider. When a member shifts from an outpatient prescriber to another, the member is asked to sign a release of information so the current/historical medication information may be shared with the receiving prescriber. If a member needs assistance identifying prescribers in the network, Optum Care Advocates, Care Coordinators and Recovery & Resiliency Peers can assist with this process.

Children's Services ***Pete Caldwell***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings*.

Medication management services are offered by multiple providers throughout the county to include outpatient clinics and telehealth services. Hopeful Beginnings, New Beginnings, The Children's Center, Valley Behavioral Health, Lotus Center, Primary Children's Safe and Healthy Families, Primary Children's Pediatric Behavioral Health, and others have delivered medication management to children and adolescents in FY24 and will continue into FY25. All youth have access to a prescriber to adjust, change, or maintain the medication that they need. DBHS/Optum encourages their network of prescribers to stay abreast of the advancements in medication and other technologies. Those who provide this service are licensed psychiatrists, APRNs, and RNs. Where possible, LPNs or PAs may provide supportive interventions.

Currently, DBHS/Optum has 119 prescribers (M.D.s, D.O.s, and APRNs) within the Optum Salt Lake County Medicaid Network. Some prescribers are counted more than once, as some offer their services at more than one contracted agency/provider. DBHS/Optum continues to search for and add prescribing providers to our network.

When youth are discharged from inpatient services, a follow-up medication management appointment is to be scheduled as part of the discharge plan. The discharge plan with the medication orders are sent to the receiving provider. When a youth shifts from an outpatient

prescriber to another, the guardian is asked to sign a release of information so the current/historical medication information may be shared with the receiving prescriber. If a member needs assistance identifying prescribers in the network, Optum Care Advocates, Care Coordinators and Recovery & Resiliency Peers can assist with this process.

6) Psychoeducation Services & Psychosocial Rehabilitation

Adult Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
DBHS/Optum contracts directly with Alliance House, an International Accredited Clubhouse model program, in Salt Lake City to provide skills development programs for adults. The mission of the Alliance House is to help those with a serious mental illness (SMI) gain or recapture the ability to function in the community through meaningful work. The clubhouse incorporates several different work units that are important in the maintenance of the clubhouse. Participation in these units gives members an opportunity to develop skills that fosters their recovery and ultimately their reintegration into the community at large. The education unit has helped members obtain GEDs or high school diplomas, college education skills and support, and increased life skills. The major focus of the program is transitional employment placements. Alliance House has implemented the Individual Placement and Supports (IPS) Supported Employment program at the clubhouse. For additional details on the IPS at Alliance House, please see section 15) Client Employment. In addition, VBH and Volunteers of America provide Adult Psychoeducation Services. There are several providers who provide Psychosocial Rehabilitation including: VBH, Volunteers of America, Hopeful Beginnings, Psychiatric Behavioral Solutions, Summit Community Counseling, and others.
Describe how clients are identified for Psychoeducation and Psychosocial Rehabilitation services. How is the effectiveness of the services measured?
Clients are identified for these services through a biopsychosocial assessment and services are prescribed by an independently licensed clinician. Effectiveness of services is measured by a regular review of the objectives developed for each client receiving the service and their progress on these objectives. Members must meet the criteria for 1915(b)(3) services, which includes SMI classification, to qualify for Psychoeducational services.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
DBHS/Optum contracts with VBH to provide skills development programs for youth and children.

They include:

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

KIDS Intensive Day Services (KIDS) is a short-term, intensive day program for youth ages 5 - 12, with serious behavioral and emotional challenges, with a focus on keeping children in their families and in the community. The goal is to prevent more restrictive mental health placements and/or help youth step down from more restrictive settings.

DBT Day Treatment offers an intensive day program option for up to 12 adolescents addressing behavioral and emotional challenges focusing specifically on DBT skill development. The goal is to help the youth and family develop and utilize these skills across settings.

AIM Day Treatment is a day program option for youth struggling with behavioral health issues across multiple settings (i.e., home and school). Services include individual, group and family therapy as well as skills training.

There are several providers who provide Psychosocial Rehabilitation including: Hopeful Beginnings, Path, Youth Empowerment Services, Summit Community Counseling, Utah Behavior Services, The Children's Center, Lumos Enterprises, and Utah House.

Describe how clients are identified for Psychoeducation and Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified for these services through a biopsychosocial assessment and services are prescribed by an independently licensed clinician. Effectiveness of services is measured by a regular review of the objectives developed for each client receiving the service and their progress on these objectives.

7) Case Management

Adult Services ***Hailee Hernandez***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services. Include any planned changes in programming or funding.

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

• Help clients access appropriate services and supports
• Assure that services are relevant and meet consumer needs

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

Optum encourages all qualified rendering providers to offer TCM to members as needed and to document and bill for these services.

Optum employs a Housing Support Specialist to coordinate case management services for clients who need housing and/or supports to stay housed.

Optum has six providers who offer intensive, targeted case management for our clients: Valley Behavioral Health, Project Connection, VOA, Copa, Journey, and Psychiatric Behavioral Services. These same agencies have committed to delivering services to those who are Medicaid eligible and either homeless or recently housed.

VBH offers a walk-in Same Day Access Clinic for all clients. They may access services when transitioning from an inpatient/subacute facility, general outpatient services as well as lower-level interim services. The Same Day Access Clinic is open Monday through Friday from 8:30 am to 2:00 pm.

VBH has recently changed the JDOT (Jail Diversion Outreach Team) name to CTOS (Community Treatment and Outreach Services). The program will continue to emphasize integrated mental health and substance use disorder interventions.

Project Connection has implemented an evidenced-based program known as Critical Time Intervention (CTI). This program offers intensive case management services designed to start with the client focusing on their interests and treatment needs, what services are available to help them achieve their interests and maintain stability with their mental health issues while moving forward on the recovery path.

RIC-AAU and Journey offers case management services for the refugee populations, coordinating treatment, employment training, housing, insurance access, and other services to support refugees as they integrate into the community.

Hopeful Beginnings provides case management services for adult clients, to enhance outpatient therapeutic and medication management services.

There are several different licenses (i.e., Division of Occupation and Professional Licensing - DOPL) which can provide case management. In order to ensure that the rendering staff is qualified to provide case management, Optum Compliance validates the OSUMH certification for those who do not have a higher license authorized to provide TCM. If no certification is found in the OSUMH system, Optum reaches out to the provider directly for their certificate. Optum collaborates with OSUMH to update their database when appropriate. Optum also verifies the rendering provider was qualified at the time of service as well. Although no recoupments have been required, Optum

does have a process to investigate and recover dollars if appropriate. During provider audits DBHS and Optum will either verify that a qualified DOPL license is providing case management or request verification of required training and certification for non-licensed individuals rendering TCM services. Licensed providers are expected to sign their name with their credentials for all rendered services.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Clients are identified for these services through a biopsychosocial assessment, and services are prescribed by an independently licensed clinician. An individualized needs assessment may also be conducted to determine the need for any medical, social, educational or other services. Effectiveness of services is measured by a regular review of the individual's progress toward person centered objectives in the target case management service plan or the mental health treatment plan.

Children's Services ***Hailee Hernandez***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services. Include any planned changes in programming or funding.

Youth are significantly impacted by their environments and the systems with which they engage. Therefore, case management is an integral part of working with children and adolescents and is embedded in the treatment continuum. The goals of TCM are to:

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

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

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

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

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

YS Milestone Transitional Living Program: The Salt Lake County Youth Services Milestone Transitional Living Program (TLP) assists in ending the cycle of homelessness and dependency by helping young adults become self-sufficient through access to safe housing, stable employment and connections to ongoing support and resources. Milestone TLP serves up to 36 young adults at a time ages 18 to 21 who are experiencing homelessness in Salt Lake County. Each youth in the program works closely with a case manager to set long-term and short-term goals towards obtaining stable employment and educational enhancement. By providing housing and connecting youth with community resources, participants will move toward self-sufficiency, shifting their lives in a positive direction to break the cycle of homelessness and dependency. YS has three homes in Sandy, a 4-plex apartment in West Valley City, and an apartment complex in Millcreek.

Please see the adult section above which outlines the process for validating eligibility/certification for rendering TCM.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Clients are identified for these services through a biopsychosocial assessment, and services are prescribed by an independently licensed clinician. An individualized needs assessment completed by a qualified case manager may also be conducted to determine the need for any medical, social, educational or other services. Effectiveness of services is measured by a regular review of the individual's progress toward person centered objectives in the target case management service plan and/or the therapeutic treatment plan. This will include

In addition to the above, for the YS programs, any youth between the ages of 18 to 21 that is experiencing homelessness is eligible and can submit an application. The Milestone Program measures effectiveness by collecting information about education, employment and housing upon entrance and exit of the program. A successful transition is determined when a client is employed and/or attending school and housed upon exit.

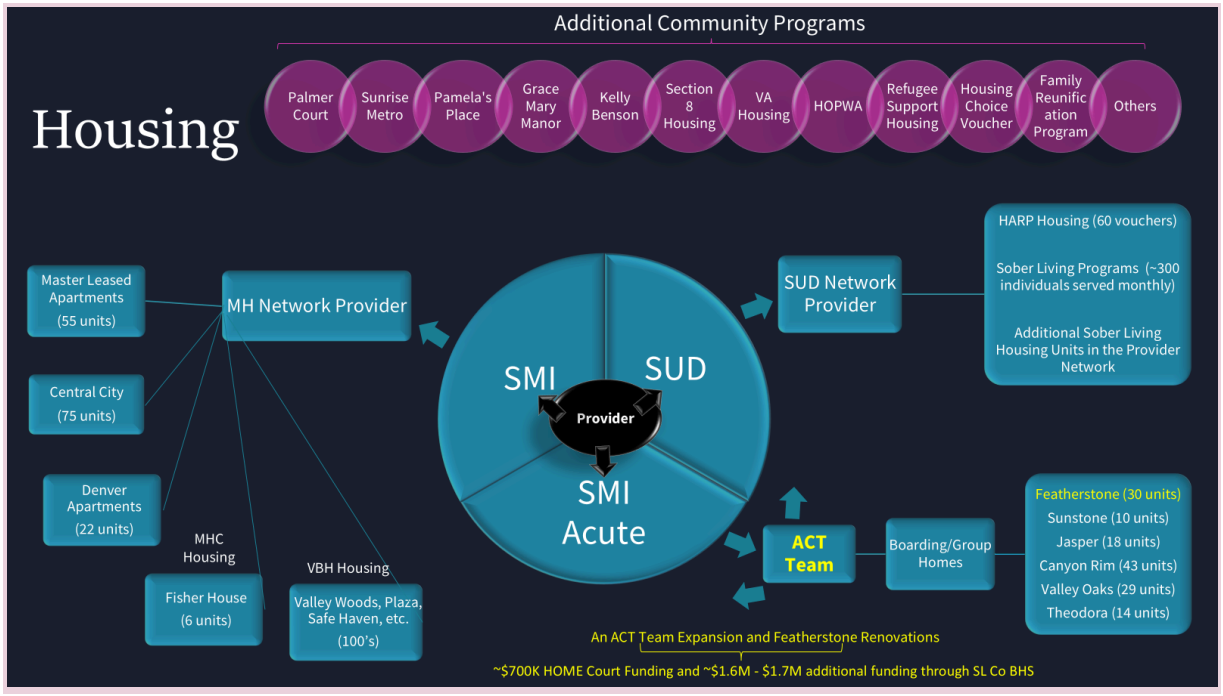
8) **Community Supports (housing services)**
Adult Services ***Pete Caldwell***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Housing

DBHS conducted a jail recidivism study years ago with 2 of our treatment programs. The study showed a 47% reduction in new-charge bookings for those housed in SL Co subsidized housing, and 10% increase in jail recidivism for those that remained unhoused. Even when provided opportunities for treatment, many of those unhoused, struggling just to meet their survival needs, will struggle to engage in treatment, let alone attend court hearings. Because of this, though not in the business of housing, DBHS invests heavily in housing.

Previously, this section of the area plan had a lengthy narrative explaining numerous housing initiatives and programs brought online throughout the years, with details on complicated funding streams, services provided at the programs, etc. The narrative became so long, this year we offer you the diagram below for a view on current housing options to BH clients (most often with co-occurring MH and SUD conditions). All those in blue DBHS supports fiscally in varying degrees, all those in pink are additional programs in the community our clients have access to. Please reference the Housing Slide deck attached to the area plan for additional information on funding streams, populations served, services provided on site, etc., for our many housing programs.



Future efforts not shown in the slide above, include:

A Switchpoint Boarding Home

Work is in progress to bring on a new boarding home in 2025, through Switchpoint, that would have ~26 units for ACT Team consumers, most often with co-occurring SUD conditions.

Odyssey House Project

We partnered with OSUMH to fund a renovation of two 2-bedroom sober living units to be certified to meet ADA requirements. This will increase ADA capacity within the sober living program by four units. The construction began in late Fall 2024 and completed in April 2025. The final steps around licensure and marketing are currently underway.

Odyssey House Opioid Use Disorder Transitional Housing
In 2025, Odyssey will be working to bring on a property that will serve 23 SUD clients at any given time (~55 per year).

First Step House (FSH) Projects
We are partnering with FSH to bring online two additional housing programs:

44 North - approximately 67 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2026.

273 East - approximately 34 units, for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

A Valley Behavioral Health (VBH) Project
We are supporting VBH as they work towards opening Saltair Lofts, a LIHTC project of approximately 68 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

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

Intensive housing case management services are also offered with a multidisciplinary team at a less intensive model for homeless women who are living at the VOA operated Geraldine E. King Women's Resource Center. The team facilitates transitioning out of homelessness into apartments with continued supportive services to help the women maintain housing.

The VOA Homeless Youth Resource Center continues to operate in Salt Lake County and facilitates housing, educational and employment opportunities for homeless youth ages 18—23.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing?

A complete biopsychosocial assessment is completed by a LMHT and used to determine if a member demonstrates a clinical need for receiving supportive housing. All individuals referred into State Hospital Diversion, master lease units and boarding home placements (see information above on scattered site placements, Sunstone, Jasper, Valley Oaks, Switchpoint, Oasis, Denver, Central City, The Theodora, and Featherstone) housing units have been identified as SMI and their level of ability to independently function is taken into account. Ongoing assessment is required to warrant ongoing supportive living placement. For USH patients, an occupational therapy evaluation is requested to assess activities of daily living skills.

Children's Services (respite services) ***Cody Northup***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care. Include any planned changes in programming or funding.
DBHS/Optum contracts with Hopeful Beginnings, Project Connection and Summit Community Counseling to provide respite services. Respite is available for children and youth. This program provides planned respite for the purpose of allowing a period of relief for parents. Respite is used to help alleviate stress in the family, thereby increasing a parent's overall effectiveness. Respite care may be brief (for a couple hours) or extended for several hours, several days a week and may be provided in or out of the child's home. Overnight respite is only provided through DYS on a Single Case Agreement basis and it is limited to no longer than two weeks. The Family Support Center also offers a free Crisis Nursery 24/7 for families with children ages 0-11 in three locations in the Salt Lake Valley.
Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?
The youth must meet the criteria for this 1915(b)(3) service with SED status and eligibility for Traditional Medicaid. In addition, a licensed mental health therapist must prescribe respite services and include it in the treatment plan. Respite providers collaborate with the referring clinician regarding the member's presentation during respite outings. Since respite is not considered a therapeutic intervention, rather a supportive service, the goal which includes this service would be assessed during the treatment plan review.

9) Peer Support Services

Adult Services ***Heather Rydalch***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.
Providing and receiving peer support stands as an integral component of rehabilitation and recovery. DBHS/Optum is dedicated to the Peer Support Specialist Program and continues to work to expand the peer workforce in Salt Lake County. Peer Support Specialists are critical to the Salt Lake County Behavioral Health System and DBHS/Optum utilizes providers within DBHS/Optum's network of providers to provide this service. Certified Peer Support Specialists are currently employed at Valley Behavioral Health, First Step House, Odyssey House, House of Hope, Volunteers of America, Silverado Counseling Services, Believe in You Counseling, Altium Health, Multicultural Counseling, Hopeful Beginnings, Alliance House, University of Utah Warm Line and Mobile Crisis Outreach Team, Psychiatric and Behavioral Solutions, and Central City Housing.

Peer Support Specialists bring lived experience to help consumers develop person-centered goals, and facilitate linkage to support services for mental health. This service promotes the recovery model and provides tools for coping with and recovering from a mental health disorder. Domestic Abuse Recovery Services (DARS) is a Peer run organization focusing on working with members who have experienced domestic violence or witnessed domestic violence. They will be contracted with Optum in the first part of FY 2026 and will be available to work with members from other providers within our network.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Referrals are made to Optum via providers, community stakeholders and internal Optum staff and committees. Optum makes outreach to identified consumers and links to providers in the Optum network who provide peer support services. Optum educates our providers and expects them to identify when CPSS services could be beneficial. If providers do not offer this service in-house, they refer the case to Optum. Peer services are expected to be prescribed in a person-centered treatment plan. Documentation needs to include a corresponding treatment goal, the services rendered, and clinical review of the member's progress toward that goal.

The effectiveness of services is measured through reporting by the CPSS offering services to members.

Children's Services ***Amy Campbell***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJYS, DSPD, and HFW.* Include any planned changes in programming or funding.

Children/Youth Peer Support Services are provided primarily by Family Peer Support Specialists (FPSSs). DBHS is providing peer support offered to the parents and/or caregivers of children and youth receiving services. Salt Lake County Youth Services (YS) is the administrator of anchoring sites for FPSSs. YS has assumed the majority of the training, mentoring, data collection and reporting responsibilities, but not all of the responsibilities Allies with Families previously had. The State Office of Substance Use and Mental Health (OSUMH) provides the initial 40 hour FPSS certification training. Then throughout the year they provide the ongoing required monthly training to maintain FPSS certification. OSUMH also provides individual FPSS coaching upon request of the FPSS or the FPSS supervisor.

The mission of the FPSS program is to help parents and/or primary caregivers with children experiencing mental health and/or substance use challenges which are resulting in trouble at school, with the law and/or that put the child at risk of an out of home placement. This is achieved through support, education, skill building, and use of natural supports. FPSS have the lived experience necessary to have understanding and empathy for the families they work with. They also have experience and knowledge navigating various systems and agencies. They provide resource coordination, advocacy, assistance with the 504 Special Needs Education plan and Individualized Education Plan (IEPs).

There are currently 8 FPSSs placed with 5 agencies throughout Salt Lake County. FPSSs are anchored at the following agencies or organizations:
• 1 FTE Salt Lake County Youth Services
• 1 FTE Granite Connections and Roosevelt Continuation School
• 2 FTE State of Utah Division of Child and Family Services (DCFS)
• 1 FTE Family Support Center
• 1 FTE General

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

Families/clients experiencing mental health, behavioral or substance mis-use issues are identified by the various agencies within the Salt Lake County region as a family who could benefit from the services the FPSS program offers. Families experiencing barriers to services such as lack of understanding and/or navigation skills for systems such as child welfare, juvenile courts, and schools are identified and referred.

The continuum of care within the Salt Lake County region is structured in a way to support an appropriate referral. Any youth under the age of 24 still living at home with a behavioral health need, WITHOUT 2 arms of DHS systems involved, would be an appropriate referral. Peer support services are rendered to the parents of a youth under the age of 16 per Medicaid. No income verification or insurance coverage is required of the family to receive services. FPSSs take youth/children ages 3 years – 21 years but can make exceptions for clients still living at home up to age 24 years . This criteria was set forth in August 2022.

10) Consultation & Education Services

Adult Services ***Cody Northup***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Optum has a Recovery and Resiliency (R&R) team that consists of family support specialists and peer support specialists (adult services). This team provides education and consultation to consumers, consumer run organizations, their contracted providers, community partners and stakeholders, and centers of learning. They also file grievances and complaints from clients and submit them for resolution. The team members actively meet with clients where they receive services, promoting the recovery model and whole health. They work with the Optum Clinical Operations Team on all case staffings and utilization reviews. They also work with Salt Lake County's/Optum's network of providers to encourage the hiring and utilization of peer counselors to work on multi-disciplinary teams to provide
treatment.

This team continues to conduct numerous trainings in the community, such as:
• Adult Mental Health First Aid (MHFA).
• Youth Mental Health First Aid.

• Dimensions Tobacco Free Trainings
• Certified Peer Support Specialist trainings continue to be offered by Optum each year

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

Other training topics presented by this team for community partners, provider trainings, or Optum staff include: Information on Suicide, Recovery, Peer Support, Power of Language, Wellness Recovery Action Plan, Certified Peer Support Specialist Training, Certified Peer Support Specialist Refresher Trainings, Recovery Training at the University of Utah and other community groups, Communication and Language, Trauma-Informed Care Panel at Generations, Discharge Planning, Peer Navigator Program, Optum's Grievance Process, Mental Health Courts, and CARE Court.

In 2024, OSUMH kindly provided us with an unprecedented amount of training dollars for SMI trainings in Salt Lake County.

In 2024, we conducted 2 trainings. One for SL County Criminal Justice Services case management staff, and one for permanent supportive housing case managers, for a total of more than 100 people.

The agenda consisted of the following:

What is Serious Mental Illness – Kenny Martinez, LCSW HMHI
- Definition
- Symptoms
- Causes
- Prevalence of Co-occurring SUD & Why
- Treatment
- Tips on Working with This Population (especially as a supervising CM)
- Q &A

What is Civil Commitment – Julie George & Brian Currie LCSW
- Definition, Pros, Cons & Myths
- Q & A

What is an Assertive Community Treatment (ACT) Team – Susan Pinegar, LCSW, VOA; Lindsay Bowton, LCSW, Odyssey House; Russ Pryor, LCSW, MBA, VBH; Reilly Gardiner, VBH
- Overview on ACT Teams (what they do, clients that they serve, etc.)
- Do they exist in Salt Lake County
- Contact Information for these teams
- Q & A

Voices Training – Sgt Preston, SL Co Sheriff's Office CIT Coordinator
- Experience the "Voices" an individual with serious mental illness may experience
- De-escalation techniques

HMHI Receiving Center Opening 2025 – Kevin Curtis, HMHI Crisis Services Director
- What is it

- How will clients access it

Connecting Clients to Treatment – Jeannie Edens & Brian Currie LCSW
- Sequential Intercept Model – High Level Overview
- Diverse Payer Landscape (multiple payers now due to Medicaid Expansion)
- Network of Providers
- But how do you start…a foundation of great first steps for CMs
- Q & A

We also enrolled **more than 90 community stakeholder staff** in the 2025 Generations Conference.

HMHI's Crisis Services partners with and supports the Salt Lake City Police Department in providing Crisis Intervention Team Trainings for law enforcement and correctional officers in Salt Lake County.

DBHS is deeply rooted in the community with many allied partners. Through these partnerships, DBHS and Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff have frequent opportunities to educate the public through all forms of media, community fairs, and other venues.

Children's Services ***Cody Northup***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Optum has a Recovery and Resiliency team that consists of family support specialists and peer support specialists (adult services). This team provides education and consultation to consumers, consumer run organizations, their contracted providers, community partners and stakeholders, and centers of learning. They also file grievances and complaints from clients and submit them for resolution. The team members actively meet with clients where they receive services, promoting the recovery model and whole health. They work with the Optum Clinical Operations Team on all case staffings and utilization reviews.

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

Optum will continue to:
• Provide QPR trainings with Optum, providers, and allied partners.
• Provide MHFA, YMFA and QPR trainings with Optum, providers, and allied partners.
• Provide training on the Recovery Model and recovery supports with APRN students at the University of Utah School of Nursing.
• DBHS/Optum also coordinates and works closely with NAMI Utah and USARA in promoting and facilitating their services with our clients. DBHS is deeply rooted in the community with many allied partners. Through these partnerships, DBHS/Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff have

frequent opportunities to educate the public through all forms of media, community fairs, conferences, and other venues.

11) Services to Incarcerated Persons ***Cody Northup***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate. Include any planned changes in programming or funding.

Mental Health Services in Jail - The Salt Lake County Council, serving as the Local Mental Health Authority, appropriates funding annually for mental health services in the jail. This appropriation is made directly to, and managed by, the Salt Lake County Sheriff's Office.

The Salt Lake County Jail has four dedicated units that can address more severe mental health needs. One is a 17-bed acute mental health unit for individuals who have been identified as high-risk for suicide, an 8-bed overflow acute mental health unit, a 48-bed sub-acute unit for individuals with a mental health diagnosis that would benefit from a more therapeutic setting, and a newly established sub-acute mental health unit with 48 additional beds.

The jail team provides mental health services, medication management, individual and group therapy and crisis services for individuals in the general population. Jail mental health case managers coordinate services and releases for the severely mentally ill population, verify medications, obtain outside treatment records, conduct post-release planning, provide community resources, connect clients to in-reach services as available, and collaborate/communicate with community stakeholders such as community behavioral health providers and the Legal Defenders Office social workers. Additionally, they participate in Mental Health Court staffings, Project RIO staffings (formerly Top Ten), and the Metro Mental Health monthly roundtable. County appropriations fund medications, primary health care, and supportive services to persons in the jail who have serious mental illness. The Jail's healthcare services, including mental health services, have been awarded accreditation from the National Commission on Correctional Health Care (NCCHC).

This funding is not reported in our budget because the funding is allocated directly to the Jail from the County Council. DBHS has developed a strong partnership and relationship with our jail and has established a formal data sharing agreement. The jail has implemented their new electronic health record which allows them to better identify the individuals served in the jail and help with the transition of care for these individuals into the community. The jail is currently reporting collected data from the jail offender management system to DBHS for submission to OSUMH. There continues to be excellent collaboration with the jail and we will continue to collaborate with them on our Alternative to Incarceration programs (found in the Justice Services section).

State Competency Jail Restoration Program - This program is operated by the state, works to restore inmates to competency while awaiting a hospital bed, and works directly with the jail to coordinate services. This program will officially end May 1, 2025, due to recent legislation requiring jails to house more inmates (and the need to convert this space to that effort).

Community Treatment and Outreach Services (CTOS) - VBH
Alternatives to Incarceration (ATI) and Community Response Team (CRT) within the CTOS program are designed to assist in breaking the cycle of incarceration by supporting individuals in overcoming mental health barriers and addressing criminogenic risks. By offering tailored support, they aim to foster rehabilitation and reintegration into society, helping clients understand and manage their mental health conditions while connecting them with the resources they need to thrive.

Social Services Position Housed in the Salt Lake Legal Defender Association's (LDA) Office
This position, funded through DBHS, connects individuals with SMI involved in the criminal justice system to community treatment, ATI Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the LDA's office, offering invaluable assistance in connecting large numbers of clients to treatment from the jail.

Project RIO (formerly Top Ten) - Once a month, the Legal Defenders Association (LDA) facilitates a group that meets to staff frequently booked individuals with severe mental illness. Partners include the LDA, VBH, HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Team, 4th Street Clinic, Criminal Justice Services, Division of Services for People with Disabilities (DSPD), and Odyssey House. Team goals are to:

- Ensure jail mental health is aware of an individual's diagnosis and medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of an individual's diagnosis and medications prescribed in jail prior to release.
- Develop a pre-release relationship with the inmate prior to release whenever possible.
- Work to assertively engage the client in treatment upon release, address continuity of care/medications and transport if appropriate.
- Refer into appropriate programs (Mental Health Court, ACT Teams, dual-diagnosis residential programs, Jail Diversion Outreach Team, other outpatient services, DSPD services, housing, etc.).
- Communicate with the individual's attorney.
- Communicate with county supervising case managers, state AP&P officers or other private supervising agencies.
- Coordinate jail releases when appropriate.
- Support the client to resolve open court cases.
- Coordinate with medical providers when appropriate.
- Coordinate with other community providers (VA, private providers, etc.).
- Assist with housing, entitlements, and other needed supports.
- Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.

Additional IT support is provided through the Salt Lake County Mayor's Office of Criminal Justice Initiatives, to provide real time information regarding bookings, charges, court cases, and other pertinent information.

Jail-based SUD services sometimes support the MH population. These would include:

DBHS funds the SUD services in the jail, including:

Corrections Addictions Treatment Services (CATS) is located at the Oxbow and Adult Detention Center Jails, in South Salt Lake.

CATS is an addictions treatment program, based on an intensive outpatient level of care (9 – 19 hours per week of therapeutic and skill-based treatment services), and is based on a therapeutic community model.

The program is operated within both the ADC and Oxbow Jails. The capacity for males is 120 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program and DBHS' housing programming. Upon completion of the CATS program, all inmates are assisted in applying for Medicaid and provided with a clinical referral into a county approved agency.

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS) in both Medium and Minimum Security levels. The CATS, DOGS and Prime for Life programs are contracted through Odyssey House.

Future Plans:

Odyssey House is preparing for the implementation of the Justice Involved Medicaid Waiver into the CATS program, assisting inmates in applying for Medicaid and utilizing Medicaid funding 90 days prior to their release date.

Odyssey House will explore expanding another 32 beds over the next two years in partnership with the Jail Programs Division.

The Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, continues today.

In 2019, federal grant dollars allowed for an expansion of MAT services in the jail. Qualifying program participants with an opioid or alcohol use disorder have access to MAT, SUD behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include methadone, buprenorphine or Naltrexone (Vivitrol). The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants have an opioid or alcohol use disorder and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines are periodically reviewed and considered in an effort to cover additional populations with DBHS approval and as budgets allow. In FY22, the program was granted temporary approval to provide psychosocial assessment and therapy absent medication, and at times medication absent therapy based on the ongoing struggle in maintaining licensed medical and behavioral health staff. Patients are continued on MAT meds even when sentenced to prison.

DBHS was awarded Opioid Settlement Dollars in November of 2023, to allow the jail to hire one

new RN, and through that, enable new inductions of buprenorphine for an expanded population.

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

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Mental health services receive referrals/requests from jail staff nurses and sworn staff (primarily), but all jail staff are able to refer a patient to mental health staff if they have concerns. Inmates may also request mental health (and are seen by MH therapist immediately) if they are experiencing a crisis. A therapist will then assess/complete a suicide risk assessment with the patient and provide services/referrals to a case management/psych provider for med management/therapy as clinically indicated. For patients deemed to be a risk to self or others (due to suicide risk or psychosis), MD orders are obtained, and the patient is admitted to the acute mental health unit on full suicide precaution. Assessments/interventions and the patient's response to treatment are documented.

Additionally, each unit is assigned a Pod therapist, who triages inmates daily. The therapist will ask the patient to complete a Sick Call Request. The therapist will respond to the request. A case manager will also meet to complete a Release of Information (ROI) for medication verification or clinical assessments. Other identification may come from community partners such as the Legal Defenders Office, Community Mental Health Centers, etc. Referrals are made to the Jail's psychiatrist or psychiatric providers for medication management as clinically indicated.

Additional clients are identified through behavioral health providers reaching out to the jail to facilitate continuity of care; through the jail reaching out to behavioral health providers in the community to gather information; through a monthly Project RIO (formerly Top Ten) Staffing; through communications with the 4th Street Clinic; LDA; Mental Health Court; Optum; Criminal Justice Services; and other stakeholders.

Peer reviews are completed as a means to validate the care they prescribe, patient feedback and CQI study information.

Describe the process used to engage clients who are transitioning out of incarceration. As per HB0167 (2025 legislative session), local mental health authority shall, to the extent feasible, coordinate with the Department of Corrections to ensure the continuity of mental health services for county residents who are on probation or parole. Please describe this process for your agency.

The Jail Resource and Reentry Program (JRRP) is voluntary and offers support to individuals as they transition back into the community from jail. Salt Lake County Criminal Justice Services and Valley Behavioral Health (through peer support staff) assist individuals in navigating the complexity of criminal justice and social services systems. Clients have access to email, phone calls and free Wi-Fi; phone charging stations; snacks, water, female personal hygiene products; SNAP/Medicaid enrollment; Department of Workforce Services (DWS) information; a safe place to wait for

services; transport options (bus tokens, VOA van service, homeless van services); homeless housing referrals; donated clothing items, and other resources.

Utah received approval of its Justice Involved Medicaid waiver, allowing certain services to be billed to Medicaid, up to 90 days prior to an inmate's release. The Salt Lake County Jail is working closely with the State Medicaid Office, DBHS, and other stakeholders, to incorporate processes that will allow them to make this change. This effort will also enhance continuity of care for individuals post-incarceration in need of physical, behavioral, and other health related social needs

DBHS has a history of working well with DOC programs. As noted in other parts of the area plan, DBHS assisted the DOC in understanding how to enroll individuals in the various expansions of Medicaid; has a well-developed PATR program (where case managers communicate regularly with Halfway Houses, POs, and assist their parolees and probationers); is working towards contracting directly with the DOC in the future for PATR funds to prevent a reduction in funding through OSUMH; and enjoys collaborations with the DOC through CJAC (where they also attend), and through the CJAC Reentry Subcommittee (which they are a member of). Additionally, you will notice much of the programming mentioned in the alternatives to incarceration sections is open to this population. DBHS will of course have a focus on those who are planning to reside in SL Co, are unfunded or Legacy Medicaid members (as we do not manage the TAM & UMIC/ACO populations).

12) Outplacement

Adult Services ***Cody Northup***

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

DBHS/Optum provides one Clinical Care Coordinator and a Housing Support Specialist who are assigned full-time as a State Hospital Liaison to work directly with the Utah State Hospital (USH) teams to proactively facilitate and coordinate plans for consumers coming out of the USH. They are assisted by the Optum State Hospital Committee and the Optum Clinical Team as needed.

DBHS/Optum will continue to assist with independent living placements that offer wraparound supports such as an ACT Team. Housing options include but are not limited to: VBH housing; master lease units; Denver Apartments; programs which offer meals and supervision such as Sunstone, Jasper (operated by Odyssey House) and Featherstone (operated by Clinical Consultants) and Oasis Men's and Women's Homes; Fisher House and the Central City Apartments, both operated by First Step House.

Children's Services ***Cody Northup***

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

The Children's Outplacement Program (COP) and funding are managed by DBHS/Optum in a cooperative manner. DBHS/Optum staff sit on the Children's Continuity of Care committee. DBHS/Optum recommends children for consideration of State COPs assistance and recommends an appropriate array of services. Approved treatment services will be provided through the DBHS/Optum provider network. Approved ancillary services, such as mileage reimbursement, karate classes, therapeutic recreational activities, and those services provided for clients who are not funded by Medicaid will be paid for and/or provided to the client directly by DBHS.

The Optum representative meets with the Children's Continuity of Care meeting monthly at the Utah State Hospital to present the requests for funding to get approval from the committee. Also, the Optum representative can ask for emergency outplacement funding approval from DBHS for cases that cannot wait for the monthly committee approval.

13) Unfunded Clients

Adult Services ***Cody Northup***

Describe the activities you propose to undertake over the three year period and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

The Utah Department of Health and Human Services (DHHS) Refugee Health and TB Control Program subcontracts with four different organizations: AAU, CatholicCommunity Services, International Rescue Committee, and THRIVE Center for Survivors of Torture (formerly Utah Health and Human Rights) to provide mental health services for refugees and new arrivals. These services include: the administration of the Refugee Health Screener (RHS-15) mental health screening tool; outreach and education to refugee health providers and stakeholders about the mental health needs of refugees; outreach and education to refugee communities about mental health and available services; crisis services; and individual and group therapy using traditional and non-traditional evidence-based methods. This interlocal agreement between DBHS and Health and Human Services (DHHS) was renewed in FY25 and is expected to be renewed for FY26.

Volunteers of America, Utah, operates the Homeless Mental Health Outreach Program centered at the main Salt Lake City Library on 400 South and 200 East. VOA staff members offer behavioral health support to patrons who request assistance. A housing and benefits coordinator is also available weekly to assist patrons. These services are optional and client centered/client directed. These supportive services are also provided as needed in twelve different library branches throughout Salt Lake County. In addition, our team members offer training to library staff in understanding and responding appropriately to people with mental illness. Training is also available to other area libraries upon request. The team continues to have regular communication with library staff and responds to issues and questions that arise. In late FY22, VOA rebid for these services and was awarded a new treatment contract entering FY23. Additionally, VOA was awarded treatment funds for supported employment (see section 15, Client Employment) to operate their IPS program.

VBH provides direct services to a number of adult populations with the funds they receive. First, VBH provides adult mental health services in three different locations. The Forensics Program is open in the evenings to further reduce schedule-related barriers for accessing services.

Second, persons who are on community civil commitment have access to VBH's full continuum of adult, youth, and children's programs, services, and locations. Additionally, with the conversion of the AOT to a full fidelity ACT team described in 13), VBH can also enroll a limited number of unfunded individuals in ACT. These funds were awarded again to VBH during the treatment rebid, with services funded beginning in FY23.

Additionally, in coordination with the Salt Lake County Division of Aging & Adult Services, VBH provides counseling at senior centers throughout the county. In addition, VBH provides lectures at 11 senior centers in the county to help support behavioral health issues experienced by these seniors. VBH also uses the PEARLS to assess and treat depression in older adults. VBH was also awarded a small portion of the unfunded mental health funds beginning in FY23 to address supported employment programs. Finally, VBH was awarded unfunded mental health funds to support uninsured clients in the CORE residential treatment programs and any associated outpatient treatment.

First Step House also bid for unfunded mental health treatment funds and was awarded a contract beginning in FY23 to support their IPS supported employment program. See section 15) Client Employment for more information. They also received funding for case management for the SwitchPoint Program.

Odyssey House also bid for unfunded mental health treatment funds, and was awarded funding to support their residential mental health programs (two 16-bed facilities, one for SMI males, and the other for SMI females), and associated outpatient services for unfunded mental health clients which began in FY23. Odyssey House also received unfunded mental health funding to support their Forensic ACT Team clients beginning in FY23.

Each agency with an ACT team applied for, and received, funding to supplement their ACT teams for the new contract cycle which began July 1, 2022. This funding extends the term of the contract and is intended to be used for individuals who do not qualify for Medicaid, and/or those who transition out of ACT and need continued assistance with treatment funding. Additionally, it can assist with expenses which Medicaid does not pay for, including housing support.

Civil Commitments: The County is responsible for the civil commitment court, and specifically, DBHS is responsible for the required sanity assessments by licensed professionals and various administrative costs to host the court at HMHI. These services are entirely funded with the County General Fund.

HMHI provides crisis services for Salt Lake County. These services are described under section 4.

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

Efforts to assist the uninsured population occur through a coordinated and concerted effort to enroll in Medicaid, CHIP, Marketplace Plans and Medicare.

Long before the expansions of Medicaid, DBHS began funding a Department of Workforce Services (DWS) Medicaid eligibility specialist, drawing down federal dollars as a match to assist DBHS' network of providers with enrollment into Medicaid. This effort included one FTE roaming between the jail, the provider network, and multiple Third District Court locations. During the pandemic, this assistance became remote. Additional DWS assistance is housed in one of the network's largest providers, Valley Behavioral Health (VBH).

Education, training and connections to Take Care Utah were made to the provider network beginning in 2014, as Marketplace Plans became an option to households earning more than 100% FPL. DBHS leadership also approached judges in the Third District Court to gain their permission to provide enrollment space and internet access to Take Care Utah staff to assist with enrollment into Medicaid, Marketplace Plans and Medicare. The court was not amenable to this option at that time, but in 2017, with the advent of Targeted Adult Medicaid (TAM), they embraced the idea. DBHS also approached the jail in considering a partnership with Take Care Utah during these early years. It was embraced in later years as you will see below. Multiple meetings were held with Take Care Utah sharing with them the touchpoints both within the DBHS network and the criminal justice system, to expand enrollment efforts. Throughout the years, more than 250 presentations were made by DBHS explaining the importance of expanding Medicaid, options through the Marketplace, and highlighted Take Care Utah and DWS Medicaid eligibility specialists (utilizing federal matching dollars). Presentations were also provided to organizations outside our network, to such agencies as UBHC, UAC, NACO and NACBHDD to promote enrollment throughout Utah and other states.

Numerous specialty enrollment efforts were initiated as TAM opened in November of 2017. This included but was not limited to collaborations with DWS and Take Care Utah to enroll in Drug Court and Mental Health Court settings; the expanded jail medication-assisted treatment (MAT) program; the Corrections Addiction Treatment Services (CATS) program; Legal Defender Association's (LDA) Office; and Criminal Justice Services (CJS). Some of this assistance became remote later on during the Pandemic.

Training was also held at DBHS with Adult Probation and Parole (AP&P) to assist them in their enrollment efforts (both upon release from prison and also in halfway houses), along with introductions to Take Care Utah, which later led to partnerships there.

In addition to specialty enrollment efforts put in place during the TAM expansion, two large eligibility and enrollment trainings were held by DBHS at the County Government Center to assist case managers within the county network of providers. Approximately 213 individuals from 20 organizations across the county registered or walked into these training sessions. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. Providers such as VOA eventually partnered directly with Take Care Utah (efforts expanded greatly once social detox became a Medicaid benefit).

While some of these efforts originate in adult populations, they often extend to household members (including children) as individuals begin the enrollment assistance process and request assistance for additional household members (for example, while attending an intake at Criminal Justice Services). Research has shown that Medicaid Expansion states have increased Medicaid enrollment for children. It is believed that as adults become aware of their eligibility, they pursue Medicaid enrollment assistance for children in the household as well. More specific enrollment

assistance efforts for children and youth can be found in parts of the Area Plan where this is requested.

Additional presentations were made to the provider network as the state expanded to 100% FPL in April of 2019, and again as the state fully expanded to 138% FPL on January 1, 2020, to encourage and support enrollment in these new households.

DBHS has been planning for these enrollment touchpoints and educating providers since 2014 (the year Medicaid Expansion became an option for states), and saw the provider system respond quickly and nimbly with each new expansion.

Additionally, in 2020 outreach was made to Take Care Utah to advise them of legislative changes that would enable them to submit applications prior to release from jail (due to Utah becoming a suspension, rather than a termination state).

Enrollment assistance planning was also provided to other local authorities when they requested it.

To address COVID-19 responses and to reduce the spread of infection, DBHS worked with the State Medicaid Office to distribute PDF fillable forms for the TAM referral process, allowing the use of electronic signatures for those telecommuting [later sharing these statewide with Local Authority (LA) Directors].

Although some components of these enrollment efforts were curtailed due to COVID-19, such as In-court enrollment assistance, these restrictions have now been removed. Providers were also immediately notified when the new administration opened up a new special enrollment period, and expanded eligibility to new populations, such as those who have received unemployment or those above 400% FPL.

Barriers to maintaining coverage:
One of the challenges to maintaining coverage can be seen as individuals transition between the various forms of Medicaid (due to the expansion of Medicaid). Real life examples include:

- Changes income (getting or losing a job)
- Changes in household size (gaining or losing custody of a child, marriage, divorce, etc.)
- Pregnant women giving birth, etc.

Fortunately, these challenges are often born by providers, and they have proven nimble to assist clients in maintaining coverage and switching payment streams on the backend, hopefully in a seamless way that is not stressful to clients.

In the fall of 2022, DBHS began assisting the Road Home's Homeless Resource Centers (HRCs) in developing collaborations with Take Care Utah to enroll clients in Medicaid or other health plans. Volunteers of America (VOA) HRC already had a process in place.

Today, Take Care Utah works in some capacity with around 100 organizations and sources of clients, many of which are individuals with behavioral health conditions. They enroll clients from many of these partner agencies, but the specific process takes different forms. At the jails and prison, for example, they are at multiple sites on a weekly basis. Others are less frequent. With others they have arranged a referral process so they get spreadsheets of uninsured folks from various organizations to do follow-up. They meet both in person and remotely depending on what works best for their partners.

During the Public Health Emergency (PHE), individuals were not allowed to be removed from Medicaid unless they moved out of state, requested to be removed, or passed away. Due to this

temporary status, although some individuals could be sorted into different Medicaid plans as appropriate, they were not removed. Continuous enrollment has since been discontinued as a requirement of the PHE. As such, DWS began case reviews on March 1st, 2023. The first case closures or transfers to other Medicaid or Marketplace plans initiated on April 30th, 2023. This effort is being referred to as the "Unwinding".

DBHS has been proactive during the preceding months, encouraging providers to assist clients in keeping their addresses current with DWS, responding to DWS inquiries, and to assist clients with any bumps along the way.

DBHS also hosted the State Medicaid Office (SMO) at one of their monthly provider meetings, to provide education on the "Unwinding" and answer any questions they had.

Additionally, Optum worked diligently to provide a virtual Unwinding & Enrollment Training to their network of providers. The State Medicaid Office, the Department of Workforce Services & Take Care Utah, all presented. This training and links to state materials such as flyers, cards, FAQ's, etc., were all posted on their website as an Unwinding Toolkit, and notification to the network goes out regularly reminding them it is there. Last, but not least, client Medicaid review dates are included in the 834 Benefit Issuance file. Within 2 weeks of receiving the 834, Optum identifies members with recertification dates within the next 90 days. Claims for those members are reviewed from 120 days back to identify treating providers. Optum then reviews discharge dates entered into Provider Connect by providers. Notice of client recertification/review dates are then sent out to their active provider(s) requesting that providers support clients in maintaining their enrollment (e.g., updating contact information and/or responding to DWS inquiries, etc.) or re-enrollment, or referred to Take Care Utah for assistance in enrolling in a Marketplace or other health plan. Templates of letters that providers can use in this effort are provided in the Unwinding Toolkit as well.

Salt Lake County is now actively planning for additional enrollment efforts inside the jail, in preparation for the implementation of the state's Justice Involved waiver application to utilize medicaid funding up to 90 days prior to release, and other important provisions.

Additional ongoing enrollment training will be held during future provider network meetings as needed. DWS and the State Medicaid Office have also worked to transition clients no longer Medicaid eligible into other Medicaid options or Marketplace Plans as able.

DBHS has also assisted in educating other local authorities on the Unwinding and the need to assist clients.

In 2025, and with the "Unwinding" complete, SL Co's Assertive Community Treatment (ACT) Teams reached out to DBHS with concerns surrounding the Medicaid enrollment process. These teams have expanded now to 5, with a capacity to serve 500 individuals. These clients have severe mental illness (most often with a co-occurring SUD), a very acute and vulnerable population, often leaving or close to entering the Utah State Hospital, high utilizers of emergency services, and failing most outpatient treatment options. We reached out to the State Medicaid Office and received a great response from them as we began brainstorming on options. Some barriers include: long wait times on the phone with DWS; not being able to staff more than one client at a time; clients unable to remember past employers or dates of terminations; and DWS staff confused why these clients always have an authorized representative on the phone helping them (not understanding or having empathy for the severity of the client's illness). We are hopeful some progress will be made to make enrollment easier for these teams, as they face burn out during a workforce capacity shortage. We also provided information on the type of training they could offer to DWS enrollment staff on severe mental illness & ACT teams, in case DWS would be

willing to organize something like this.

Significant changes to refugee support at the federal level occurred in 2025. A meeting was held with the Asian Association to link them more closely with Take Care Utah.

Children's Services ***Leah Colburn***

Describe the activities you propose to undertake over the three year period and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

The Utah Department of Health and Human Services (DHHS) Refugee Health and TB Control Program subcontracts with four different organizations: AAU, CatholicCommunity Services, International Rescue Committee, and THRIVE Center for Survivors of Torture (formerly Utah Health and Human Rights) to provide mental health services for refugees and new arrivals. These services include: the administration of the Refugee Health Screener (RHS-15) mental health screening tool; outreach and education to refugee health providers and stakeholders about the mental health needs of refugees; outreach and education to refugee communities about mental health and available services; crisis services; and individual and group therapy using traditional and non-traditional evidence-based methods. This interlocal agreement between DBHS and Health and Human Services (DHHS) was renewed in FY25 and is expected to be renewed for FY26.

Salt Lake County Youth Services (YS) provides direct services to individuals and their families. This may be in the form of individual or family therapy. Children and parents learn new skills to help process thoughts and feelings related to life events; manage and resolve distressing thoughts, feelings, and behaviors`; and, enhance safety, growth, parenting skills, and family communication. DYS incorporates Trauma-Focused Cognitive Behavioral Therapy if the client and/or family have been assessed as having traumatic life events.

YS Afterschool Programs: Afterschool and summer Programs focusing on academic and enrichment support are offered at the following schools: Cyprus High School, Kearns Kennedy and Matheson Jr. Highs, South Kearns, Copper Hills, Magna, Pleasant Green, Western Hills, David Gourley and West Kearns Elementary Schools. Community School Coordinators are available to help connect families to resources at Kearns Jr.

On average 337 youth are served daily in the YS after school programs. These services are not reflected in our budget.

Additionally, YS Prevention provides programs to prevent or delay the onset of youth substance

use by addressing local, data-informed risk and protective factors. YS Prevention offers two programs for parents and three programs for youth. Guiding Good Choices and Staying Connected with Your Teen offer parents an opportunity to reduce the risk factors associated with teenage drug use and improve communication with their teens to strengthen family bonds. Mood Enhancement (ME) Time provides youth experiencing mild depressive symptoms with skills to manage their emotions and improve habitual thinking patterns and participation in enjoyable activities. The Body Project is a four-session group-based intervention that provides a forum for girls ages 15 and up to confront unrealistic appearance ideals and develop healthy body image and self-esteem. It has been shown to effectively reduce body dissatisfaction, negative mood, unhealthy dieting, and disordered eating. DYS also offers these four programs online and at various schools and community locations throughout Salt Lake County. There are new sessions for each class starting every month. Too Good for Drugs/Too Good for Violence is provided at various YS Afterschool Programs.

VBH provides unfunded mental health and SUD 0.5 and 1.0 services at our CYF Outpatient clinic.

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

Please see 13) Unfunded Clients - Adult Services, describing efforts to help unfunded clients become funded and address barriers, as some of these efforts also impact youth and families. In Salt Lake County, behavioral health services are delivered through a network model. Below are examples from seven providers of children's services (written at the beginning of the FY24 - FY26 area plan writing), detailing the process that occurs within their programs to enroll children in Medicaid and other health plans.

The Children's Center Utah - Therapists refer parents to the Intake Coordinator for assistance with enrollment into Medicaid/CHIP. If children do not qualify for Medicaid the program works to find other resources to help with expenses. In cases where they do qualify, the Intake Coordinator has offered to fill out the application side-by-side with parents, but they most often choose to apply on their own through the website portal (very few choose actual paper applications to mail or fax in).

Valley Behavioral Health (VBH) – at CYF OP, most children are already on Medicaid. In any of the programs (outpatient or day treatment), if a child loses or does not have Medicaid, they work with the VBH Medicaid Outreach Team to get their Medicaid instated or restored. Part of this team is a DBHS funded DWS Medicaid Eligibility Specialist. DBHS has also provided VBH information on partnering options with Take Care Utah to assist families if they wage out of Medicaid and require assistance enrolling in a Marketplace Plan.

Salt Lake County Youth Services – all clients complete a Medicaid eligibility questionnaire. Once the form is completed, and if the client is willing to apply for Medicaid, the client is then connected to the DWS Medicaid Eligibility Specialist funded and sited in DBHS. DBHS has provided updated information on the newly eligible populations (in case they are also able to assist in referring adult family members).

Primary Children's Safe and Healthy Families – this program is a specialty clinic at Primary Children's Hospital for pediatric victims of child abuse and other traumas. If a patient does not

have insurance, they help connect them to the hospital's eligibility department, and also connect individuals to Take Care Utah as appropriate.

Odyssey House - during the admission process to Odyssey House, they screen all clients for Medicaid and complete enrollment paperwork for adults and children at that time. When Odyssey House has children join them in residence with their parents, they once again screen for eligibility and complete enrollment. In their youth outpatient programming, they screen at admission and monthly thereafter and support the family in applying for Medicaid when eligible.

Family Support Center – at the Life Start Village (LSV), many of the residents have come from substance use disorder treatment, and therefore their children have been enrolled. However, the director over LSV is vigilant in making sure the residents are able to receive all the services they qualify for. The clinical department also does not see many children who are not already enrolled if they qualify for Medicaid. In the rare cases that happens, they are connected to DWS to enroll. DBHS has provided education on additional resources through Take Care Utah, where enrollment assistance can be provided free of charge for Medicaid, CHIP, Medicare, and Marketplace Plans as a parent becomes employed and no longer eligible for Medicaid.

Project Connection – This program found many children removed from private insurance due to job loss during COVID-19. They also had many children, both in their outpatient clinic and in their school program who were private pay due to being unfunded or underfunded. As a result, they increased efforts in mobilizing staff to check in with families and provided steps to apply and enroll in Medicaid due to these issues. This is their standard process, but it was heightened during that period.

14) First Episode Psychosis (FEP) Services ***Jessica Makin***

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Volunteers of America offers First Episode Psychosis services in the form of a PREP (Prevention and Recovery from Early Psychosis) Team. This team is based on the CSC PREP treatment model and includes information from SAMHSA and EASA guidelines. Although housed at Cornerstone Counseling Center, the team is mobile to flexibly meet the needs of clients in the community. PREP is a coordinated specialty care treatment model to provide services for individuals experiencing their first episode of psychosis. The five key areas of focus are case management, psychiatric medication, psychotherapy, family education/support and supported employment/ education. All services are provided directly by the VOA team. In addition this team will provide services to clients who are clinically at high risk for psychosis.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

Clients are identified through a broad range of community partnerships and referrals. Special care will be taken to ensure hospital systems, mental health care systems, schools, legal systems etc. have awareness and information about the new PREP team in Salt Lake County. A referral

sheet will be accompanied by a completed PRIME screening and if the client is deemed appropriate, a SIPS (Structured Interview for Psychosis-risk Syndromes) assessment will follow. If the client is not deemed appropriate for PREP the client will be referred to a more appropriate treatment.

FEP's effectiveness is measured using a state created quarterly assessment tool entitled Qualtrics Survey Software. In addition, VOA relies on ongoing assessment and client feedback.

Describe plans to ensure sustainability of FEP services. This includes: financial sustainability plans(e.g. billing and making changes to CMS to support billing) and sustainable practices to ensure fidelity to the CSC PREP treatment model. Describe process for tracking treatment outcomes.

Special care has been taken to establish policies early in the program that strive to ensure fidelity based on the CSC PREP treatment model. Yearly fidelity measures will be scored and discussed with OSUMH. Financial sustainability will be addressed as we work to ensure that each client can obtain appropriate funding. Each encounter will then be billed. This will allow for steady payment to support the continuation of the program once grant funding decreases.

15) Client Employment ***Sharon Cook***

Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2. Include any planned changes in programming or funding.

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

Each ACT team has a Vocational Rehabilitation Specialist as part of the multidisciplinary team that works with clients to focus on education and employment goals. The Voc Rehab Specialist and the team assists the client with resume building, interviewing skills, and employer engagement. The VocRehab Specialist conducts occupational assessments, and as the clients are progressing in their recovery, focuses more on employment goals.

DBHS continues to partner with VOA on their Employment Services Program implemented to fidelity (utilizing the IPS model). In August of 2019, VOA received “Exemplary” fidelity for the program. The next fidelity review is set to take place in the summer of 2024. Since initiating the program in 2018, VOA has served adolescents, young adults, and adults with a mental health primary diagnosis expressing interest or need with employment and/or education. The program focuses on clients struggling with co-occurring mental health issues including mood disorders, anxiety disorders, substance use disorders, psychosis, anger management problems, personality disorders, and cognitive impairment. The program includes a team of three who provide support with career development, competitive job placement, and ongoing job coaching/support. Service locations for IPS/Supported Employment include office-based services and mobile outreach.The IPS team works in collaboration with the client and assigned therapist to ensure clients receive client-driven services with a person-centered approach. In FY22, VOA bid for and was awarded DBHS contract funds to cover operations for this program beginning in FY23. According to the recent IPS data outcomes, Utah is number one in the nation with the highest number of new job

starts (per average of employment specialists).

Alliance House continues to implement Individual Placements and Supports (IPS) with the support of the Office of Substance Use and Mental Health to pay for one staff salary and half of a supervisor's salary. Alliance House recently went through a fidelity review for IPS and received a fair score.

For FY24, 24 members were employed. In FY25, Alliance House has assisted 14 members in obtaining supported employment, within four transitional employment sites. Please note that this does not include all members employed, this is just members that gained employment. Alliance House has a total of 174 members actively employed as of this writing.

Referrals to Alliance House have increased with prospective members who are interested in employment. Alliance House currently provides education and employment dinners where members and staff can celebrate successful employment. These are held once a month.

First Step House (FSH) also developed an Employment Services Program using the IPS Model. Launched in 2018, this program has connected with hundreds of businesses, partners, and potential employers in Salt Lake County. In FY23, FSH served 114 individuals, and 61% were employed within six months of receiving services. In FY24, FSH served 206 (79 new enrollees) individuals, and 54.6% were employed within six months of receiving services. Through March of FY25, FSH served 129 individuals (76 new enrollees), and 49.5% were employed within six months of receiving services. First Step House Employment Services Program actually targets primarily SUD clients in need of supported employment services, many of which are co-occurring mental health clients as well. During FY22, DBHS assisted in closing the funding gap between Medicaid billable services and the cost to operate the FSH program. FSH was awarded a service contract for FY23 with DBHS to cover operational costs.

Additionally, FSH is participating in NASMHPD's Transformation Transfer Initiative (TTI) grant, "Community-based service approaches for justice-involved individuals with SMI or SED." FSH's F-CPSS liaison will act as a peer to engage individuals in carceral settings and to use lived experience to anticipate and address challenges related to reentry and employment. The liaison may also join meetings and support the individual as IPS services begin in the community. As F-CPSS/IPS liaisons are building the program and data is collected, OSUMH and Medicaid will be tracking outcomes. This will include the percentage of individuals who are placed on different forms of Medicaid as they transition from the waiver to the community, and the impact that has on the sustainability of the liaison position and programming going forward. OSUMH will provide program oversight and ensure the liaisons do not drift to other roles.

The referral process for employment services and how clients who are referred to receive employment services are identified.

The ACT program evaluates a member's level of interest in participating in employment, volunteering, and/or education. The plan for the member is member driven and the Voc Rehab Specialist designed a plan that addresses the member's goals in this area.

The IPS programs are embedded in treatment facilities. As a part of the intake process, the client

is asked their level of interest in seeking employment. Regardless of their progress in MH or SUD treatment, the employment specialists will work with the client to help them achieve their employment goal.

Collaborative employment efforts involving other community partners.

DBHS/Optum supports and collaborates with OSUMH in the Peer Support Certification area and provides the CPSS training to community partners, including employees of USARA, VBH, and Odyssey House.

Employment of people with lived experience as staff through the Local Authority or subcontractors.

DBHS/Optum contracts directly with Alliance House, an International Accredited Clubhouse model program, in Salt Lake City to provide skills development programs for adults. The Alliance House's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work. The clubhouse incorporates several different work units, which are important in the maintenance of the clubhouse. Participation in these units gives members an opportunity to develop skills that foster their recovery and ultimately their reintegration into the community at large. The major focus of the program is transitional employment placements. The education unit has helped members obtain high school diplomas, college education skills and support, and increased life skills. Though not all Alliance House members will go on to be employed as staff for a behavioral health provider, the Alliance House does prepare them to be able to work within the behavioral health system should they have this interest. It is anticipated that DBHS/Optum will continue to work with Alliance House moving forward.

Another important mechanism for employment of consumers as staff in Salt Lake County is the State of Utah Certified Peer Support Specialist (CPSS) program.

It is anticipated that during FY25, the use of CPSS will continue to be encouraged with our providers by offering presentations showing the benefits of including CPSS as part of an agency multidisciplinary team.

Evidence-Based Supported Employment.

See Alliance House above. Additionally, Alliance House works directly with OSUMH. Alliance House met fidelity in 2024 and continued to work on the implementation of the model to improve the fidelity score. Clubhouse is an evidenced based model of rehabilitation. One section of Alliance House's standards is directly focused on employment. Alliance House has received full accreditation from Clubhouse International for meeting these standards. Goals which are currently being worked on include:

- 1805 Capital Campaign- They have demolished their 9 unit housing property and are actively in the construction phase. All tenants were successfully relocated. The new 16 unit building is scheduled to be completed in August of 2025.
- Strategic Plan - in a Board strategic plan in January 2025, Alliance House developed a two year plan focusing on increasing attendance, diversifying funds, and staff retention.
- Training - Alliance House is an international training base and they have seven trainings scheduled, offered to Clubhouses around the world.

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16) Quality & Access Improvements

Identify process improvement activities over the next three years. Include any planned changes in programming or funding.

Please describe policies for improving cultural responsiveness across agency staff and in services, including "Eliminating Health Disparity Strategic Plan" goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter). *For questions - Jessica Makin*

- Please refer to FY25 Area Plan - VBH SLCo – Eliminating Health Disparities Goals and Action Plan
- See attached Quality and Improvements - Optum Cultural Responsiveness Plan
- In CY24, Optum provided 12 trainings focusing on effective treatment planning and documentation. Trainings provided examples and a focus on MH treatment for youth, MH treatment for adults or SUD treatment for youth and adults. These trainings emphasized the importance of incorporating the member's culture and strengths into the treatment plan, offering guidance to identify each and examples of incorporation into the treatment plan and review. These trainings will be made available on Optum's new digital training platform within the next 12 months.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce

recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding. ***For questions - Cody Northup***

For those clients not funded by Medicaid, whether historically or due to the "unwinding", if they are already in treatment there should be no disruption to their treatment services. If they lose Medicaid and meet income and residency requirements, they will be put on Block Grant funding fairly seamlessly. However, for those who are not currently in treatment and need services who do not have Medicaid, regardless of the reason, DBHS will have to evaluate the capacity we have to serve balanced against how many additional people no longer have Medicaid and are in need of treatment financial support via the Block Grant funding.

The expansions of Medicaid in 2017 – 2020, brought an unprecedented opportunity to expand mental health and substance use disorder services for individuals suffering from behavioral health conditions. In Salt Lake County, it enabled an unprecedented expansion of these services. As an example, ~170 SUD residential beds existed in 2016, and currently exceeds 600, more than tripling capacity within the Salt Lake County network. This led to "openings as needed" rather than long wait lists for many SUD residential programs. In 2015, 32 mental health co-occurring residential beds existed. As of 2024, 104 beds exist, again more than tripling capacity.

Even with this incredible expansion, waitlists still exist for mental health co-occurring programs. Upon analysis, it has become clear to us that lack of housing is a large driver of these waitlists. Individuals that would not normally require a residential level of care (if they had housing) create more demand at the front doors of these programs, and the reluctance of providers to discharge clients to homelessness creates a lag on the back end, resulting in longer lengths of stay and longer waitlists. To try to address this problem, though we are treatment providers (not in the business of housing), we continue to bring up as many housing programs as we possibly can. We have also expanded the capacity of our ACT teams to 500, and have provided trainings in partnership with Optum to support provider staff in determining appropriate levels of care and medical necessity for these services. This training was provided by Optum's medical director on the LOCUS criteria, and will continue into FY26.

While the advent of these expansions of Medicaid was incredibly exciting, providing a payor for all those who fall under 133% FPL (and are documented), a new bottleneck emerged statewide, in the form of workforce capacity, that is taking years to resolve.

Marry that with the severe impacts of COVID-19 beginning in 2020, and a significant BH workforce shortage emerged. While conditions are improving, some providers continue to have beds available for our residents with funding streams identified, but they go unused due to the lack of staff to serve these clients.

Although the shortfall in workforce capacity was identified and highlighted with stakeholders early on by Salt Lake County, and aggressive actions taken, the gap in the behavioral health workforce was too great to solve on its own. Thanks to advocacy from the Utah Substance Use and Mental Health Advisory Council and other stakeholders, numerous legislative actions have contributed to addressing this problem, yet substantial gaps still exist.

Past general sessions addressed this problem in a myriad of ways.

In 2023, such efforts included, but were not limited to, an increase in 175 university slots for those in the behavioral health field, and funding for the Workforce Loan Repayment Program (with approved sites matching 20% of the award). Additionally, rate increases were passed for social

detox, 5 community mental health codes, and for the administration of methadone.

In the 2024 General Session, the following workforce related bills passed:

- **HB 44 – Social Work Licensure Compact -** lowering barriers for social workers in a participating state to practice in another participating state.
- **HB 58 - International Licensing Amendments** - Broadening DOPL's discretion to accept substantially similar education or experience in satisfaction of standard licensing requirements.
- **HB 67 - First Responder Mental Health Services Grant Program Amendment –** Expanding a program that supports first responders that wish to become MH professionals.
- **HB 216 - Eliminating Minimum Time Requirements For Professional Training** - Eliminating the requirement that an applicant complete certain educational or experience requirements within a certain time.
- **HB 251 - Postretirement Reemployment Restrictions Amendments** - Creating an alternative pathway for a retiree within the Utah Retirement Systems (URS) to be eligible to return to work with a URS participating employer and receive a retirement allowance.
- **SB 26 - Behavioral Health Licensing Amendments** - Implementing OPLR Recommendations for changes with licensing and other workforce related initiatives.

Appropriation requests included:

- **A Higher Ed Behavioral Health Expansion RFA –** Sen Bramble - sought $2.85 M ongoing to fund 20 additional teaching positions at colleges/universities in Utah to teach 500 more mental health students annually, including 160 bachelors, 280 masters, and 60 PhD students. This was NOT FUNDED in the Executive Appropriations process.
- **Behavioral Health Internships & Tuition Loan Repayments RFA -** This was originally a $3.3M dollar request, eventually funded at $2.3 million one-time, but documents in the Social Services Appropriations Subcommittee state that it was designated as a resource for state employees only. Not only will this not help counties and those that they contract with for services, but has the potential to reduce workforce as some individuals may be drawn instead to state positions.

In addition to state legislative efforts, Salt Lake County also embarked on efforts to help in this realm through a Systemic Coordination Workforce Subgroup. Considerable time and effort was dedicated to supporting helpful legislation and appropriations throughout the session, and also dedicated to researching career paths and recruitment and retention options at the county level for BH positions.

In the 2025 General Session, the following workforce related bills passed:

- **H.B. 347 Sub 4 Social Services Program Amendments** - Among other things, this bill would amend provisions related to substance use and mental health program licensure. If a program is accredited by a national organization (and meets other standards), it would still have to pay the state licensing fees but can have its license approved (if in good standing and is serving adults), without on-site inspections. This positively impacts workforce by lessening administrative burdens.
- **HB 365 Mental Health Care Study Amendments -** Among other things, this bill would require DHHS to issue a request for proposals to conduct a study on wait times and barriers for a child to see a therapist. The results of this study could positively impact efforts in the future to address the workforce.

The 2025 General Session funded:

- An ongoing appropriation increasing MCOT Medicaid rates by 26%

- An ongoing appropriation increasing Peer Support Medicaid rates by 35%, and
- Ongoing and onetime operational/inflationary costs for the USH (preventing the closure of beds)

Appropriations NOT funded included:
- Maintaining the 5% ARPA BH Provider Rate Increase (this will end at the end of FY25)
- Funding for an additional MCOT, and
- Funding to expand the Utah State Hospital (we continue to have a shortage of beds there)

A 2025 legislative audit of Utah's Behavioral Health Workforce was released.

A summary of the Audit recommendations include:
- The Health Workforce Advisory Council, with input from the Behavioral Health Commission, should develop a strategic plan for behavioral health workforce efforts and determine the effectiveness of these measures.
    - State entities should better evaluate behavioral health efforts to provide policymakers with data driven strategies for effective workforce development. Without strategies, resources may be allocated to ineffective efforts.
- The Office of Substance Use and Mental Health should require local authorities to indicate if service deficiencies are related to workforce challenges as part of their annual audit process.
- The Legislature should consider requiring the Utah Behavioral Health Commission to create a framework for school-based mental health services, with the input of the Office of Substance Use and Mental Health, the Utah State Board of Education, and Local Education Agencies.
    - USBE's School-Based Mental Health Qualifying Grant Program lacks a focus on mental health outcomes and does not define roles for school-based mental health staff and services. The increase of school-based mental health professionals—without required coordination between community-based services—may have further siloed the public behavioral health workforce.
- The Legislature should consider updating *Utah Code* for online provider directories, including accuracy requirements and the role of state oversight.
    - There are numerous inaccuracies in Utah's commercial insurance directories, making it difficult for residents to contact providers or set up appointments. These inaccuracies may delay care and may even cause individuals to forgo care altogether, even with insurance.

USAAV+ Efforts

USAAV+, in their April meeting, voted to create a strategy, in collaboration with universities/colleges, to increase BH related slots, scholarships, and to address the problem of ghost providers in private health plans mentioned in the legislative audit above.

It is expected that once a plan with budgets and recommendations has been put together, they will take it to the BH Commission for their approval, and if approved, then it would likely be shared with the state's Health Workforce Advisory Council, to support efforts in the 2026 General Session.

New programming increasing access to care, includes (but is not limited to):

- **The Newly Opened HMHI Receiving Center**

The passage of HB 32 during the 2020 general session, allowed for counties to apply for funding to develop and implement Receiving Centers. DBHS was awarded funding for a new non-refusal Receiving Center (RC). SLCo transferred the property, and thanks to the Huntsman Mental Health Institute (HMHI) and additional partners and funding, a groundbreaking occurred in May 2021.

HMHI opened this new non-refusal 30-chair facility in March 2025. This new RC replaces the original RC, that although progressive for its time upon opening in 2012, was not centrally located, and underutilized by law enforcement and emergency services due to a combination of issues.

This program serves Salt Lake County community members who are in psychiatric or substance use-related crisis; however, the new Receiving Center will accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

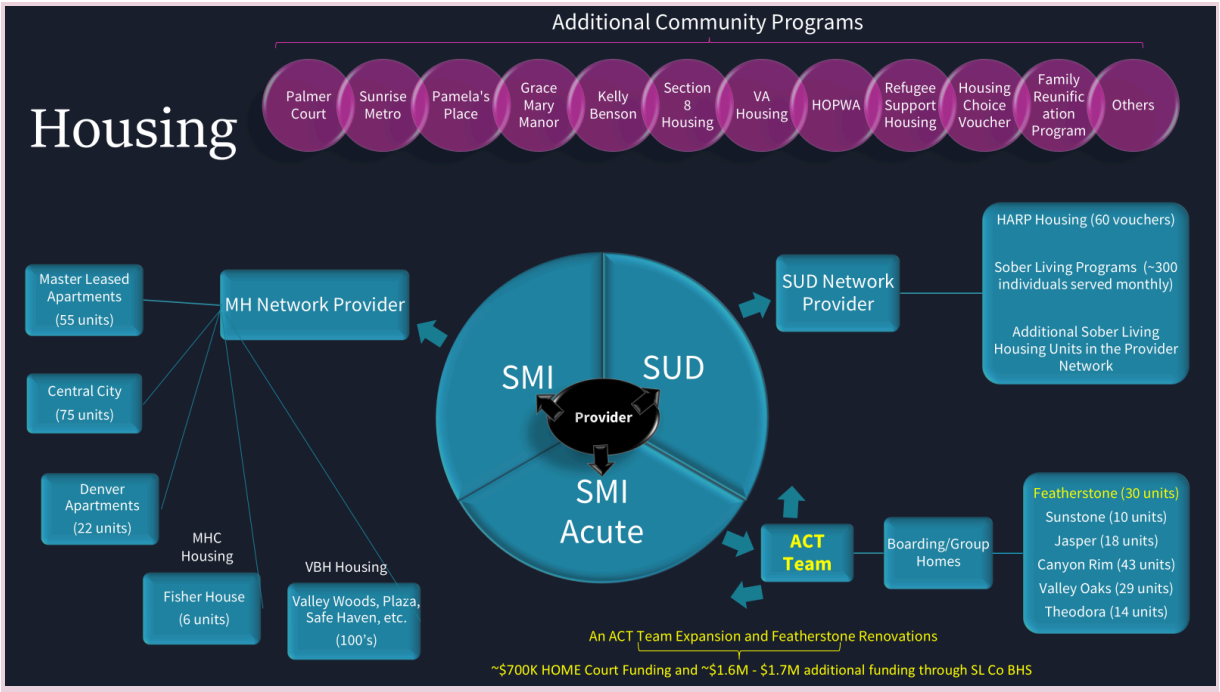
The Crisis Care Center, where this is located, also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

Due to the new RC not becoming operational until 2025, the Salt Lake County Council had voted to dedicate $2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC was built and operational. We understand that it is the intention of HMHI to re-purpose this location into a Youth Receiving Center. Though no definitive date is available at this time to open this Youth Receiving Center, the plan is to open it sometime during CY25. They will serve clientele who are experiencing a mental health crisis and they will be allowed to stay up to 23 hours.

- **Additional Housing**

  DBHS continues to invest heavily in housing, newly opened programs include:
  - 2024 Opening: Switchpoint's Canyon Rim Program in Millcreek (41 female units)
  - 2025 Opening: Clinical Consultants' Featherstone Boarding Home (30 male units)

  We offer you the diagram below for a view on current housing options to SL Co BH clients (most often with co-occurring MH and SUD conditions). **All those in blue, DBHS supports fiscally in varying degrees**. Please reference the housing slide deck attached to the area plan for additional information on funding streams, populations served, services provided on site, etc., for our many housing programs.



Future efforts include:

A Switchpoint Boarding Home
Work is in progress to bring on a new boarding home in 2025, through Switchpoint, that would have ~26 units for ACT Team consumers, most often with co-occurring SUD conditions.

Odyssey House Project
We partnered with OSUMH to fund a renovation of two 2-bedroom sober living units to be certified to meet ADA requirements. This will increase ADA capacity within the sober living program by four units. The construction began in late Fall 2024 and completed in April 2025. The final steps around licensure and marketing are currently underway.

Odyssey House Opioid Use Disorder Transitional Housing
In 2025, Odyssey will be working to bring on a property that will serve 23 SUD clients at any given time (~55 per year).

First Step House (FSH) Projects
We are partnering with FSH to bring online two additional housing programs:

44 North - approximately 67 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2026.

273 East - approximately 34 units, for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

A Valley Behavioral Health (VBH) Project

We are supporting VBH as they work towards opening Saltair Lofts, a LIHTC project of approximately 68 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

- **Volunteers of America (VOA) men's 16-bed mental health residential program** opened in 2024, in Salt Lake City.

- **Assertive Community Treatment (ACT) Teams** – DBHS continues to expand these multidisciplinary teams serving the severely mentally ill population (currently serving ~391 clients, with a capacity of 500).

- **HOME Court -** HB 421 (2024 GS) directs the establishment of a Salt Lake County HOME Court Pilot Program, to provide for comprehensive, court-supervised treatment and services to individuals in Salt Lake County with mental illness. The bill requires the Third District Court of Salt Lake County to implement this court, and for Salt Lake County to coordinate participants' treatment, housing, social services, case management, peer support, and exit or transition services. Costs of all services provided, including the costs of the multidisciplinary team, are to be paid for by Salt Lake County. A one-time appropriation of $2M was appropriated to the Salt Lake County MH Authority for a 5-year pilot (~$400,000 a year). Additional funds, $488,800 ongoing, were appropriated to the court for their role.

  Team members include: The Third District Court, Salt Lake County Behavioral Health Services & their network of providers, the Salt Lake County District Attorney's Office, USARA, Legal Defenders Association, Division of Services for People with Disabilities, & The Law Office of Julie George.

  The team established the HOME Court process and criteria, and opened the 1st pipeline including individuals not quite meeting the criteria for civil commitment; individuals that may meet the criteria but choose to voluntarily participate instead in HOME Court; or outside petitions from the community.

  In addition to ~$700K in HOME Court appropriations, DBHS dedicated ~$1.6M to expand the capacity of ACT Teams to 500, and remodel and reopen a 30-unit group home called Featherstone. The ribbon cutting for the group home occurred on March 26, 2025.

  This team conducted its first HOME Court session February 21st, 2025. It meets once every 3 weeks at the same location as the Civil Commitment Court, in the HMHI building on Chipeta Way. To date, none of the candidates referred met the criteria to become participants. More candidates are being screened, and the details for opening the 2nd pipeline, individuals at risk of eviction, are being worked on. We are working with Housing Connect, a housing authority, to work out the details of a partnership with them. This organization is a great partner, rather than private landlords, as they have an interest and passion for housing vulnerable populations, and understand the barriers that behavioral health conditions present in keeping our clients housed.

  Once the 2nd pipeline is up and running, and if there is capacity, a 3rd pipeline will be opened through criminal case referrals.

For more information on the structure, criteria and pipelines, please reference the HOME Court slides attached to this Area Plan.

- **Justice Involved Medicaid Waiver** - DBHS is working diligently with jail programming to implement and maximize the Justice Involved Medicaid Waiver, that will allow services to be billed up to 90 days prior to an inmate's release.

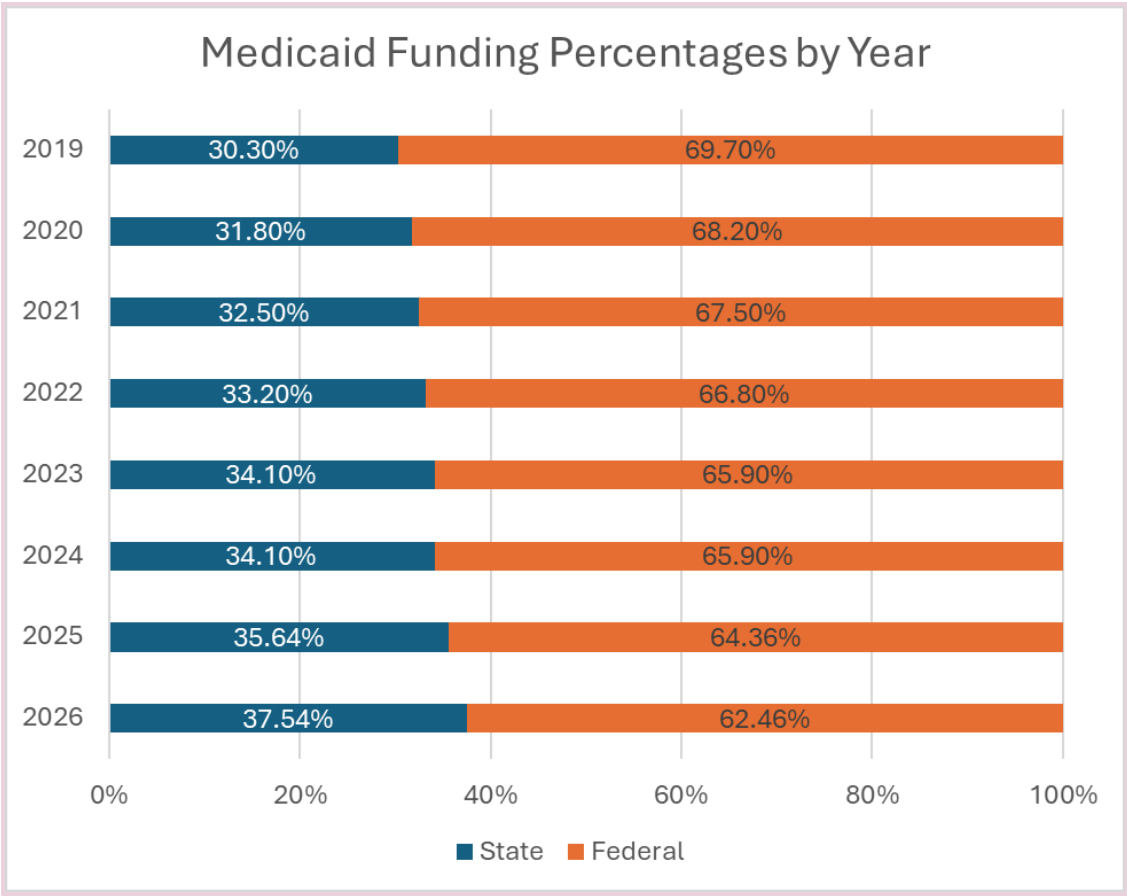
Barriers include:

- **The Decreasing Federal Medical Assistance Percentage (FMAP) Match Rate** - Medicaid is a federal/state partnership. The Federal Medical Assistance Percentage, or FMAP, is used in determining the amount of federal matching funds sent to states, to provide certain Medicaid medical and behavioral health services.

  In the past, as FMAP fluctuations occurred, state match on the physical health side would occur automatically through the "Medicaid Consensus Process". Each year, the state's Medicaid Office, Governor's Office of Planning and Budget, and the Legislative Fiscal Analyst's Office would come to a consensus on the state budget needed to fund this expense, later becoming a part of the state's budget during each general session. Counties' behavioral health services in the Legacy Medicaid plan, however, were left out.

  As seen in the graph below, FMAP changes in Utah have been very significant in recent years.

  In SL County alone, a 1% decrease in the FMAP results in an additional ~$1M expense in behavioral health related services. Thus, having a significant impact on county behavioral health systems in Utah.



Although we were successful in adding behavioral health services in the legacy Medicaid plan to the consensus process prior to this year's session, the benefits were lessened as DHHS and the Legislative Fiscal Analyst restricted the dollars this applied to in their calculations, limiting it instead to only the state dollars used by counties for their match, instead of the total dollars. **As a result, counties are still not fully funded in the process.**

- **Uncertainty of funding at the Federal level.**

- **DSPD Services Shortage** - Individuals with a primary condition such as a traumatic brain injury (TBI), or an intellectual or developmental delay, that are in need of DSPD services, are cycling endlessly through the criminal justice and homeless systems. As mentioned by the State in a legislative meeting, some individuals have been on the DSPD waitlist for 20-25 years (at the time of this writing, those awaiting services are listed at 6,061 individuals). Twenty percent of a SLC PD frequent utilizer list were found to be in need of DSPD residential programming. These individuals are often misidentified by their behavior (slurring words, overly talkative, can't sit still, etc.), so well-meaning stakeholders may not realize the gap in appropriate protocols for this population while incarcerated, in court, while supervising them, or in access to the right treatment programs upon release.

  Discussions on solutions to our homeless problems often leave out that while acquired brain injury (ABI) is often associated with concussions among athletes and exposure to

explosives among military personnel, within the criminal justice system up to 85 percent of adults and as many as 95 percent of women screen positive for a history of ABI, compared to less than 10 percent of the general population.

A large number of these individuals have co-occurring mental health or substance use disorders. Mental health and substance use disorder service providers cannot meet all the needs of this population but keep trying in lieu of services being unavailable. Stakeholders see these individuals homeless in the community and assume "if we just got them into MH or SUD tx, we could solve the problem", but this is NOT the case. Treatment is already available to this population; however, the lack of sufficient, affordable housing is not. We will continue to host DSPD in our frequent utilizer staffings and HOME Court Team, and advocate with the State for help in reducing the DSPD waitlist.

- **The Utah State Hospital (USH) Bed Shortage** continues to be a gap and impacts the homeless population in SL County. These individuals very often have a co-occurring SUD condition. There is a profound need for additional capacity, we will continue to advocate for additional USH beds.

- **Demand from residents outside of Salt Lake County** - DBHS has found that "when you build it, they will come". We continually struggle to provide the services needed due to residents from other counties coming here seeking services. We will continue to support the creation of other behavioral health programming and housing throughout the state, to try to stem the flow.

During the Public Health Emergency (PHE), individuals were not allowed to be removed from Medicaid unless they moved out of state, requested to be removed, or passed away. Due to this temporary status, although some individuals could be sorted into different Medicaid plans as appropriate, they were not removed. Continuous enrollment has since been discontinued as a requirement of the PHE. As such, DWS began case reviews on March 1st, 2023, and began the first case closures or transfers to other Medicaid or Marketplace plans on April 30th, 2023. This effort is being referred to as the "Unwinding". April 30th, 2024 marked the end of this process.

DBHS was proactive during the months preceding the Unwinding, encouraging providers to assist clients in keeping their addresses current with DWS, responding to DWS inquiries, and to assist clients with any bumps along the way.

DBHS also hosted the State Medicaid Office (SMO) at one of their monthly provider meetings, to provide education on the "Unwinding", and answer any questions they had.

Since then, Optum worked diligently to provide a virtual Unwinding & Enrollment Training to their network of providers. The State Medicaid Office, the Department of Workforce Services & Take Care Utah, all presented. This training and links to state materials such as flyers, cards, FAQ's, etc., were all posted on their website as an Unwinding Toolkit, and notification to the network goes out regularly reminding them it is there. Last, but not least, Client Medicaid review dates are included in the 834 Benefit Issuance file. Within 2 weeks of receiving the 834, Optum identifies members with recertification dates within the next 90 days. Claims for those members are reviewed from 120 days back to identify treating providers. Optum then reviews discharge dates entered into Provider Connect by providers. Notice of client recertification/review dates are then sent out to their active provider(s) requesting that providers support clients in maintaining their enrollment (e.g., updating contact information and/or responding to DWS inquiries, etc.) or re-enrollment, or

referred to Take Care Utah for assistance in enrolling in a Marketplace or other health plan. Templates of letters that providers can use in this effort are provided in the Unwinding Toolkit as well.

An additional impact was the gradual loss of the enhanced COVID-related Medicaid match (6.2%). This funding dropped:

- 5% in CY23 Q2
- 2.5% in CY23 Q3
- 1.5% in CY23 Q4, and
- Ended January 1, 2024.

This enhanced match rate during COVID masked a severe drop in the federal government's portion of Medicaid spending in Utah. The Federal Medical Assistance Percentage (FMAP) changes over the past few years impacted counties immensely, so much so that during the 2024 General Session we were reliant upon Rep Dunnigan in HB 501, to address this gap. This bill appropriated $1,417,000 one-time and $4,127,900 ongoing. Without this assistance Salt Lake County would have had to reduce services.

DBHS is working diligently with jail programming to implement and maximize the Justice Involved Medicaid Waiver, that will allow services to be billed up to 90 days prior to an inmate's release.

Optum/DBHS continues to assess network gaps and needs based on Geomaps, feedback from members and providers, and community stakeholders. Optum holds multi-disciplinary meetings semi-monthly to review network needs and requests to join the Medicaid network for SLCo. As reported above, Optum/DBHS has added several MAT providers to our Medicaid network. We understand that with the Medicaid "unwinding" there will be a shift in Medicaid eligibility and possible increased movement to non-Medicaid. Providers will be encouraged to work with members to assure continued eligibility when appropriate, and work with non-Medicaid funds when appropriate.

Describe how mental health needs and specialized services for people in Nursing Facilities are being met in your area. ***For questions - Scott Smid***

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

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in. ***For questions - Pete Caldwell***

DBHS/Optum currently has over 100 providers utilizing telehealth platforms. The services on the authorization for telehealth mirror the in person (in clinic) services as pertinent. In regular communication with providers (by phone, in training, etc.). We have made providers aware that all telehealth services must be HIPAA compliant.

All providers currently providing telehealth services have completed training on the following which will still apply if they attest and continue to provide telehealth services:
• Proper claim submission protocols
• Appropriate malpractice insurance for providing telehealth services

Telehealth services are included in treatment record reviews during monitoring visits of our providers. Optum and DBHS MH providers are required to use the OQ Measures tools, which are incorporated into this component of chart audits as well.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. ***For questions - Leah Colburn***

Reach Counseling offers specialized services for women during and after pregnancy. In addition, Children's Service Society offers specialized programming to address maternal mental health. Optum has notified providers of the opportunity for training and certification in this area and follows up with any provider who makes inquiries into providing these services.

We have two providers who serve children, ages 0 – 5. These include Valley Behavioral Health and The Children's Center. Valley Behavioral Health continues to offer a variety of services for youth and families from birth through early childhood. The Children's Center treats children as young as age two and will work with families to support achievement of developmental milestones at birth and beyond. They have a service titled Teleconsultation where other behavioral health providers can request consultation or attend webinars on Infant and Early Childhood topics at no cost to the providers.

Services for these youth focus on supporting parent's needs, psychoeducation around parenting and developmental stages of infants and early childhood, assessment and corresponding treatment as indicated.

Describe how you are addressing services for transition-age youth (TAY) (age 16-25) in your community. Describe how you are coordinating between child and adult serving programs to ensure continuity of care for TAY. Describe how you are incorporating meaningful feedback from TAY to improve services. ***For questions - Jessica Makin***

When considering providers for our network, those who work with TAY are prioritized. Currently, the VOA YESS and the Youth Services Milestones programs serve this population. In addition, VOA has a program called PREP that serves members aged 16-26 who are experiencing a first episode of psychosis, while Hopeful Beginnings offers an outpatient DBT group. It is expected that youth service providers both communicate with and share clinical record information (with ROI) with the adult service provider when services transition between providers. In reality, most of our providers work with both adults and youth and continue to see the members through this TAY time. If the youth is coming from DCFS or DJJS, we are hopeful the provider will share the information with our adult services provider and encourage our providers to seek this information. (Some of these youth providers for DHHS custody youth are not Optum providers.) The Optum Youth Care Coordinator refers TAY to providers who offer services to adolescents and adults. When job support is needed, therapists are referred to DWS. When a specific need arises, the Optum Care Coordinators collaborate on resources and referrals. Discharge planning throughout treatment is the focus of the Optum mandatory provider training this year. The

trainers will specifically address the unique needs of TAY and available resources in the network and community.

Other Quality and Access Improvement Projects (not included above)

As outlined in the QAPIP submitted to DHHS Medicaid on February 1, 2024, the following projects are underway.

1. The PIP project related to improving FUH rates for adults age 18-64 years will continue for a second remeasurement period with statistically significant improvement demonstrated for improvement in 30 day FUH, using the HSAG Utah FUH methodology. DBHS will submit the review of the CY24 FUH data to HSAG in July 2025. Consideration will be made to move from the HSAG Utah methodology to HEDIS FUH methodology.
2. Increase youth engagement in follow-up care after hospitalization 60 days after discharge. Engagement includes the member receiving at least one treatment service and as endorsed by the outpatient provider. The rates continue to improve with effort by the youth care manager's collaboration with care advocates, Optum's medical director and feedback to inpatient facilities.
3. Improve community tenure and reduce future inpatient lengths of stay for identified members: There is currently an effort to address over and under-utilization of specifically identified members with extremely complex behavioral health issues. A new field will be added to Optum's care coordinator documentation to quantify barriers to FUH. Reports will be created to identify patterns sooner.
4. Verify CM/CPSS/FPSS authorization to provide services: In 11 out of 12 months, a CPT code report will be run to verify individuals rendering CM and CPSS/FPSS services are authorized to do so. 100% of non-compliant services billed will be reported to Quality and Compliance for further action.
5. Identify Network deficiencies: 90% of members must have access to Network providers within 10 miles or 15 minutes. Network will request a quarterly Network Adequacy validation report to ensure access standards are met.
6. Ensure Live and Work Well Online Directory Accuracy: 25% of providers profiles in LAWW will be reviewed quarterly to ensure accuracy of information.
7. Optum offered 12 mandatory trainings throughout CY2024. Providers whose records are included in the DBHS audit and found deficient will be required to submit a CAP, including steps to monitor the implementation and effectiveness of their plan.
8. For all clients in OQ® measures increase the percent of unduplicated clients participating to greater than or equal to 50% for adults and youth. Additional reporting is underway for distribution to providers to increase the accuracy of the data in the client profile of the OQ® Analyst. An additional report, will help identify providers who are rendering services without questionnaire entries in the OQ® Analyst. Trainings will be developed for the new Optum Provider Online Training Platform through Thought Industries, so providers will be able to access OQ®/Y-OQ® training at any time.

Lastly, OSUMH kindly provided us with an unprecedented amount of training dollars for SMI/SED trainings.

In 2024, we conducted 2 trainings. One for SL County Criminal Justice Services case management staff, and one for permanent supportive housing case managers, for a total of more than 100 people.

The agenda consisted of the following:

What is Serious Mental Illness – Kenny Martinez, LCSW HMHI

- Definition
- Symptoms
- Causes
- Prevalence of Co-occurring SUD & Why
- Treatment
- Tips on Working with This Population (especially as a supervising CM)
- Q &A

What is Civil Commitment – Julie George & Brian Currie LCSW

- Definition, Pros, Cons & Myths
- Q & A

What is an Assertive Community Treatment (ACT) Team – Susan Pinegar, LCSW, VOA; Lindsay Bowton, LCSW, Odyssey House; Russ Pryor, LCSW, MBA, VBH; Reilly Gardiner, VBH

- Overview on ACT Teams (what they do, clients that they serve, etc.)
- Do they exist in Salt Lake County
- Contact Information for these teams
- Q & A

Voices Training – Sgt Preston, SL Co Sheriff's Office CIT Coordinator

- Experience the "Voices" an individual with serious mental illness may experience
- De-escalation techniques

HMHI Receiving Center Opening 2025 – Kevin Curtis, HMHI Crisis Services Director

- What is it
- How will clients access it

Connecting Clients to Treatment – Jeannie Edens & Brian Currie LCSW

- Sequential Intercept Model – High Level Overview
- Diverse Payer Landscape (multiple payers now due to Medicaid Expansion)
- Network of Providers
- But how do you start…a foundation of great first steps for CMs
- Q & A

We also enrolled more than 90 community stakeholder staff in the 2025 Generations Conference.

17) Integrated Care ***Pete Caldwell***

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

Providers within the SLCo network have taken great steps towards integrating physical health and behavioral health services, and include access by individuals with co-occurring mental health and SUD conditions. Please find examples below of integrated efforts within their programs:

University of Utah Health Plans
University health plans and Optum are working together to increase the delivery of integrated services for shared members who have Optum for behavioral health coverage and UUHP for medical coverage. This allows us to improve processes and communication, and to offer both kinds of services at one location. The two entities meet on a regular basis to discuss complex cases and share best practices.

Odyssey House (OH)
Odyssey House operates the Martindale Clinic, an integrated primary care/behavioral health clinic focused on serving individuals with behavioral health issues and their families. Within the clinic, they provide typical family practice medical services and procedures, such as chronic care management, labs, wound care, diabetes management, blood pressure management, etc.; MAT prescribing and administration; mental health medication prescribing; women's health and family planning services and procedures; and HEP C treatment. Odyssey House is one of the largest HEP C treatment providers in the state.

The Martindale Clinic is a syringe exchange site and facilitates providing clean syringes, fentanyl test strips, disease prevention education, and recovery access information to current injecting users.

Additionally, Martindale providers in conjunction with Soap to Hope, provide weekly street-based medical care to sex workers and homeless individuals, typically treating wounds, STDs, MAT, among others. These individuals are typically resistant to coming into a traditional medical setting because of fear of going to jail or getting in trouble with their pimp, so they are going to them and having real success.

Within BH programs, BH and medical staff work closely together to address mental health, physical health, and MAT needs for all clients. As an example, in residential settings, Odyssey House serves PICC (Peripherally Inserted Central Catheter) patients from all the hospital systems. These clients have an IV line that runs directly to the heart to deliver high dose antibiotics over a period of ~6 weeks. The individuals they serve in this program have an infection from IV drug use that has infected the heart. Often these individuals have heart valves that have been replaced because of the infection, and require this antibiotic regimen in order to salvage the donated valve and the rest of the heart. They are at high risk for overdose and death, because they have an open port directly to their heart and are at risk of using that port to use drugs. Consequently, prior to this program, hospitals would have ordinarily kept these patients in the hospital because of that overdose risk. Through this program, they can be managed safely at a lower level of care and have better outcomes. Intermountain and their lead infectious disease doctor approached Odyssey House with this project a number of years ago. The University of Utah followed a couple of years later and now SL Regional, St. Marks, and other hospital systems across the state have been referring in, seeing patients from across the state.

First Step House (FSH)
The First Step House Medical Services Department includes a Medical Clinic and Nursing Services. This program provides medical care and preventive health services to clients in their residential

SUD treatment program, as well as care coordination for primary care, MAT, and other medical needs.

The FSH Medical Clinic, staffed by an APRN and registered nurse, is located at 434 South 500 East in downtown Salt Lake City. The FSH medical clinic provides a routine medical visit to new residential treatment clients at intake. This includes a review of health history and medications, preventive screening and services, and identification of acute medical and psychiatric concerns. Clinic staff can address client's immediate medical needs, beginning treatment in the clinic or referring out for treatment. An in-house psychiatric nurse also provides consultations for new clients with acute psychiatric needs. The medical clinic includes an onsite immunization program and an onsite waived laboratory testing. The clinic offers seasonal influenza vaccines and year-round COVID-19 vaccines. The clinic also screens for sexually transmitted infections, orders Hepatitis A and B vaccines as needed, and provides Hepatitis C treatment.

The FSH Nursing Services Department, staffed by two registered nurses and four medication technicians, provides nurse care, care management, and medication management to three residential treatment programs. Nursing staff work with clients during medical orientation to establish care with a primary care provider if they do not already have one. The admissions process for new clients also requires a comprehensive medical orientation class during their two-week orientation before residential treatment. Nursing staff teach about medication transfers and guidelines for use, immunization education, how and why to find a primary care provider, COVID-19, and other health and safety precautions. As needed, nurses make referrals to partner providers such as 4th Street Clinic, UofU School of Dentistry, Salt Lake VA Medical Center, Martindale Clinic, Project Reality, and others.

They also have a Joint Commission accredited UA lab (and bill it on the PH side of Medicaid).

Valley Behavioral Health (VBH)

- VBH launched the integrated care clinic at the North Valley building in early 2022 and closed the program in December 2022.
- VBH continues to work with community partners to explore possible options for integrated care.

Clinical Consultants

Clinical Consultants developed a Family Primary Care practice within their building in West Jordan. They have two medical exam rooms and three employees currently delivering services. This includes a 24-hour/week DO (Doctor of Osteopathic Medicine), a Psychiatric Nurse Practitioner, and a Physician's Assistant. Clinical Consultants is one of the Salt Lake County network providers of MAT services.

They now offer physical exams, preventative health, primary care, routine medical care, STD screenings, vaccines, and urgent illness care (in addition to MAT). In addition to serving their behavioral health clients, they have opened access to the general public.

In April of 2022 Clinical Consultants completed an internship agreement for placement of APRN Interns. They have been approved as panel providers for medical networks with Healthy U, HealthChoice, Molina and SelectHealth. They have a full-time Medical Assistant. Their prescribers are now set up with a medical software and e-script system. They continue to deliver the services with the above staff.

As of November 2023, they opened a Toxicology Lab in West Jordan. This lab holds a moderate/high level complexity certification.

Clinical Consultants has completed Utah Medicaid credentialing for integrated care. They have become approved providers for Steward, Health Choice, Healthy U, Molina, and multiple commercial insurance groups such as Blue Cross of Utah, the Public Employees Health, and United Health Care.

Volunteers of America (VOA)
Volunteers of America, Utah is dedicated to providing integrated primary and behavioral health care. They partner with Fourth Street Clinic to provide onsite triage and medical care at their Detoxification facilities and Homeless Resource Centers. Their outpatient clinics partner with Utah Partners for Health.

VOA has a Registered Nurse to screen and monitor primary care needs, coordinate care, and make the referral to primary care services seamless.

Wasatch Homeless Health Care Inc. dba. Fourth Street Clinic

Fourth Street Clinic is committed to providing integrated health care services for those in our community that are experiencing homelessness. Through offering high quality medical, dental, behavioral and supportive health care services, including an onsite pharmacy, unsheltered individuals have access to essential treatment and care. Through low barrier, integrated health care, Fourth Street Clinic is a partner in ending homelessness, promoting community health, and achieving across- the-board health care savings. Fourth Street Clinic's integrated health team provides psychotherapy, behavioral health counseling, psychiatric evaluation and management, health and wellness, primary care provider collaboration and substance use disorder assessment, including Medication Assisted Treatment, and treatment referrals.

Salt Lake County Vivitrol Program
Strong partnerships were developed with Midtown Community Health Center in South Salt Lake, Odyssey House's Martindale Clinic, and Utah Partners for Health (UPFH) in West Jordan. Not only were clients regularly referred to these clinics for their Vivitrol screenings and injections, clients were also offered access to primary care services through these same encounters. At Midtown and UPFH, with so many complicating health factors often arising during Vivitrol engagement, DBHS, in coordination with OSUMH, agreed to fund an enhanced office visit cost, to assist with covering the costs of other routine screens that may be necessary during a client's visit with medical professionals. In turn, the clinics provided the full spectrum of physical health care for Vivitrol clients as they actively attended their appointments. At Martindale, clients were also offered access to primary healthcare. All partner clinics accept Medicaid and private insurance as well. Although DBHS no longer funds or case manages Vivitrol Program participants starting in January 2024, DBHS case managers serve to provide care coordination and information regarding access to Vivitrol and other community resources, including integrated healthcare opportunities.

In addition to the efforts mentioned above, Optum routinely and frequently meets and collaborates with the four Accountable Care Organizations (ACOs) to staff complex cases, coordinate care for Civil Commitment Court, facilitate aftercare post IP Detox, make case management referrals, and identify medical and BH Resources and inform the ACOs of BH IP stays. Optum also provides information about the planned aftercare and discharge medications.

This collaboration results in improved engagement and access for our most vulnerable clients. The ACOs use this information to ensure follow-up with discharge services and support as needed.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including training, screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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

The Division currently contracts with Fourth Street Clinic for behavioral health assessments for uninsured homeless clients. Our other partner clinics, Midtown Community Health Center, Martindale Health Clinic and Utah Partners for Health administer Vivitrol and Sublocade to clients who are opioid or alcohol dependent. Since the ending of Vivitrol Program funding in January 2024, RSS staff have worked with Midtown Community Health Center, Martindale Health Clinic, and Utah Partners for Health, to coordinate integrated health opportunities for clients with an OUD and physical health needs. We continually seek out opportunities to increase the availability of integrated physical and behavioral health care to our clients through our partnerships with primary care providers. Additionally, Martindale Clinic offers physical health services to RSS clients.

The DBHS/Optum treatment network is committed to addressing co-occurring disorders. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having three residential facilities. One is for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) and another is for dual diagnosed adult females (CORE 2). A third was brought online in early FY24, Valley Steps, that will accept those with co-occurring SUD, though only those who have a need for lower level SUD services (i.e., ASAM 1.0 or 2.1). Additionally, RIC-AAU is now a dual diagnosis enhanced program. In FY21, Odyssey House opened a residential program for women who have co-occurring disorders and are justice involved. In FY23, Odyssey House opened a residential program for men who have co-occurring disorders.

Optum continues to be invested in our relationships with the ACOs, who are very responsive to collaboration and information requests. The ACOs are notified of all inpatient discharges. Medical issues identified during utilization management reviews are forwarded to the Care Coordination team for outreach to the medical plan to identify services, case management programs, resources, history, and direction to address medical issues. Members from the care coordination team regularly scheduled collaboration meetings with all ACT teams and facilitate connection with the medical plans when medical issues are a concern. The ACOs routinely contact the Care Coordination team to identify resources for behavioral health and SUD services which support medical interventions related to chronic illness, pregnancy, and discharge from IP detox.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.
Treatment plans are to include the multiple methods, clinical and non-clinical, which are used to help members achieve SMART objectives and member driven goals. Please see the Quality Improvement section below.
Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?
For the Optum network, during the mandatory provider training focused on comprehensive assessments, clinicians offered guidance on the inclusion of the medical histories of individuals and their families. Providers are to consider the member's culture and living conditions which may also influence their physical, social, emotional and spiritual wellbeing. Providers are expected to request a release of information to collaborate with the individual's primary care physician, behavioral health prescriber and other key medical and behavioral health providers to encourage coordinated care. Other additional recent mandatory provider trainings focused on discharge planning and treatment planning. The discharge planning included transitioning from all levels of care. The treatment planning used the SMART model and was interactive with network providers. The treatment planning training will continue into FY25. Provider policies and procedures, as well as treatment records, are monitored to ensure assessment and coordination of treatment are considered for all who receive treatment. Providers within the Optum SLCo Network may also offer specific training for the clinicians and other service providers within their facilities/agencies/groups. Optum and SLCo refer treatment providers and members to Take Care Utah and care coordinators through the member's ACO to obtain links to a PCP and other supports for medical care and maintenance. Within DBHS, while we do not provide any direct services to any population, staff are encouraged to attend various trainings that focus on client care. These include, but are not limited to, Generations, the OSUMH Fall Conference on Substance Use Disorders, and Critical Issues.
Describe your plan to reduce tobacco and nicotine use, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.
DBHS/Optum continues to educate providers on the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Screening for use and abuse with referrals to smoking cessation supports continues to be addressed at provider meetings and trainings for MH and SUD treatment providers. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts. Except for the very small providers, all providers have some level of cessation services, from the basic referring to a quitline (and helping the client access that) to formal classes. In addition, for those who do want to quit tobacco, CBT is used, and MI for those who have not committed yet to quitting. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also being educated to ensure that any type of nicotine delivery system is addressed with the client. Salt Lake County/Optum has also incorporated a review of nicotine-free environment initiatives during audits providing a forum for another conversation

about the importance of offering cessation services to clients. The Optum Recovery & Resiliency Team has incorporated education about tobacco cessation in their CPSS trainings. DBHS and Optum continue to offer these trainings each fiscal year, and will continue to do so. For the last two years, up to two contracted providers have attended Dimensions training offered on behalf of OSUMH. The training director for VBH completed training directly through Dimension so he is authorized to provide training to current and future VBH staff.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and intellectual/developmental disabilities. Please identify an agency liaison for OSUMH to contact for IDD/MH program work. *For questions - Ashley Donham*

Optum has identified providers who work with co-occurring diagnoses, and will work with the ACOs when associated medical conditions are identified where physical therapy or occupational therapy may be needed. Optum keeps its ACO contact list updated. Sandy Meyer is the IDD/MH liaison for Optum.

18) Mental Health Early Intervention (EIM) Funds ***Leah Colburn***

Please complete each section as it pertains to MHEI funding utilization.

School Based Behavioral Health: Describe the School-Based Behavioral Health activities or other OSUMH approved activity your agency proposes to undertake with MHEI funding over the three year period. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. Include any planned changes in programming or funding.
Please email Leah Colburn lacolburn@utah.gov a list of your FY26 school locations.

Currently, Odyssey House is DBHS' sole contracted provider for utilization of MHEI funding for school-based treatment. Odyssey House provides individual and family therapy, as well as case management services to those funded with MHEI dollars and Optum Salt Lake County Medicaid eligible youth. Families are encouraged to participate with their children in treatment; however, this can be difficult due to the parents oftentimes not having much, or any, leave time from work, and some also work multiple jobs. However, if circumstances permit it then parents are welcome and encouraged to participate. Odyssey House focuses on partnering with school leadership and personnel to help youth access much needed resources and accomplish therapeutic objectives.

Please describe how your agency plans to collect data including MHEI required data points and YOQ outcomes in your school programs. Identify who the MHEI Quarterly Reporting should be sent to, including their email.

DBHS will continue to use the Mental Health Early Intervention Data & Outcomes Report form which has been provided by OSUMH. Specifically for the school-based programs, data for total clients served, number of schools and school districts served, and the YOQ.
bcurrie@saltlakecounty.gov.

Family Peer Support: Describe the Family Peer Support activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Children/Youth Peer Support Services are provided primarily by Family Peer Support Specialists (FPSSs). DBHS is providing peer support offered to the parents and/or caregivers of children and youth receiving services. Salt Lake County Youth Services (YS) is the administrator of anchoring sites for FPSSs. YS has assumed the majority of the training, mentoring, data collection and reporting responsibilities, but not all of the responsibilities Allies with Families previously had. The State Office of Substance Use and Mental Health (OSUMH) provides the initial 40 hour FPSS certification training. Then throughout the year they provide the ongoing required monthly training to maintain FPSS certification. OSUMH also provides individual FPSS coaching upon request of the FPSS or the FPSS supervisor.

The mission of the FPSS program is to help parents and/or primary caregivers with children experiencing mental health and/or substance use challenges which are resulting in trouble at school, with the law and/or that put the child at risk of an out of home placement. This is achieved through support, education, skill building, and use of natural supports. FPSS have the lived experience necessary to have understanding and empathy for the families they work with. They also have experience and knowledge navigating various systems and agencies. They provide resource coordination, advocacy, assistance with the 504 Special Needs Education plan and Individualized Education Plan (IEPs).

There are currently 8 FPSSs placed with 5 agencies throughout Salt Lake County. FPSSs are anchored at the following agencies or organizations:
• 1 FTE Salt Lake County Youth Services
• 1 FTE Granite Connections and Roosevelt Continuation School
• 2 FTE State of Utah Division of Child and Family Services (DCFS)
• 1 FTE Family Support Center
• 1 FTE General (fill in when demand becomes too great for existing FTEs within above sites and handle requests for services from consumers who are not part of the above sites)

Mobile Crisis Team: Describe the *Mobile Crisis Team* activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. Include any planned changes in programming or funding. <u>For those not using MHEI funding for this service, please indicate "N/A" in the box below.</u>

The HMHI MCOT is an interdisciplinary team of mental health professionals, including Peers, who provide a combination of crisis services including crisis intervention, psychiatric emergency care, urgent care, and crisis follow-up for residents of the Salt Lake community 24 hours a day, 7 days a week, 365 days per year. The team is committed to responding within 30 minutes to law enforcement requests and within 60 minutes to community response. The staff assesses the situation and makes a determination regarding disposition using all the resources available to provide the best outcome possible using the least restrictive alternatives.

The Youth MCOT is flexible, multi-faceted, and immediately accessible to families, children and adolescents at risk for hospitalization or out-of-home placement. They work closely with community partners who specialize in child and family issues including DYS and Hopeful Beginnings. All staff are State certified Designated Examiners who can evaluate and initiate commitment procedures for those IPS under the age of 18.

Please see Section 4) for further detail.

19) Suicide Prevention, Intervention & Postvention ***Carol Ruddell***

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and alight with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

Providers within the DBHS/Optum network are mandated to provide a systematic approach in their efforts with suicide follow-up by administering the C-SSRS/Suicide Risk Assessment upon intake and admission. If a client initially screens negative for suicide but later suicidal risk is suspected by the clinician or other staff member during the course of treatment, a C-SSRS/Suicide Risk Assessment will be re-administered. Safety plans are created and updated when clients demonstrate an affirmative response to question #2 or to subsequent questions on the C-SSRS.

Safety plans are also used as a tool to assist members with other safety issues or to improve their ability to manage the symptoms of their mental illness. DBHS/Optum adheres to a Sentinel Events policy and procedure to investigate serious suicide attempts requiring hospitalization while members are receiving treatment and when members complete suicide during or shortly after completing suicide. Each of these reported incidents are reviewed to determine if any quality of care issues exist and to partner with the provider to improve treatment for all members. Most of our providers have submitted verification of completed Counseling on Access to Lethal Means (CALM).

In partnership with the DHHS Suicide Prevention Program Administrator, Optum facilitated two Postvention for Leadership trainings for approximately 17 Optum Network agency leaders in August 2023.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

1. **Suicide Prevention 101 Training**
2. **Safe & Effective Messaging for Suicide Prevention**
3. **Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

Optum R&R Team is certified to present MHFA, and offers training in Salt Lake County which is available to in-network providers and the greater community. In FY26, Optum will create a plan to ensure training for the other two OSUMH programs are made available to providers in Salt Lake County.

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

Suicide Loss survivors may seek support and referrals from the Optum Recovery & Resiliency Team who can help to identify local grief support and suicide survivor groups. These include, but are not limited to, The Sharing Place, Bradley Center, Caring Connections and NAMI.
Optum has developed the following postvention plan:
● Identify and partner with providers within the Optum Network who are immediately able to offer support and engage with suicide loss survivors.
● Educate and build relationships among those systems who will interact with bereaved people to enable a coordinated community response.
● Work with those affected by the suicide death to aid mourning in ways that avoid increasing the risk of contagion.
● Seek support and referrals from the Optum Recovery & Resiliency Team as described above.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program or the Project AWARE grant, summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in either of these grant programs, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
2. **By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

• The comprehensive suicide prevention plan has been written in alignment with the Utah Suicide

Prevention State Plan.

• Communication protocol has been established internally within the health department. SLCoHD suicide prevention staff implement evidence-based strategies for suicide prevention, intervention and postvention.

Prevention: Staff promote means safety in the community, especially during suicide prevention trainings. Gun locks, Naloxone, and DisposeRx are provided for free to community members. SLCoHD also pays for ads on dating apps for at risk groups to seek help if they have thoughts of suicide. Staff promote 988 and LiveOn at events and trainings.

Intervention: Staff are trained as facilitators for QPR, VitalCog, Safe Messaging, Creating Safety, MHFA, and YMHFA.

2024 Training Numbers:
• 344 people trained in Question Persuade Refer (QPR) by the Suicide Prevention staff
• 52 people trained in Creating Safety by the Suicide Prevention staff
• 37 people trained in Vital Cognition by the Suicide Prevention staff

Postvention: Staff have developed a postvention plan for the Salt Lake County Health Department as an organization. It is currently under review with the Health Department HR team and will be reviewed by the Standards Committee for adoption into policy. A community postvention plan has also been created and a landing page on the Salt Lake County Health Department website with resources for community members.

20) Justice Treatment Services (Justice Involved) ***Thom Dunford***

What is the continuum of services you offer for justice-involved clients and how do you address reducing criminal risk factors?
Please consider 2025 HB0039:
(8)(a)The department shall coordinate with a local mental health authority to complete the requirements of this Subsection (8) for an offender who:
(i)is a habitual offender as that term is defined in Section 77-18-102;
(ii)has a mental illness as that term is defined in Section 26B-5-301; and
(iii)based on a risk and needs assessment:
(A)is at a high risk of reoffending; and
(B)has risk factors that may be addressed by available community-based services.
(b)For an offender described in Subsection (8)(a), at any time clinically appropriate or at least three months before termination of an offender's parole or expiration of an offender's sentence, the department shall coordinate with the Department of Health and Human Services and the relevant local mental health authority to provide applicable clinical assessments and transitional treatment planning and services for the offender so that the offender may receive appropriate treatment and support services after the termination of parole or expiration of sentence.
(c)The local mental health authority may determine whether the offender:
(i)meets the criteria for civil commitment;
(ii)meets the criteria for assisted outpatient treatment; or
(iii)would benefit from assignment to an assertive community treatment team or available community-based services.
(d)Based on the local mental health authority's determination under Subsection (8)(c), the local mental health authority shall, as appropriate:

(i)initiate an involuntary commitment court proceeding;
(ii)file a written application for assisted outpatient treatment; or
(iii)seek to have the offender assigned to an assertive community treatment team or available community-based services.

A "habitual offender" is an individual who:

(a)(i)has been convicted in at least five previous cases for one or more felony offenses in each case; and

(ii)the conviction for each case referred to in Subsection (10)(a)(i) occurred within the five-year period immediately preceding the day on which the defendant is convicted of the new felony offense before the court.

DBHS Alternatives to Incarceration Program Initiatives

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

Sequential Intercept #0-1 - Crisis Services & Law Enforcement & Emergency Services

● **Crisis Line & Warm Line** - The HMHI Crisis Line, in affiliation with the National Suicide Prevention Lifeline, is in operation 24/7, 365 days of the year, acts as the front door to the HMHI Crisis System, and is staffed by experienced certified crisis workers. The Crisis Line team coordinates Mobile Crisis Outreach Teams as needed. The Warm Line is a peer-run phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.

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

● **Receiving Center (RC)** - An HMHI short stay facility (up to 23 hours) designed as an additional point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. Clients may receive assessments, medications and other support. It may be used by law enforcement officers, EMS personnel and others as a receiving facility for individuals who are brought there voluntarily

or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the "Living Room" model, which includes peer support staff as well as clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits, inpatient admissions, or incarceration by providing a safe, supportive and welcoming environment that treats each person as a "guest" while providing the critical time people need to work through their crisis.

HMHI, in partnership with the county, state and private donors, opened this new non-refusal 30-chair facility in March 2025. This new RC replaces the original RC, that although progressive for its time upon opening in 2012, was not centrally located, and underutilized by law enforcement and emergency services due to a combination of issues.

The Crisis Care Center, where this is located, also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

- **Volunteers of America Detox Centers**

These programs partner with multiple law enforcement agencies to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to go to the detox center.

DBHS contracts to provide social detoxification services in multiple sites within the county. These sites are:

Volunteers of America Men's Adult Detoxification Center:
This social model residential detoxification and withdrawal management program provides 131 beds for homeless and low-income men 18 and older in need of detoxification & withdrawal management services. This facility is located at 1875 S. Redwood Road, Salt Lake City, UT, 84104.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. In addition, women may bring their children aged 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. In addition, clients have access to a lovely outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123.
This program is scheduled to move to 1875 S. Redwood Road, Salt Lake City, 84104, in summer 2025. This will allow an increased bed capacity to 57 beds for women and their dependent children.

Both programs offer a trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at these facilities for up to 30 days as they work with their case manager to link to behavioral health services. These services include connection to essential substance use treatment, Medicaid enrollment, primary care referral, assistance with legal issues, reconnecting

with family, housing and shelter services, etc.

While in residence, clients may be connected with medication-assisted treatment (MAT) through our community partnerships, a critical service we provide. Peer support services, in-house 12-step recovery meetings, connections to the Salt Lake County recovery community, and harm reduction services are also available. In addition, qualifying clients interested in substance use disorder treatment can receive a full ASAM-driven biopsychosocial assessment through community partners and referral to an appropriate treatment program. Clients interested in substance use treatment can often transfer directly to treatment programs within 30 days.

Sequential Intercept #2 – Jail

● **Jail Behavioral Health Services** - Mental health and substance use disorder (SUD) services are provided to inmates of the SLCo Jail. More detailed program descriptions may be found in the incarcerated individuals section above.

Mental Health services are funded through a direct appropriation from the County Council to the SLCo Sheriff's Office. In addition to providing mental health services and medication management, jail mental health case managers coordinate services and releases for the severely mentally ill population. This includes such things as verifying medications, obtaining outside treatment records, post-release planning, providing community resources, connecting clients to in-reach services as available, collaborating/communicating with community stakeholders such as community behavioral health providers, the Legal Defenders Office social workers, and participating in Mental Health Court staffings, Project RIO staffings, and the Metro Mental Health monthly roundtable.

The Salt Lake County Jail has four dedicated units that can address more severe mental health needs. One is a 17-bed acute mental health unit for individuals who have been identified as high-risk for suicide, an 8-bed overflow acute mental health unit, a 48-bed sub-acute unit for individuals with a mental health diagnosis that would benefit from a more therapeutic setting, and a newly established sub-acute mental health unit with 48 additional beds.

DBHS funds the SUD services in the jail, including:

Corrections Addictions Treatment Services (CATS) is located at the Oxbow and Adult Detention Center Jails, in South Salt Lake.

CATS is an addictions treatment program, based on an intensive outpatient level of care (9 – 19 hours per week of therapeutic and skill-based treatment services), and is based on a therapeutic community model.

The program is operated within both the ADC and Oxbow Jails. The capacity for males is 120 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program and DBHS' housing programming. Upon completion of the CATS program, all inmates are assisted in applying for Medicaid and provided with a clinical referral into a county approved agency.

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called

Drug Offender Group Services (DOGS) in both Medium and Minimum Security levels. The CATS, DOGS and Prime for Life programs are contracted through Odyssey House.

Future Plans:

Odyssey House is preparing for the implementation of the Justice Medicaid Waiver into the CATS program, assisting inmates in applying for Medicaid and utilizing Medicaid funding 90 days prior to their release date.

Odyssey House will explore expanding another 32 beds over the next two years in partnership with the Jail Programs Division.

Jail Medication-Assisted Treatment Program - Qualifying program participants with opioid or alcohol use disorders have access to medication-assisted treatment, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT program medications may include methadone, buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality. Naloxone kits are provided to qualifying participants upon release (as supplies last).

● **State Competency Jail Restoration Program -** This program is operated by the state and works to restore inmates to competency while awaiting a hospital bed. It is anticipated that this program will be discontinued due to recent legislation barring the jail from releasing certain offenders, and the need to make additional room to house them.

● **Community Response Team (CRT)** * - This Valley Behavioral Health (VBH) team works with severely mentally ill (SMI) clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC (Assess, Plan, Identify and Coordinate) Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail through the ATI Transport. This service is now incorporated into the Community Treatment Outreach Services (CTOS) program.

● **Salt Lake County Criminal Justice Services Pretrial Services**

- Interviews clients booked to determine eligibility for release.
- When appropriate, provides a non-financial release from jail and case management throughout the pretrial phase.
- Utilizes validated risk assessment (PSA) to determine supervision level.
- Utilizes evidence-based tools to assist in behavior change throughout supervision.
- Provides court case and hearing information and reminders.
- Provide referrals to community resources to help reduce barriers to client success.
- Monitor court ordered special conditions and notify court of compliance when appropriate.

● **County Prefile Intervention Program ("CPIP")**

Since August 2019, the Salt Lake County District Attorney's Office in partnership with Salt Lake County Criminal Justice Services (CJS), has operated the County Prefile Intervention Program ("CPIP"), a formalized diversion program targeting low-risk offenders.

- Individuals appropriate for CPIP are generally those with no criminal record or a minimal criminal record who are alleged to have committed a non-public safety offense.
- Cases involving restitution may be accepted and restitution must be repaid within the term of the diversion.
- Once accepted, CPIP participants meet consistently with their CJS case manager and complete required classes, such as thinking errors, courage to change, etc. depending on their individual needs.
- Successful completion of the program offers clients the opportunity to avoid formally entering the criminal justice system via the diversion agreement.

Sequential Intercept #3 – Courts

● **Mental Health Courts** - Mental Health Courts are a collaboration between criminal justice and mental health agencies in Salt Lake County. Mental Health Courts coordinate case management, treatment services, and community supervision for the purpose of improving the mental health and well-being of participants, protecting public safety, reducing recidivism, and improving access to mental health resources. MHC participants complete a criminogenic risk assessment which providers have access to and can use as a means of targeting client specific areas of risk. Providers provide interventions at the individual, group and case management level to target areas of risk as well. DBHS funds coordination of care, treatment services and housing programs for this population.

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● **Family Recovery Court** - The mission of the Family Recovery Court is to treat individuals with substance use disorders through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, HMHI Assessment and Referral specialist, case managers, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court-ordered requirements. DBHS funds treatment services and care coordination for this population.

● **Adult Recovery Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of working with individuals with a substance use disorder, such as strict probation or mandatory imprisonment, did not address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. DBHS funds services and care coordination for this population.

● **HOME Court -** HB 421 (2024 GS) directs the establishment of a Salt Lake County HOME Court Pilot Program, to provide for comprehensive, court-supervised treatment and services to

individuals in Salt Lake County with mental illness. The bill requires the Third District Court of Salt Lake County to implement this court, and for Salt Lake County to coordinate participants' treatment, housing, social services, case management, peer support, and exit or transition services. Costs of all services provided, including the costs of the multidisciplinary team, are to be paid for by Salt Lake County. A one-time appropriation of $2M, was appropriated to the Salt Lake County MH Authority for a 5-year pilot (~$400,000 a year). Additional funds, $488,800 ongoing, were appropriated to the court for their role.

Team members include: The Third District Court, Salt Lake County Behavioral Health Services & their network of providers, the Salt Lake County District Attorney's Office, USARA, Legal Defenders Association, Division of Services for People with Disabilities, & The Law Office of Julie George.

The team established the HOME Court process and criteria, and opened the 1st pipeline including individuals not quite meeting the criteria for civil commitment; individuals that may meet the criteria but choose to voluntarily participate instead in HOME Court; or outside petitions from the community.

In addition to ~$700K in HOME Court appropriations, DBHS dedicated ~$1.6M to expand the capacity of ACT Teams to 500, and remodel and reopen a 30-unit group home called Featherstone. The ribbon cutting for the group home occurred on March 26, 2025.

This team conducted its first HOME Court session February 21st, 2025. It meets once every 3 weeks at the same location as the Civil Commitment Court, in the HMHI building on Chipeta Way. To date, none of the candidates referred met the criteria to become participants. More candidates are being screened, and the details for opening the 2nd pipeline, individuals at risk of eviction, are being worked on. We are working with Housing Connect, a housing authority, to work out the details of a partnership with them. This organization is a great partner, rather than private landlords, as they have an interest and passion for housing vulnerable populations, and understand the barriers that behavioral health conditions present in keeping our clients housed.

Once the 2nd pipeline is up and running, and if there is capacity, a 3rd pipeline will be opened through criminal case referrals.

For more information on the structure, criteria and pipelines, please reference the HOME Court slides attached to this Area Plan.

● **Social Services Position Housed in the Legal Defenders Office** - this position coordinates connecting individuals with severe mental illness involved in the criminal justice system to community treatment, Alternatives to Incarceration (ATI) Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the legal defenders' office, offering invaluable assistance in connecting large numbers of clients to treatment.

● **Case Resolution Coordinator** - An attorney funded through Salt Lake County, housed in the Legal Defenders Office, that helps individuals with behavioral health conditions resolve multiple court cases throughout the valley (in coordination with other court orders). Through close coordination of treatment and judicial oversight, individuals may be diverted from incarceration,

avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

Sequential Intercept #4 – Reentry

● **Project RIO (formerly Top Ten)** - Through new federal grant funding, Top Ten transitioned to Project RIO, through the Legal Defenders Association (LDA), allowing a more hands on approach to serving this population, and to serve more clients. Once a month, the LDA's office facilitates a group that meets to staff frequently booked individuals with severe mental illness. Partners include the Legal Defender's Association (LDA), Valley Behavioral Health, HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Center, 4th
Street Clinic, Criminal Justice Services, Division of Services for People with Disabilities (DSPD), and Odyssey House. Team goals are to:

- Ensure jail mental health is aware of an individual's diagnosis and medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of an individual's diagnosis and medications prescribed in jail prior to release.
- Develop a pre-release relationship with the inmate prior to release whenever possible.
- Work to assertively engage the client in treatment upon release, address continuity of care/medications and transport if appropriate.
- Refer into appropriate programs (Mental Health Court, ACT Teams, dual-diagnosis residential programs, Jail Diversion Outreach Team, other outpatient services, housing, DSPD services, etc.).
- Communicate with the individual's attorney.
- Communicate with county supervising case managers, state AP&P officers or other private supervising agencies.
- Coordinate jail releases when appropriate.
- Support the client to resolve open court cases.
- Coordinate with medical providers when appropriate.
- Coordinate with other community providers (VA, private providers, etc.).
- Assist with housing, entitlements, and other needed supports.
- Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.

IT support was provided by the Salt Lake County Mayor's Office of Criminal Justice Initiatives, providing real time information regarding bookings, charges, court cases, and other pertinent information.

● **Community Treatment Outreach Services (CTOS)** - This program includes a VBH assertive community treatment "like" team, a multidisciplinary team that assists severely mentally ill individuals that are frequent recidivists in the county jail. CRT services and ATI Transport services now fall under this program as well.

● **CORE (Co-occurring, Re-Entry & Empowerment)** * - VBH CORE 1 and CORE 2, offer services to adult male and female individuals suffering from co-occurring disorders including substance use disorders and serious mental illness. These 16-bed residential facilities are

designed to provide wraparound services at the time of discharge. CORE 1 and CORE 2 clients can choose to engage in CORE Recovery Management at the time of discharge where they are offered a lower level of care, case management, and are either living in CORE housing or in other housing. The case managers work with clients to help get permanent housing and other services needed to help the clients maintain independence after residential treatment. These programs were implemented due to community requests and have demonstrated impressive outcomes over the years with the ultimate goal of successful reentry and a reduction in jail recidivism.

DBHS utilizes multiple funding streams, including JRI, for the VBH CORE 1 & 2 programs.

A 2020 report found a 78.6% reduction in criminal recidivism for CORE 1 (men) and a 92.5% reduction for CORE 2 (women), when comparing 3 years prior to 3 years post program admission.

JRI dollars also support housing for the CORE programs and CTOS clients. DBHS contracts for these housing resources through Housing Connect, and are generally master leased units. Valley Behavioral Health provides mental health and substance use disorder services and in-home case management visits throughout the client's residency in these units.

● **Odyssey House Women's MH Residential Program * -** This 16-bed facility is a dual-diagnosis residential facility for women, providing mental health stabilization services and medication management to women with primary mental health diagnoses. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online in 2020.

● **Odyssey House Men's MH Residential Program * -** This 16-bed facility opened on April 27, 2022, and is a dual-diagnosis residential facility for men, providing mental health stabilization services and medication management to women with primary mental health diagnoses. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online.

● **VBH Steps** - is a male-only, 16-bed, primary mental health residential treatment program designed to help stabilize and support adult clients experiencing minimal or no substance use disorder through medication management, therapy, case management, and benefits coordination. This program provides similar services as the CORE programs.

● **VOA Men's MH Ballington House Residential Program -** This 16-bed facility opened in 2024, and is a dual-diagnosis residential facility for men, providing mental health stabilization services and medication management to men with primary mental health diagnoses. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online.

● **ATI Transport** * - This VBH program transports severely mentally ill inmates released from the jail at a specific time (avoiding nighttime releases) and transports them to a community-based treatment provider for assessment and services. This service is now incorporated into the Community Treatment Outreach Services (CTOS) program.

● **The Fourth Street Clinic** - Collaborates with the jail health system to help provide continuity of care for individuals who are registered patients at Fourth Street Clinic, supporting these patients to continue the medications and treatment they were receiving prior to incarceration. Staff at FSC are also able to coordinate with the jail health system to help provide continuity of care when individuals experiencing homelessness are released from jail and want to re-establish care with the clinic.

● **DWS Medicaid Eligibility Specialists** - DBHS funds a Medicaid Eligibility Specialist to assist with enrollment into Medicaid. Prior to the pandemic, this was a mobile position, visiting various locations such as the jail, court settings and Criminal Justice Services. Currently these services are provided both remotely, and on-site in the DBHS Offices 2 days a week. Another DWS Medicaid Eligibility Specialist is embedded within the largest behavioral health provider.

● **Navigator and Certified Application Counselor Assistance** - DBHS providers, the jail, Criminal Justice Services, the Legal Defenders Association, Homeless Resource Centers, state corrections programs, and others, collaborate with navigators and certified application counselors to enroll individuals in Marketplace Plans, Medicaid and other health plan options. Many partner with Take Care Utah for enrollment assistance. Prior to the pandemic, these services were provided at many different locations, including court settings, the jail, provider locations, pretrial and probation settings. Currently they are a blend of in-person, and remote services. DBHS worked aggressively throughout the years to develop a coordinated response to enrollment efforts within the criminal justice and behavioral health populations.

● **Gap Funding** - DBHS provides gap funding to assist with medications and treatment for uninsured severely mentally ill individuals being released from jail.

● **Jail Resource Reentry Program (JRRP)*** **-** The JRRP Program is voluntary and offers support to individuals as they transition back into the community from jail. Salt Lake County Criminal Justice Services and Valley Behavioral Health (through peer support staff) assist individuals in navigating the complexity of criminal justice and social services systems. Clients have access to email, phone calls and free Wi-Fi; phone charging stations; snacks, water, female personal hygiene products; SNAP/Medicaid enrollment; Department of Workforce Services (DWS) information; a safe place to wait for services; transport options (bus tokens, VOA van service, homeless van services); homeless housing referrals; donated clothing items, and other resources.

Sequential Intercept #5 – Community

● **VOA, Odyssey House (OH) & VBH, Assertive Community Treatment (ACT) Teams & Odyssey House Forensic ACT Team** - Salt Lake County/Optum has contracted with VOA, VBH and OH to implement Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Team service delivery models for up to 500 Salt Lake County residents. The teams provide intensive home and community-based services. The ACT Teams offer a “hospital without walls” by a multidisciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within the community. The programs are implemented to fidelity to the evidence-based model as outlined by SAMHSA. DBHS also funds housing for these programs. A large portion of these individuals are justice-involved.

● **Housing Programs** * – DBHS funds multiple housing first initiatives for individuals involved in the justice system. Some serve individuals with severe mental illness, while others are tailored towards supporting individuals with primary SUD conditions. These programs are a combination of scattered units throughout the valley, boarding homes, rental assistance vouchers, sober living homes, and partnerships on tax credit housing projects where DBHS funds Medicaid supportive living rates, rental subsidies, and even some capital expenses.

In addition to the above, there are many housing programs through other funding streams that DBHS partners with and in some cases funds in-kind behavioral health services for, to assist in meeting HUD funding requirements.

JRI funding is used for a portion of these housing programs.

● **Intensive Supervision Probation (ISP) Program** - DBHS continues to partner with the Sheriff's Office and CJS on the ISP program. This program targets high-risk, high-need (SUD) individuals sentenced to county probation at CJS. Clients are evaluated using the LS/CMI risk tool, along with an ASAM assessment to determine appropriate level of supervision and care. In early 2025, a major program overhaul took place to ensure evidence-based supervision services were being followed. Some major improvements include overhauling the language and readability of all forms, changing the frequency of clinical staffings, and increasing in-person field visits. Clients continue to be supervised in the community by deputies from the Sheriff's Office and receive intensive case management services through CJS. DBHS provides dedicated assessment staff working in coordination with the deputies and case managers, as well as prioritized access to treatment services for the uninsured and underinsured populations. Through this model there has been an increase in the number of clients who present for an assessment and treatment, reductions in the wait times associated with accessing treatment, and lower attrition rates when compared to the overall system. Through the expansion and evolution of the program, Recovery Support Services (case managed at DBHS), access to evidence-based MAT (case managed at DBHS and offered through a network of providers), and peer-led recovery coaching (through a contract with USARA) are accessible to ISP participants.

In March 2016 this program was presented to the County Council and received unanimous support for an increase in ongoing county funds ($2.3 million overall, $790,000 for community treatment) to grow the program. County funds for this program are not included in this budget narrative. After successful implementation, ISP received several accolades for the innovative strategies employed to stop the revolving door of recidivism in Salt Lake County, including: the 2016 National Association of Counties (NACo) Achievement Award; was selected to present at the national 2016 American Probation and Parole Association Conference in Cleveland; the 2017 Salt Lake County Sheriff's Office Distinguished Unit award; and, was recognized by the Honorary Colonels of Salt Lake in 2018.

An additional $1.4M was awarded to ISP in July 2017 from the Justice Reinvestment Committee (JRC funds cut in FY20). Leveraging these funds, ISP was able to fund a third licensed mental health therapist (has since reduced back to two, and then back down to one based on pandemic shifts and demand) to provide additional clinical assessments. The program also was able to expand treatment capacity, funding an active caseload of 280 clients,

up from the original program capacity of 180 clients. By utilizing county funds, ISP was able to expand supervision and case management capacity as well (hiring 2 additional case managers and 3 Sheriff's Office deputies).

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

During FY21, due in large part to TAM and the Adult Medicaid Expansion occurring over the prior two years, a large portion of treatment funds were no longer needed for this program. The participating treatment providers assisted with a seamless transition in funding source to Medicaid without service interruption to the clients. With the Medicaid expansions being open to other providers outside of the DBHS network, additional providers have begun to serve ISP clients as well. JRI funds continue however to play a large role in funding the correctional staff and other ancillary, non-Medicaid funded services such as UA testing, RSS services and recovery coaching through USARA.

● **Mental Health Court Housing** – beginning in FY22, mental health court housing units (2 master leased units and 6 units at First Step House's Fisher House) transferred from Salt Lake County Criminal Justice Services to DBHS.

● **Rep Payee Services** - a supportive service to individuals in need of assistance in managing their finances. Many individuals with severe and persistent mental illness, cycling through the criminal justice system, benefit from this type of service.

● **Supported Employment Programs** – multiple Salt Lake County network providers operate successful employment assistance programs for justice-involved populations.

● **USARA** - DBHS assists with funding for this program. This organization provides peer recovery support services, delivered by peer recovery coaches, a non-clinical support that brings the lived experience of recovery along with training and supervision to assist individuals in initiating and/or maintaining recovery. They also provide support groups for families and friends who are concerned about someone with a substance use disorder, mutual aid groups in multiple recovery pathways, and social events.

This program has targeted efforts for justice-involved populations such as the Intensive Supervision Probation Program, Family Recovery Court, Drug Court, and others.

● **Medication-Assisted Treatment Programs** - In past years, DBHS utilized federal dollars to expand medication-assisted treatment access within the community. Salt Lake County had six out of the top ten hotspots identified within the state for opioid related emergency room visits and overdose deaths. In an effort to address these hotspots, capacity in the existing Project Reality location was increased, and two new clinics were opened in other areas of the county.

One of the newer clinics is located in West Jordan, through Clinical Consultants, the other is located in Murray, through Project Reality. Federal grant dollars are utilized to maintain some of these clinics. Several other MAT providers exist within the network.

● **Community Mental Health and SUD programs** - there are many other mental health or substance use disorder treatment programs, in all levels of care, that serve the criminal justice population. Medicaid expansion has enabled an unprecedented expansion of these services.

As an example, ~170 SUD residential beds existed in 2016, and currently exceeds 600, more than tripling capacity within the Salt Lake County network. In 2015, 32 Mental Health Co-occurring Residential beds existed, by 2024, there were 104 beds, again more than tripling capacity.

Criminogenic Screening and Assessment Tools

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

Strategies used with low and high risk offenders

All clients are screened for criminogenic risk using validated, JRI-recommended tools (either the LS/CMI, the LSI, or the RANT) depending on the agency. Based on capacity at each agency, and the ability to stratify residential and outpatient programs by risk, clients are separated into the most appropriate setting. For example, Odyssey House places all 'intense' and 'very high' risk clients at their Millcreek campus. All 'high' clients go to the Downtown facility. All moderate clients attend Lighthouse, and all 'moderate-low' clients attend the Meadowbrook facility. Because of the size of the programs at Odyssey House, they would not have low-risk clients in service with high-risk clients. For the outpatient side of services, OH places all lower risk clients in the weekend IOP/OP Expedition Program. Not as much flexibility exists for outpatients. Other agencies do not have as much flexibility because of the size of their programs and other financial constraints. First Step House for instance does not serve many, if any, low-risk clients. They do have some higher and intense risk programs that will serve only clients scoring in the 25+ range of the LS/CMI (REACH Program). Lower risk clients at FSH are typically referred to other programs for services, where they can receive differentiated services based on their lower risk scores. In our criminal justice

programs (such as the ISP Program), many different EBPs are utilized to work with lower risk (all clients are at least a 30 on the LS/CMI) clients. These include EPICS (Effective Practices in Community Supervision), BITS (Brief Intervention Tools), Seeking Safety, and risk-based case planning based on the Risk, Needs, Responsivity (RNR) model.

HB 39 Correctional Health Amendments

You requested that we consider HB 39, from the 2025 General Session.

As we have read through the bill, and also researched how health services flow in the state correctional system, here are our first thoughts on the steps to take to implement this new process.

> HB 39 requires the Department of Corrections (DOC) to "coordinate with DHHS and the relevant local mental health authority to provide applicable clinical assessments and transitional treatment planning…" at least three months before termination of an offender's parole or expiration of an offender's sentence, for those that are habitual offenders with a mental illness and are at a high-risk of reoffending.
>
> It is our understanding, in 2023, that "in an effort to better align governmental services under those agencies best-equipped to oversee them..", the Department of Health and Human Services (DHHS) assumed responsibility for health care in Utah's prison system. Link here.
>
> It is also our understanding that it will be the DOC and DHHS, as those exercising custody of this population and as their health care provider, that will have the ability to identify this population and obtain the necessary releases of information to share this information with us.
>
> Without their help, LAs will not know which individuals have mental illness, are habitual offenders, are at high-risk of reoffending, are within 3 months of release from prison, or within 3 months of terminating parole and already residing in the community.
>
> Additionally, it will be the DOC and DHHS that will know which offenders plan to reside in Salt Lake County upon release.
>
> We are fortunate to have a good working relationship with the DOC, and look forward to working with them in the future. As noted in other parts of the area plan, in the past, DBHS has assisted the DOC in understanding how to enroll individuals in the various expansions of Medicaid; connected them with Take Care Utah; has a well-developed PATR program (where case managers communicate regularly with Halfway Houses, POs, and assist their parolees and probationers); is working towards contracting directly with the DOC in the future for PATR funds to prevent a reduction in funding through OSUMH; and enjoys collaborations with the DOC through the Salt Lake County Criminal Justice Advisory Council (CJAC), where they also attend, and through the CJAC Reentry Subcommittee, which they are a member of.

We also understand that Utah's Justice Involved waiver was approved, allowing Medicaid to be billed 90 days prior to release for medical and behavioral health care; the State's plan is to hire care managers to coordinate reentry and connections to care; and to provide medications upon release, etc.

Please be aware, that while we've been told the DOC received funding during this session for reentry work with the state corrections population, we did not receive any funding to help with that, or this effort.

We will do our best within existing budgets to provide the coordination outlined in the bill for those that plan to reside in Salt Lake County, and who are unfunded or are members of Legacy Medicaid. Please advise us on who to coordinate with for individuals enrolled in TAM or the ACO/UMIC Medicaid Plans, as we do not manage their members or their services.

Also, please understand that these efforts may change, given the uncertainty of Medicaid funding at the federal level.

Describe how clients are identified as justice involved clients

There are many ways that a client can be identified as a justice-involved person.

- Some clients may be referred by a criminal justice partner, such as:
  - The courts
  - Legal defender
  - District attorney
  - Criminal justice services
  - Law enforcement
  - Adult Probation & Parole
  - Jail or Prison
  - Halfway House, and others.
- Some clients may self-report an active court case.
  - This can occur prior to sentencing (with no court-ordered treatment or with a sentence that did not include an order to treatment).
- Some clients may self-report interactions with law enforcement.
  - This can occur without a case being filed in court or any court-ordered treatment.
- Some clients may have a recent history and pattern of justice involvement, with multiple cases closed (none open), but cycling through the criminal justice system. A good example of this would be a Forensic ACT client, with 52 previous bookings, still using illegal substances, off his/her medications, and homeless.

How do you measure effectiveness and outcomes for justice involved clients?

Correctional Program Checklist (CPC) - The CPC is a tool developed to assess correctional intervention programs and is used to ascertain how closely those programs meet known principles of effective intervention. Several studies conducted by the University of Cincinnati-of both adult and juvenile programs-were used to develop and validate the indicators on the CPC. These studies found strong correlations with outcome between overall scores, domain areas, and individual items.

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed

to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsibility, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either “HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT": or "INEFFECTIVE".

As a network system, multiple agencies within the DBHS network have worked with the CPC to assess, and then implement strategies to improve their services, in particular around individuals with current or past justice involvement. In recent years, First Step House and Odyssey House have worked extensively with the CPC, among other agencies. In 2025, the Utah Criminal Justice Center reached out for additional agency partners to work with to provide an initial or CPC reassessment. Agencies who had previously been assessed felt they had enough insight from those previous assessments to continue working on improvements without a reassessment. We now have Volunteers of America and Valley Behavioral Health participating in the CPC process for an initial assessment beginning in Spring 2025.

DBHS has developed multiple outcome measures that vary from program to program. Please reference the attached compilation of reporting metrics and sections in this narrative above for some examples. Data DBHS has collected in the past include hospital diversion rates, treatment engagement, graduation rates, reductions in Risk Scores, positive drug testing rates, number of bed nights funded for individuals in permanent supportive housing, changes in census in co-occurring residential programs, changes in ACT Team census numbers and NOMS data such as employment, housing and “frequency of use” changes. New outcome measures for ACT teams were developed in FY22 and continue to be monitored on baselines and targets established in FY23. DBHS has also tracked reductions in jail recidivism for certain cohorts through a data sharing agreement with the Salt Lake County Jail.

Although Medicaid expansion has been a huge benefit to the behavioral health population we serve, it is important to understand that since November 2017 (the implementation of TAM), April 2019 (the Medicaid Expansion to 100% FPL), and finally January 2020 (expanding up to 138% FPL), DBHS lost the ability to track many of the metrics above for a large portion of these programs.

Significant anomalies may occur in data and outcome metrics for FY21 and forward due to COVID responses both within the treatment system and within our county jail.

Identify training and/or technical assistance needs.

None presently

Identify a quality improvement goal to better serve justice-involved clients.

Although progressive for its time in 2012, the original Receiving Center (RC), was underutilized by law enforcement and emergency services. Though it was set up to receive referrals from law enforcement, these referrals had decreased over the years due to the requirement that clients routinely needed to go to the emergency room first to be medically cleared. Though that was not a requirement when the existing Receiving Center initially began, this became a necessity due to a combination of medical liability concerns, physical setup of the Receiving Center space, and inability to fund the correct staffing model to operate as a “no wrong door” facility. This, plus the

location of the facility, was a discouragement to law enforcement since it took them off the streets for extended periods of time.

Our goal, in the beginning of this multi-year area plan, was to open a new centrally located, non-refusal Receiving Center. DBHS was awarded funding for a new non-refusal Receiving Center, SLCo transferred the property, and thanks to HMHI and additional partners and funding, a groundbreaking occurred in May, 2021. The program's design was to serve Salt Lake County community members who are in psychiatric or substance use-related crises; however, the new Receiving Center would accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals were expected to be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others might be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals were anticipated to benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and Detox.

Due to this facility not becoming operational until 2025, the Salt Lake County Council voted to dedicate $2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC was built and operational. The RC Bridge was completed in October 2023, expanding from 5 chairs to 12 and operated as a non-refusal center.

This quality improvement goal was completed in March 2025. Through partnerships with the county, state and private donors, HMHI opened the new non-refusal 30-chair facility. This new RC replaces the previous RC, that although progressive for its time upon opening in 2012, was not centrally located, and underutilized by law enforcement and emergency services due to a combination of issues.

The Crisis Care Center, where this is located, also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

Additionally, with the opening of The Crisis Care Center and its 30-chair Receiving Center on March 31, 2025, it is the intention of HMHI to re-purpose the 12-chair Bridge Receiving Center into a Youth Receiving Center. Though no definitive date is available at this time to open this Youth Receiving Center, the plan is to open it sometime during CY25. They will serve clientele who are experiencing a mental health crisis and they will be allowed to stay up to 23 hours.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

DBHS recognizes Justice Reinvestment Initiative (JRI) Programming as a countywide initiative affecting multiple stakeholders including law enforcement, the county jail, courts, criminal justice services, legal defender's office and district attorney's office. As a result, when implementing a JRI strategy DBHS was committed to broad support of county stakeholders, including approval from Criminal Justice Advisory Council stakeholders prior to implementing programming with JRI

community-based treatment funding.

Mayor Jenny Wilson	Salt Lake County Mayor
Sheriff Rosie Rivera	Salt Lake County Sheriff's Office
Hon. Brendan McCullagh	Judge, West Valley City Justice Court
Anndrea Wild	CJAC Coordinator
Honorable Jojo Liu	Judge, Salt Lake City Justice Court
Suzanne Harrison	Salt Lake County Council
Dea Theodore	Salt Lake County Council
Coleen Jacobs	Chief of Police, West Valley, LEADS Chair
Kelly Colopy	Director, Salt Lake County Human Services
Sim Gill	District Attorney, Salt Lake County
Kele Griffone	Director, Criminal Justice Services
Representative Jim Dunnigan	Utah House of Representatives
Senator Stephanie Pitcher	Utah State Senate
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Assoc
Honorable Susan Eisenman	Third District Juvenile Court
Wayne Niederhauser	Coordinator, Utah State Office of Homeless Services
Honorable Laura Scott	Third District Court, Presiding Judge
Jim Peters	State Justice Court Administrator
Jeff Silvestrini	Mayor, Millcreek City
Tim Whalen	Director, Salt Lake County Behavioral Health Services
Pamela Vickrey	Utah Juvenile Defender Attorneys, Executive Director
Scott Fisher	Salt Lake City Municipal Prosecutor
Andrew Johnston	Salt Lake City Homelessness Director
Brian Redd	Police Chief, Salt Lake City
Erin Mendenhall	Salt Lake City Mayor
Mark Paradise	Third District Court Trial Executive
Rebecca Brown	Deputy Dir, Utah Dept of Corrections
Wendy Isom	Program Director, SLC Police Department Victim Advocate

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

DBHS is a member of the Criminal Justice Advisory Council, where ongoing systemic needs are addressed monthly, coordinated and planned for. One example is the new Receiving Center. This item is periodically addressed on the agenda to provide updates and receive feedback from stakeholders.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, JJYS, Juvenile Courts, and other agencies.

Examples of services to these populations include:

Volunteers of America, Utah's Treatment Services Division (Cornerstone Counseling Center/Family Counseling Center - VOA/CCC/FCC) - has several programs to assist children and youth who are justice-involved with local DCFS, DJJS, Juvenile Courts, etc. Both CCC and FCC

provide direct mental health services based on the client-centered biopsychosocial assessment. Services are provided by Licensed Mental Health Therapists as well as therapists working towards full licensure and Advanced Practice Registered Nurses (APRNs). Medication management services are provided for youth aged 16 years and older. Other available services include individual therapy (including play therapy) for children four years and older, group therapy as indicated by current census, and family therapy. Additionally, CCC provides Parent Child Interaction Therapy (PCIT), an evidence-based practice, for children aged two and a half up to seven years old.

Odyssey House - Their adolescent continuum serves JJS and DCFS youth and works closely with JJYS and DCFS workers to coordinate care. Their school-based behavioral health services work with JJYS and DCFS youth K-12 schools in every district in the county. The Youth Residential Program provides dual diagnosis to youth engaged in the juvenile justice and child welfare systems and provides SUD and mental health treatment along with access to high school education through a partnership with Salt Lake City School District. Finally, their Parents with Children Program works with DCFS custody youth to re-unify them with their parents while concurrently providing mental health and developmental services.

Salt Lake County Youth Services - Juvenile Receiving Center (JRC) - This program offers screening, evaluation and referral services to youth, families and law enforcement 24/7. Services are for youth ages 8 to 17 who need a crisis timeout, are runaway, homeless, ungovernable youth or youth who have committed minor offenses. Youth may come to the facility on their own, with parents or police may bring in youth who have committed a status offense or delinquent act that does not meet Detention Admission Guidelines. This may include but not limited to running away from home, truancy, substance use, curfew violation or acting beyond the control of the youth's parents. No appointment is needed to access the Juvenile Receiving Center services including individual or family crisis counseling. Serving two locations: Salt Lake and West Jordan. The JRC is located in South Salt Lake and operates 24/7.

Please also refer to the Drug Court section of the SUD Narrative for additional information on support to the Juvenile Drug Court and Family Recovery Court.

21) Specialty Services ***Pete Caldwell***

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. Include any planned changes in programming or funding. If not applicable, enter NA.

The ORG funding had been used for VBH's ACOT team. Historically, VBH had offered an Assertive Community Outreach Team (ACOT) for adult clients with SPMI/SMI. The ACOT subscribed to an Assertive Community Treatment Team approach with services to promote a client's growth and recovery and to enhance the quality of their personal, family, and community life. The ACOT primarily provided case management services to Medicaid and non-Medicaid clientele. However, toward the end of FY21, VBH took the necessary steps to convert the ACOT to a SAMHSA full

fidelity ACT team. Though VBH will serve any person who meets criteria, they specialize in those with criminal justice involvement. Most of those who were already clients of ACOT transitioned into the new ACT team when the ACT team was first organized.

As of this writing, the VBH ACT team is almost at full capacity of approximately 100 members needing these community-based services. VBH follows the SAMHSA fidelity measures. Evaluation of adherence to the fidelity measures will be completed by VBH and reported to Optum. Depending upon the measure, evaluation will be completed weekly or monthly. Outcome measures include increase in community tenure including housing stability and employment/volunteering involvement while simultaneously reviewing reduction of inpatient admissions. DBHS will also perform an annual fidelity audit using the SAMHSA fidelity measures.

The Projects for Assistance in Transition from Homelessness (PATH) program funds community-based outreach, mental health, substance use disorder, case management and other support services, as well as a limited set of housing services for seriously mentally ill individuals. PATH funds are used for those who are literally homeless or at imminent risk of becoming homeless. Priorities for services should be for those who are literally homeless.

Safe Haven 1 has 25 units for SMI clients who have been homeless for at least three of the previous six months. Residents of Safe Haven 1 are able to maintain their status of homelessness, so they can continue to qualify for permanent housing.

Safe Haven 2 has 24 permanent housing units for those individuals challenged by a history of chronic homelessness, mental health and substance use disorder issues. They are assisted with apartment living/home maintenance, medication management, benefit management, skills development, socialization and peer support services.

Client Requirements:
- The client must be homeless.
- The client must carry a diagnosis of Mental Health disability.

Treatment Process:
Once Outreach and Enrollment is completed, the Contractor shall provide the following PATH Treatment services as needed:

1. Screening and Diagnostic Treatment Services
2. Habilitation and Rehabilitation Services
3. Community Mental Health Center Services
    1. Provide or refer the PATH eligible clients to the following services as necessary:
        1. Mental health diagnosis;
        2. Evaluation of treatment needs;
        3. Mental health treatment;
        4. Medication management; and
        5. Psychosocial rehabilitation services
    2. Ensure that providers of referred services meet the same qualifications required of the Contractor for the applicable services and all other contract requirements.
4. Substance use treatment: The Contractor shall provide or refer for preventive, diagnostic, and

other services and supports for people who have a psychological and/or physical dependence on one or more substances.
5. Case Management: The Contractor shall provide case management services that includes advocacy, communication, and resource management that are used to design and implement a wellness plan specific to a PATH-enrolled individual's recovery needs as follows:
   1. Developing and implementing a service plan for the provision of community mental health services, and reviewing such plan not less than once every 90 days;
   2. Assisting the PATH eligible client in obtaining and coordinating social and maintenance services including services related to daily living activities, transportation, prevocational-vocational training and housing;
   3. Arrange with medical and dental providers to provide services to the PATH eligible clients.
   4. Assisting the PATH eligible clients in applying for and obtaining income support services, such as, food stamps, housing assistance, and supplemental security income benefits, other public entitlements and medical insurance; and
   5. Referring PATH eligible clients to other appropriate agencies and representative payee services in accordance with Section 1631 (a) (2) of the Social Security Act.
6. Residential supportive services: Contractor shall provide services that help PATH-enrolled individuals practice the skills necessary to maintain residence in the least restrictive community-based setting possible. The Contractor shall provide these services, refer and arrange for these services for PATH eligible clients in residential settings. The Contractor shall *not* provide or refer clients for services that are funded under: 1) the transition housing demonstration program of the Housing and Urban Development (HUD) pursuant to section the supportive housing demonstration program established in subtitle C, Title V of the Stewart B. McKinney Homeless Assistance Act.
7. Referral Services: The Contractor shall refer PATH eligible clients and facilitate or arrange access to, and referral for, primary health services, job training, and educational services as follows:
   1. Community mental health referral
   2. Substance use treatment referral
   3. Primary health/dental care referral
   4. Job training referral
   5. Employment assistance referral
   6. Educational services referral
   7. Income assistance referral
   8. Medical insurance referral
   9. Housing services referral
   10. Temporary housing referral
   11. Permanent housing referral
8. Housing Services
9. Transition to Mainstream: Assist PATH eligible clients to make a formal change from PATH to housing and services funded through other programs such as Section 8, Medicaid, Public Health, Mental Health / Substance Abuse Block Grant.

22) Disaster Preparedness and Response ***Jennifer Hebdon-Seljestad***

Outline your plans for the next three years to:
Identify a staff person responsible for disaster preparedness and response coordination. This individual shall coordinate with DHHS staff on disaster preparedness and recovery

planning, attending to community disaster preparedness and response coalitions such as Regional Healthcare Coordinating Councils, Local Emergency Preparedness Committees (ESF8), and engage with DHHS in a basic needs assessment of unmet behavioral health disaster needs in their communities. **In addition, please detail plans for community engagement, to include partnership with local councils and preparedness committees as well as plans for the next three years for staff and leadership on disaster preparedness (to include training on both internal disaster planning and external disaster preparedness and response training). Please detail what areas your agency intends to focus on with training efforts and timeline for completing training.**
Nancy Kessel is our identified staff who is responsible for our emergency plan in the Division of Behavioral Health. Salt Lake County has a dedicated Emergency Management team that oversees all such efforts countywide in conjunction with the Unified Fire Authority (UFA). The County hired a consulting firm in recent years to assist in the update of all County Division Continuity of Operations Plans (COOPs), including that of the DBHS. These were all completed last year, and DBHS updates and trains on its COOP annually. Salt Lake County is currently working on a Countywide COOP using information garnered in this effort. It will address in more detail resource allocation to County agencies during an emergency, especially statutory and life-safety essential services. That document is expected to be completed in July 2024. This effort involves stakeholders such as municipalities, fire departments, emergency response organizations, etc., on a preparedness mitigation plan for the entire area. It compliments the County's Comprehensive Emergency Management Plan (CEMP) promulgated by the County Council in late 2023. The CEMP establishes the framework through which the County will respond to, recover from, prepare for and mitigate against all potential hazards in the County. A copy is available upon request. Internally, DBHS reviews emergency plans of its Recovery Support Services vendors, providing recommendations on emergency planning. DBHS also collects emergency management business continuity plans from all County contracted providers. These efforts will continue during annual audits of the organizations. Contact information for all funded substance use and mental health network providers is incorporated in DBHS' COOP plan.

23) Required attachments

- **List of evidence-based practices provided to fidelity and include the fidelity measures. Please see SUD Narrative, 10) Quality & Access Improvements. *For questions - Cody Northup***
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response. *For questions - Jennifer Hebdon-Seljestad***
- **A list of metrics used by your agency to evaluate client outcomes and quality of care. Please see the Reports Compilation attached. *For questions - Pam Bennett***
- **A list of partnership groups and community efforts (ie. Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local**

Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts including Mental Health Court, Regional Healthcare Coalitions, Local Homeless Councils, State and Local government agencies, and other partnership groups relevant in individual communities) ***For questions - Cody Northup***

- **As per HB0199, provide an inclusive list of providers of mental health services for individuals within the local mental health authority jurisdiction, in a form and format usable by a first responder.** ***For questions - Pam Bennett***

Salt Lake County
FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE
3 Year Plan (2024-2026)

Local Authority: Salt Lake County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention ***Program Manager*** **Holly Watson**

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).
The Salt Lake County Division of Behavioral Health Services (DBHS), acting as the local substance abuse authority in Salt Lake County, has contracted with Assessment & Referral Services (ARS) at the University of Utah's Department of Psychiatry and the Huntsman Mental Health Institute (HMHI), since 2003, to provide comprehensive screening and assessment for individuals who have been charged with or convicted of Driving Under the Influence of Alcohol/Drugs or Impaired Driving. This contractual relationship came into being as a means to meet the legal requirements under the minimum mandatory sentencing guidelines for DUI offenders in the State of Utah as well as meet the needs of the courts and offenders alike. Subsidized dollars are provided to ARS in order to ensure that every DUI offender in Salt Lake County has financial access to screening and assessment via a sliding fee scale based on an individual's total income. If individuals are without income, homeless or virtually homeless they are provided with this service at no cost to them. ARS provides assessments only, they do not provide any education or treatment services, thus they are able to provide objective assessments eliminating any conflict of interest to the individual related to referrals for education or treatment. ARS screens for an offender's ability to pay for education and treatment services and refers to resources (such as applying for Medicaid) to ensure that finances are not a barrier to completing referrals. If an offender has health insurance or the ability to self-pay for services, they are referred to an agency that accepts their insurance or can provide appropriate treatment services that are affordable. ARS has also been given authority to grant Salt Lake County subsidies to individuals who do not have the means to pay for treatment services, do not qualify for Medicaid, have little to no income and no health insurance. Thus, finances, or the lack thereof, do not present a barrier for compliance with the court-ordered assessment or ARS recommendations related to their DUI. DUI offenders are provided a screening via the SASSI-4, and a full assessment is conducted which employs screening and assessment tools approved by the Salt Lake County Division of Behavioral Health Services and that are evidence-based tools. They include, but are not limited to a full biopsychosocial interview, The SASSI-4, The Risk & Needs Triage, information from the Bureau of

Criminal Investigation, The Colombia-Suicide Severity Rating Scale, GAD-7, PHQ-9, LS/CMI information (obtained from collateral source if individuals have been placed on supervised probation), collateral information from a multitude of sources when required, The Diagnostic & Statistical Manual of Mental Health Disorders, Fifth Edition and the American Society of Addiction Medicine Placement Criteria.

If individuals do not meet the criteria for a substance use disorder they are referred to Prime for Life, the minimum mandatory requirement for DUI offenders. ARS refers out only to providers certified to administer Prime for Life and those listed on the Department of Human Services website.

If an offender meets criteria for a substance use disorder requiring treatment, they are referred out to an agency that is licensed by the State to provide substance use disorder treatment. The same financial basis indicated above related to screening is also used for referrals to treatment. All financial means (individual health insurance, self-pay, Medicaid etc.) options are exhausted first. If an individual is not eligible for any of those resources, Salt Lake County funding is authorized and individuals are referred to an agency contracted with the Salt Lake County Division of Behavioral Health Services which provides treatment service levels that include general outpatient treatment (1-8 hours of service weekly), intensive outpatient treatment (typically 9 hours of treatment services weekly), day treatment (typically 20 hours of services weekly), low/medium and high intensity residential treatment services (hours vary) and access to social detoxification programs.

ARS estimates that approximately 30% of DUI offenders do not meet the criteria for a substance use disorder, thus are referred to Prime for Life while approximately 70% of individuals meet diagnostic criteria for one or more substance use disorders and are referred to treatment.

In April 2023, ARS relocated to a University of Utah facility that also houses the HMHI Downtown Clinic, primarily specializing in mental health services and also can provide substance-related services, as well as the Utah Naloxone Wellness Center for additional recovery support services. ARS' new location is at 525 East 100 South, Suite 3100, Salt Lake City, Utah 84102. ARS also provides assessments via telehealth which allows individuals outside of Salt Lake County to access our assessment services.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

Please see the EBP references in Section 10: Quality & Access Improvements

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

School based providers collaborate with the administration at local schools to support efforts to screen youth and their families for needed services. They also serve on school committees to share their expertise and offer support with community initiatives to meet the needs of students and the areas in which they live. Clinicians are onsite at school and in homes and can provide brief motivational interventions when needed.

Utah Support Advocates for Recovery Awareness (USARA) Peer Recovery Coaches (PRC), all who are Certified Peer Support Specialists, provide on-call support to visit people seeking medical care in hospitals, emergency departments, healthcare clinics, and social detox, when they present with any substance use related symptoms. The PRC engages the individual where they are in their stage of change and uses motivational interviewing techniques to engage the person, offering

information and resources to assist with immediate needs (i.e. Naloxone kits, resources related to SDOH, treatment resources, harm reduction, etc.). The PRC, with consent from the individual, provides follow up contact with them post discharge for continued intervention and support for as long as the person chooses to remain engaged.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

Optum Salt Lake County mental health providers have been trained on how to screen individuals for nicotine, substance use and other addictive behaviors as part of the initial and on-going assessment processes. Tobacco use disorders are highly correlated with individuals requiring substance use treatment. A list of covered providers to further assess for SUD has been distributed. Medicaid and unfunded individuals are able to be screened.

Our indicated clients are often referred by counselors/therapists or from other programs inside the providing agency itself. Providing agencies partner with school therapists/school counseling centers and with juvenile justice service providers to refer youth in need. For efforts outside the school setting, providers use social media advertising and community partners to disseminate information about the program - relying heavily on strong partnerships with other community based agencies to share program information to families. Agencies also advertise through outreach efforts at in-person outreach events such as parent teacher conferences and health and safety fairs in local municipalities.

Please reference the Justice Services Section & the Services to Incarcerated Individuals Section for additional programming to assertively engage individuals into treatment.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

Efforts to assist the uninsured population occur through a coordinated and concerted effort to enroll in Medicaid, CHIP, Marketplace Plans and Medicare.

Long before the expansions of Medicaid, DBHS began funding a Department of Workforce Services (DWS) Medicaid eligibility specialist, drawing down federal dollars as a match to assist DBHS' network of providers with enrollment into Medicaid. This effort included one FTE roaming between the jail, the provider network, and multiple Third District Court locations. During the pandemic, this assistance became remote. Additional DWS assistance is housed in one of the network's largest providers, Valley Behavioral Health (VBH).

Education, training and connections to Take Care Utah were made to the provider network beginning in 2014, as Marketplace Plans became an option to households earning more than 100% FPL. DBHS leadership also approached judges in the Third District Court to gain their permission to provide enrollment space and internet access to Take Care Utah staff to assist with enrollment into Medicaid, Marketplace Plans and Medicare. The court was not amenable to this option at that time, but in 2017, with the advent of Targeted Adult Medicaid (TAM), they embraced the idea. DBHS also approached the jail in considering a partnership with Take Care Utah during these early years. It was embraced in later years as you will see below. Multiple meetings were held with Take Care Utah sharing with them the touchpoints both within the DBHS network and the criminal justice system, to expand enrollment efforts. Throughout the years, more than 250 presentations were made by DBHS explaining the importance of expanding Medicaid, options through the Marketplace, and highlighted Take Care Utah and DWS Medicaid eligibility specialists

(utilizing federal matching dollars). Presentations were also provided to organizations outside our network, to such agencies as UBHC, UAC, NACO and NACBHDD to promote enrollment throughout Utah and other states.

Numerous specialty enrollment efforts were initiated as TAM opened in November of 2017. This included but was not limited to collaborations with DWS and Take Care Utah to enroll in Drug Court and Mental Health Court settings; the expanded jail medication-assisted treatment (MAT) program; the Corrections Addiction Treatment Services (CATS) program; Legal Defender Association's (LDA) Office; and Criminal Justice Services (CJS). Some of this assistance became remote later on during the Pandemic.

Training was also held at DBHS with Adult Probation and Parole (AP&P) to assist them in their enrollment efforts (both upon release from prison and also in halfway houses), along with introductions to Take Care Utah, which later led to partnerships there.

In addition to specialty enrollment efforts put in place during the TAM expansion, two large eligibility and enrollment trainings were held by DBHS at the County Government Center to assist case managers within the county network of providers. Approximately 213 individuals from 20 organizations across the county registered or walked into these training sessions. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. Providers such as VOA eventually partnered directly with Take Care Utah (efforts expanded greatly once social detox became a Medicaid benefit).

While some of these efforts originate in adult populations, they often extend to household members (including children) as individuals begin the enrollment assistance process and request assistance for additional household members (for example, while attending an intake at Criminal Justice Services). Research has shown that Medicaid Expansion states have increased Medicaid enrollment for children. It is believed that as adults become aware of their eligibility, they pursue Medicaid enrollment assistance for children in the household as well. More specific enrollment assistance efforts for children and youth can be found in parts of the Area Plan where this is requested.

Additional presentations were made to the provider network as the state expanded to 100% FPL in April of 2019, and again as the state fully expanded to 138% FPL on January 1, 2020, to encourage and support enrollment in these new households.

DBHS has been planning for these enrollment touchpoints and educating providers since 2014 (the year Medicaid Expansion became an option for states), and saw the provider system respond quickly and nimbly with each new expansion.

Additionally, in 2020 outreach was made to Take Care Utah to advise them of legislative changes that would enable them to submit applications prior to release from jail (due to Utah becoming a suspension, rather than a termination state).

Enrollment assistance planning was also provided to other local authorities when they requested it.

To address COVID-19 responses and to reduce the spread of infection, DBHS worked with the State Medicaid Office to distribute PDF fillable forms for the TAM referral process, allowing the use of electronic signatures for those telecommuting [later sharing these statewide with Local Authority (LA) Directors].

Although some components of these enrollment efforts were curtailed due to COVID-19, such as In-court enrollment assistance, these restrictions have now been removed. Providers were also immediately notified when the new administration opened up a new special enrollment period, and expanded eligibility to new populations, such as those who have received unemployment or those above 400% FPL.

Barriers to maintaining coverage:
One of the challenges to maintaining coverage can be seen as individuals transition between the various forms of Medicaid (due to the expansion of Medicaid). Real life examples include:

- Changes income (getting or losing a job)
- Changes in household size (gaining or losing custody of a child, marriage, divorce, etc.)
- Pregnant women giving birth, etc.

Fortunately, these challenges are often born by providers, and they have proven nimble to assist clients in maintaining coverage and switching payment streams on the backend, hopefully in a seamless way that is not stressful to clients.

In the fall of 2022, DBHS began assisting the Road Home's Homeless Resource Centers (HRCs) in developing collaborations with Take Care Utah to enroll clients in Medicaid or other health plans. Volunteers of America (VOA) HRC already had a process in place.

Today, Take Care Utah works in some capacity with around 100 organizations and sources of clients, many of which are individuals with behavioral health conditions. They enroll clients from many of these partner agencies, but the specific process takes different forms. At the jails and prison, for example, they are at multiple sites on a weekly basis. Others are less frequent. With others they have arranged a referral process so they get spreadsheets of uninsured folks from various organizations to do follow-up. They meet both in person and remotely depending on what works best for their partners.

During the Public Health Emergency (PHE), individuals were not allowed to be removed from Medicaid unless they moved out of state, requested to be removed, or passed away. Due to this temporary status, although some individuals could be sorted into different Medicaid plans as appropriate, they were not removed. Continuous enrollment has since been discontinued as a requirement of the PHE. As such, DWS began case reviews on March 1st, 2023. The first case closures or transfers to other Medicaid or Marketplace plans initiated on April 30th, 2023. This effort is being referred to as the "Unwinding".

DBHS has been proactive during the preceding months, encouraging providers to assist clients in keeping their addresses current with DWS, responding to DWS inquiries, and to assist clients with any bumps along the way.

DBHS also hosted the State Medicaid Office (SMO) at one of their monthly provider meetings, to provide education on the "Unwinding" and answer any questions they had.

Additionally, Optum worked diligently to provide a virtual Unwinding & Enrollment Training to their network of providers. The State Medicaid Office, the Department of Workforce Services & Take Care Utah, all presented. This training and links to state materials such as flyers, cards, FAQ's, etc., were all posted on their website as an Unwinding Toolkit, and notification to the network goes out regularly reminding them it is there. Last, but not least, client Medicaid review dates are included in the 834 Benefit Issuance file. Within 2 weeks of receiving the 834, Optum identifies members with recertification dates within the next 90 days. Claims for those members are reviewed from 120 days back to identify treating providers. Optum then reviews discharge dates entered into Provider Connect by providers. Notice of client recertification/review dates are

then sent out to their active provider(s) requesting that providers support clients in maintaining their enrollment (e.g., updating contact information and/or responding to DWS inquiries, etc.) or re-enrollment, or referred to Take Care Utah for assistance in enrolling in a Marketplace or other health plan. Templates of letters that providers can use in this effort are provided in the Unwinding Toolkit as well.

Salt Lake County is now actively planning for additional enrollment efforts inside the jail, in preparation for the implementation of the state's Justice Involved waiver application to utilize medicaid funding up to 90 days prior to release, and other important provisions.

Additional ongoing enrollment training will be held during future provider network meetings as needed. DWS and the State Medicaid Office have also worked to transition clients no longer Medicaid eligible into other Medicaid options or Marketplace Plans as able.

DBHS has also assisted in educating other local authorities on the Unwinding and the need to assist clients.

In 2025, and with the "Unwinding" complete, SL Co's Assertive Community Treatment (ACT) Teams reached out to DBHS with concerns surrounding the Medicaid enrollment process. These teams have expanded now to 5, with a capacity to serve 500 individuals. These clients have severe mental illness (most often with a co-occurring SUD), a very acute and vulnerable population, often leaving or close to entering the Utah State Hospital, high utilizers of emergency services, and failing most outpatient treatment options. We reached out to the State Medicaid Office and received a great response from them as we began brainstorming on options. Some barriers include: long wait times on the phone with DWS; not being able to staff more than one client at a time; clients unable to remember past employers or dates of terminations; and DWS staff confused why these clients always have an authorized representative on the phone helping them (not understanding or having empathy for the severity of the client's illness). We are hopeful some progress will be made to make enrollment easier for these teams, as they face burn out during a workforce capacity shortage. We also provided information on the type of training they could offer to DWS enrollment staff on severe mental illness & ACT teams, in case DWS would be willing to organize something like this.

Significant changes to refugee support at the federal level occurred in 2025. A meeting was held with the Asian Association to link them more closely with Take Care Utah.

Describe activities to reduce overdose.

1. **educate staff to identify overdose and to administer Naloxone;**
2. **maintain Naloxone in facilities,**
3. **Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

Opioid overdose prevention continues to be a key facet of all treatment programming supported by DBHS. The division has worked closely within the contracted provider network over the last few years to fund and distribute thousands of Narcan (Naloxone) nasal kits to agencies and programs that serve at-risk clients, their friends, family members and their significant others when financially viable.
Beginning with the global pandemic, finances became a concern based on the economic uncertainty experienced. The support of Naloxone within programs continued in FY21 and FY22, but rather than directly funding and distributing kits to agencies and programs, DBHS worked with OSUMH and the Utah Department of Health to provide access to Naloxone and associated

educational resources. A small number of kits (85) were distributed by DBHS to specialty programs (USARA, Intensive Supervision Probation, and the Forensic ACT (FACT) Team) across FY21 and FY22. DBHS will continue to educate providers on access to kits and training through these channels. All contracted providers are required to adhere to OSUMH Division Directives on identifying overdose and risk factors, administering Naloxone, maintaining and distributing kits to individuals, friends, family and significant others, and providing training to clients and staff. Adherence to these directives is part of the agency site monitoring performed by DBHS.

Historically, kits have been provided to all contracted SUD providers within the County network (including the HMHI's Assessment and Referral Services), to various programs within the Salt Lake County Sheriff's Office, to USARA, and various Salt Lake County agencies (Behavioral Health, Health Department and Criminal Justice Services). Finally, within DBHS, all staff are trained annually on the signs of overdose, use of Naloxone, and the office policy on storage, ordering and administering of Naloxone.

Beginning in January 2023, the RSS program began requiring all recovery residences to provide evidence of Naloxone kits, training and materials on Naloxone administration, and information on identifying an opioid overdose. As part of the monitoring process and site visits, these items must be available and visible to all clients in our contracted recovery residences. During these site visits, it is common for the monitoring team to identify expired kits, kits located in inaccessible places in the facilities, or the lack of instructions on use. This is identified in the monitoring report, and improvements are required to be documented and verified prior to additional residential placements being made.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

The administrative role of DBHS within a fully contracted network often lends itself to fielding and responding to community and agency feedback. As needs are presented and healthcare policy evolves, DBHS continues to interpret and then implement strategies across a network of providers to meet these changes. Fielding community and agency feedback is one of the most effective strategies DBHS employs. If a network provider, school district or invested community partner presents concerns or system gaps, DBHS works as appropriate, to find a compatible resource or provider within our network to fulfill this need.

Examples of these efforts include the great lengths that have been taken over the years to enroll as many individuals as possible in the appropriate Medicaid plan. DBHS has worked extensively with all the ACOs to integrate them into our Coordinating Council, where strategies are discussed to improve contracting and payment, increase access and to streamline coordination. The division has also held numerous trainings and coordinations to assist agencies in enrollment strategies. Salt Lake County consistently leads out on enrollment numbers for individuals with behavioral health conditions.

DBHS regularly fields requests from the local and state Health Departments on the counts and frequencies of Naloxone administration and reversals. While this is extremely important data, it is very difficult to collect. DBHS has reached out to various contracted agencies to request such data but has not received this to date. Most often, agencies reiterate how challenging and stigmatizing it is to collect such information. Clients are unlikely to volunteer information on reversals or Naloxone use for fear of being held accountable for substance use or engaging with others participating in that behavior. As mentioned above, DBHS does continue to receive requests for access to kits. The division will continue to direct parties looking for kits towards the state's Naloxone program to meet this demand.

DBHS has developed multiple outcome measures that vary from program to program. Please reference the attached compilation of reporting metrics and sections in the justice services narrative for
some examples. Data DBHS has collected in the past include hospital diversion rates, treatment engagement, graduation rates, reductions in Risk Scores, positive drug testing rates, number of bed nights funded for individuals in permanent supportive housing, changes in census in co-occurring residential programs, changes in ACT Team census numbers and NOMS data such as employment, housing and "frequency of use" changes. New outcome measures for ACT teams were developed in FY22 and are being monitored this year to establish baselines efficacy targets. DBHS has also tracked reductions in jail recidivism for certain cohorts through a data sharing agreement with the Salt Lake County Jail.

Although Medicaid expansion has been a huge benefit to the behavioral health population we serve, it is important to understand that since November 2017 (the implementation of TAM), April 2019 (the Medicaid Expansion to 100% FPL), and finally January 2020 (expanding up to 138% FPL), DBHS lost the ability to track many of the metrics above for a large portion of these programs.

Significant anomalies may occur in data and outcome metrics for FY21 and forward due to COVID responses both within the treatment system and within our county jail.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D) **Shanel Long**

Describe the activities you propose to undertake over the three year period to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

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

Volunteers of America Men's Adult Detoxification Center: This social model residential detoxification and withdrawal management program provides 131 beds for homeless and low-income men 18 and older in need of detoxification & withdrawal management services. This facility is located at 1875 S. Redwood Road, Salt Lake City, UT, 84104.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. In addition, women may bring their children aged 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. In addition, clients have access to a lovely outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123. This program is scheduled to move to 1875 S. Redwood Road, Salt Lake City, 84104, in summer 2025. This will allow an increased bed capacity to 57 beds for women and their dependent children.

Both programs offer a trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at these facilities for up to 30 days as they work with their case manager to link to behavioral health services. These services include connection to essential substance use treatment, Medicaid enrollment, primary care referral, assistance with legal issues, reconnecting

with family, housing and shelter services, etc.

While in residence, clients may be connected with medication-assisted treatment (MAT) through our community partnerships, a critical service we provide. Peer support services, in-house 12-step recovery meetings, connections to the Salt Lake County recovery community, and harm reduction services are also available. In addition, qualifying clients interested in substance use disorder treatment can receive a full ASAM-driven biopsychosocial assessment through community partners and referral to an appropriate treatment program. Clients interested in substance use treatment can often transfer directly to treatment programs within 30 days.

White Tree Medical is an Optum provider, specializing in outpatient medical detoxification. They ensure people understand, both clients and providers, that they do not offer any treatment beyond this. They do have a small staff of clinicians whose main focus is to assess the clients and provide case management services. They also emphasize that formal SUD treatment is not a requisite for the outpatient medical detox. While they do encourage a person to seek treatment through an ASAM-based assessment, there is a certain population that are currently only ready to be detoxified from whichever substance(s) they are misusing and so White Tree Medical's mission is to give clients an avenue to do this without the requisite of treatment. They are located on the south end of the Salt Lake valley, but are very accustomed to providing services via telehealth, also.

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

N/A

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

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

DBHS and Optum currently contract with four residential treatment providers for ASAM 3.1, 3.3, and/or 3.5 services. A process of pre-authorization and utilization review is in place in order to utilize residential services appropriately. The following agencies perform this pre-authorization function:
• Optum for Medicaid clients;
• ARS for Drug Offender Reform Act (DORA), ISP (Intensive Supervision Probation), Family Recovery
Court, and juvenile drug court clients; and
• DBHS for all other adults and youth.

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

4) Treatment for Opioid Use Disorder (OTP-Methadone) **VaRonica Little**

Describe the activities you propose to undertake over the three year period and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

For individuals who are not eligible for Medicaid, DBHS contracts with two providers, Project Reality and True North (formerly De Novo), to deliver this service.

Project Reality has two locations in Salt Lake County, one in downtown SLC and a second office in Murray. Project Reality provides ASAM 1.0 LOC services and collaborates with other providers for patients who need a higher LOC. This can include medication management, individual therapy, group therapy, integrated medical/SUD/MH services, and case management. Additionally, Project Reality does provide daily off-site dosing at the VOA/CCC Detox, Salt Lake County Jail, and House of Hope residential treatment for pregnant and parenting women. Our staff communicate daily with these programs for the purposes of coordination of care and shared treatment planning, as well as crisis management. In addition to the 1.0 LOC services listed above, Project Reality provides primary care services, such as chronic disease treatment, urgent care, post-hospitalization treatment, and office-based addiction care. Specific examples of services include, but are not limited to, the diagnosis and treatment of hepatitis C, diabetes, and hypertension, as well as women's health, smoking cessation, and infectious disease screening. On average, Project Reality's census is 550 clients. These additional services have been added as part of the expanded integrated care services at their clinic in order to serve a larger population of county residents and bridge the gap in care that many people in underserved populations face. The expanded services reduce hospitalizations, avoid polypharmacy, and further stabilize clients who enter treatment initially as a result of negative consequences of their substance use disorder. Expanded primary care services are facilitated by a team of medical providers who are fully integrated into the behavioral health team.

Through the competitive RFA process, True North (formerly De Novo) was added as a DBHS provider in FY23. De Novo Services had been in business for twelve years prior to the sell (mentioned below). They are an outpatient program (ASAM Level 1.0).

In the second quarter of CY24, De Novo was sold to True North Recovery & Wellness Center. This was due to the retirement of De Novo's owner, Jerry Costley. True North is an evidence based opioid use disorder treatment program that provides FDA approved medications in combination with behavioral health services. True North provides Methadone, Subclade, Vivitrol, and Suboxone, as well as other medications that can minimize withdrawal symptoms. In conjunction with MOUD, patients receive individual counseling, relapse prevention groups, Moral Reconation Therapy (MRT), or meet with a licensed therapist. All services are based upon the client's wants and needs.

The providers at True North are experienced in addiction medicine, and they are available as needed for ongoing medication management. Our providers also prescribe smoking cessation medication such as Zyban, Chantix, or other forms of nicotine replacement such as patches, gum, lozenges or inhalers. In combination with cessation medications, the behavioral health team assists in developing treatment plans to generate behavioral changes that can assist clients with long term success in quitting smoking and recovery of addiction.

True North has the capacity to work with the Legal Defender's Association, Huntsman Center and Addiction Referral Services for referrals from stakeholders, and detainees being released from incarceration. True North operates on a harm reduction philosophy unless an individual is referred by an agency with a no-tolerance policy, such as the criminal justice system. In those

instances, True North can accommodate the needs of the agency and the client being served.

Optum/DBHS provider, Tranquility Place, which offers methadone as opioid replacement therapy.

In addition, BayMark (BAART Programs) and Discovery House are in network. They offer methadone and buprenorphine within Salt Lake County.

Please also refer to section 11, which includes additional information regarding methadone services.

Should a provider be funded through SOR funding, they are trained by the state on the grant GPRA requirements, and receive regular updated client lists from the state on progress made. This includes the GPRA initial, 6-month and discharge requirements. DBHS is copied on state communications, and provides additional support as needed.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

DBHS monitors SOR programming, including the work done at Project Reality and within the Jail MAT program, to ensure access and quality of care. Reports are provided to OSUMH biannually regarding client and service counts, as well as identifying staffing and other program challenges. DBHS meets with providers regularly to assist with any coordination challenges. The state scorecard is also used to address access and client counts. With enhanced payer plans and resources, monitoring success and access becomes much more challenging, as clients shift payers mid-episode of care. De Novo received a DBHS network contract at the beginning of FY23, which was able to be transferred to True North, while Tranquility Place, BAART and Discovery House all became paneled with Optum, in response to the growing need for methadone (among other MAT) services based on analysis of our network and community need.

5) **Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine)** **VaRonica Little**

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

From 2015 through 2023, DBHS assisted in providing access to Vivitrol for clients actively engaged in SUD treatment, as well as to those working towards treatment engagement. DBHS partnered with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections to provide medical care and Vivitrol injections to participating clients. Referrals came from any DBHS network provider, through CATS in the Jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, through community health centers, or through Intensive Supervision Probation. Those who attended regular case management appointments and remained engaged in treatment, as well as those working with case management teams with a goal of accessing ongoing treatment, were eligible to receive monthly Vivitrol treatment at no additional charge to the client, as long as they continued to meet income qualifications. Due to financial constraints at DBHS and because all Medicaid plans cover access to Vivitrol, DBHS discontinued funding Vivitrol and MAT case management within the Division beginning January 2024. Currently, the Division's RSS case managers serve more as a resource for MAT, assisting in coordination of care and providing

information on eligible and appropriate MAT providers.

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

Qualifying participants have an opioid or alcohol use disorder, and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines are constantly reviewed and considered in an effort to cover additional populations with DBHS approval and as budgets allow. In FY22, the program was granted temporary approval to provide psychosocial assessment and therapy absent medication, and at times medication absent therapy based on the ongoing struggle in maintaining licensed medical and behavioral health staff. Patients are continued on MAT meds even when sentenced to prison.

SL Co was awarded $200,000 in Opioid Settlement dollars from the state in November, 2023. This funding was used to hire an additional RN for the jail MAT program to offer Suboxone through MOUD services, to previously ineligible individuals (new inductions), and potentially serve an additional 30 clients a day.

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

DBHS has contracted with Clinical Consultants to further expand the availability of Buprenorphine and Naltrexone and other office-based MAT services to county residents eligible for federal SSOR funding. DBHS has made consistent efforts to coordinate with the SSOR OTPs to transfer over any clients who are eligible to utilize SSOR funds. In 2023, the federal parameters of SSOR expanded to include medications and treatment to support individuals struggling with a stimulant use disorder as well. Clinical Consultants subsequently began utilizing SSOR funds to support stimulant use disorder clients as well.

Please also see 4) Opioid Treatment Program (OTP-Methadone) for details regarding Denovo (later becoming True North), who began providing these services in FY23.

In recent years several new MAT providers were added to the network to offer methadone and buprenorphine within Salt Lake County.

In addition, BayMark (BAART Programs), Tranquility Place, and Discovery House are in network. They offer methadone and buprenorphine within Salt Lake County.

Should a provider be funded through SOR funding, they are trained by the state on the grant GPRA requirements, and receive regular updated client lists from the state on progress made. This includes the GPRA initial, 6-month and discharge requirements. DBHS is copied on state communications, and provides additional support as needed.

Describe how you measure or determine success of these programs or services? Please

identify and define measures and benchmarks you are working to achieve.

DBHS monitors SOR programming, including the work done at Project Reality and within the Jail MAT program, to ensure access and quality of care. Reports are provided to OSUMH bi-annually regarding client and service counts, as well as identifying staffing and other program challenges. DBHS meets with providers regularly to assist with any coordination challenges. The state scorecard is also used to address access and client counts. With enhanced payer plans and resources, monitoring success and access becomes much more challenging, as clients shift payers mid-episode of care. DBHS also works with agencies to ensure they are up to date on the required GPRA survey counts. De Novo received a DBHS network contract at the beginning of FY23, which was able to be transferred to True North, while Tranquility Place, BAART and Discovery House all became paneled with Optum, in response to the growing need for MAT services based on analysis of our network and community needs.

Additionally, the RSS team meets often to discuss data collection, quality of care, and case management best practices. Reports on spend, client counts, services and access are reviewed internally and sent to outside stakeholders quarterly. DBHS works closely with these and other community stakeholders regularly to ensure quality of care and the referral process meet client needs and reduce barriers to treatment.

6) Outpatient (Non-Methadone – ASAM I) Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

DBHS and Optum contract with 14 agencies to provide the full continuum of outpatient ASAM LOCs. These programs provide services for youth, women, mothers and fathers with dependent children, and general adult patients, in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by VOA/Family Counseling Center (FCC), Odyssey House, and VOA/CCC, for all levels of care, and can be accessed by any client currently served.

Contracted Providers:
Asian Association of Utah Refugee & Immigrant Center – Adult; Youth
BayMark - BAART Programs; (Medicaid only)
Clinical Consultants – Adult; Youth
True North – Adult
Discovery House; (Medicaid only)
First Step House – Adult
House of Hope – Women; Children with Parents
Next Level Recovery – Adult; Youth; (Medicaid only)
Odyssey House – Adult; Youth; Children with Parents
Project Reality – Adult
Salt Lake County Division of Youth Services – Youth
Tranquility Place; (Medicaid only)
Valley Behavioral Health – Adult; Children with Parents; Youth (not currently providing)
Volunteers of America/Cornerstone Counseling/Family Counseling Center – Adult; Children with Parents

7) Intensive Outpatient (ASAM II.5 or II.1) Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

DBHS and Optum contracts with 7 agencies to provide ASAM 2.1 and/or 2.5 for youth, women, mothers with dependent children, and general adult patients in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by VOA/FCC, Odyssey House, and VOA/CCC for all levels of care and can be accessed by any client currently served.

Contracted Providers:
Clinical Consultants – Adult 2.1
First Step House – Adult 2.5, 2.1
House of Hope – Women; Children with Parents 2.1
Next Level Recovery – Adult; Youth 2.1; (Medicaid only)
Odyssey House – Adult; Youth; Children with Parents 2.1, 2.5
Valley Behavioral Health – Adult 2.1, 2.5; Children with Parents 2.1; Youth (not currently providing)
Volunteers of America / Cornerstone Counseling – Adult; Children with Parents 2.1
Adult; Children with Parents 2.5

8) Recovery Support Services **Thom Dunford**

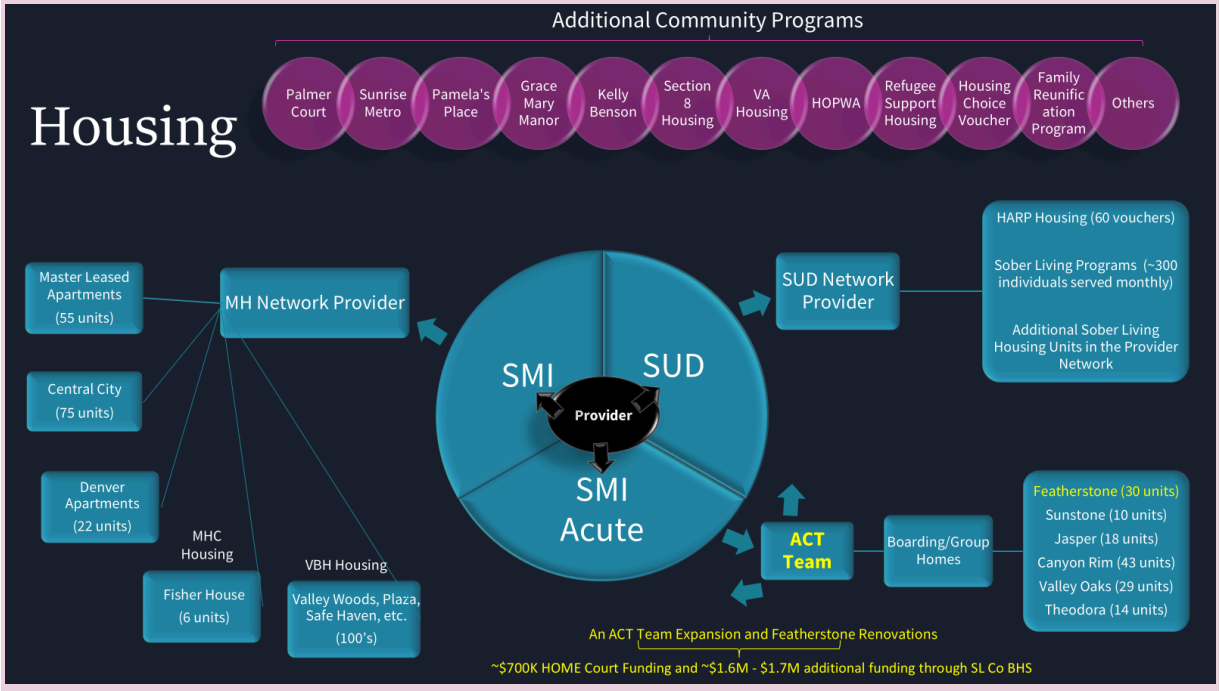
Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:
https://sumh.utah.gov/services/recovery-supports/recovery-resources

Over the last several years, DBHS has operated the Parole Access to Recovery (PATR) and Intensive Supervision Probation Recovery Support Services (RSS) programs to provide clients with services that support their ongoing recovery. Upon notification of the end of PATR funding coming to DBHS through OSUMH beginning in FY26, DBHS has taken steps to contract with the Department of Corrections directly. This direct contracting is currently being scoped out, and is anticipated to go live by the beginning of FY26. As such, specifics on how the program will be operated are currently unclear. DBHS historically has contracted with providers to offer services that typically are not part of SUD treatment but that increase the likelihood the client will experience long-term recovery. Common services provided by the PATR and RSS programs are housing assistance, medical and dental services, transportation assistance and employment assistance. DBHS and contracted providers actively support USARA's efforts to advocate for recovery awareness. DBHS supports the Recovery Oriented Systems of Care initiative.

Housing

DBHS conducted a jail recidivism study years ago with 2 of our treatment programs. The study showed a 47% reduction in new-charge bookings for those housed in SL Co subsidized housing, and 10% increase in jail recidivism for those that remained unhoused. Even when provided opportunities for treatment, many of those unhoused, struggling just to meet their survival needs, will struggle to engage in treatment, let alone attend court hearings. Because of this, though not in the business of housing, DBHS invests heavily in housing.

Previously, this section of the area plan had a lengthy narrative explaining numerous housing initiatives and programs brought online throughout the years, with details on complicated funding streams, services provided at the programs, etc. The narrative became so long, this year we offer you the diagram below for a view on current housing options to BH clients (most often with co-occurring MH and SUD conditions). All those in blue DBHS supports fiscally to varying degrees, all those in pink are additional programs in the community our clients have access to. Please reference the Housing Slide deck attached to the Area Plan for additional information on funding streams, populations served, services provided on site, etc., for our many housing programs.



Future efforts not shown in the slide above, include:

A Switchpoint Boarding Home
Work is in progress to bring on a new boarding home in 2025, through Switchpoint, that would have ~26 units for ACT Team consumers, most often with co-occurring SUD conditions.

Odyssey House Project
We partnered with OSUMH to fund a renovation of two 2-bedroom sober living units to be certified to meet ADA requirements. This will increase ADA capacity within the sober living program by four units. The construction began in late Fall 2024 and completed in April 2025. The final steps around licensure and marketing are currently underway.

Odyssey House Opioid Use Disorder Transitional Housing
In 2025, Odyssey will be working to bring on a property that will serve 23 SUD clients at any given time (~55 per year).

First Step House (FSH) Projects
We are partnering with FSH to bring online two additional housing programs:

44 North - approximately 67 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2026.

273 East - approximately 34 units, for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

A Valley Behavioral Health (VBH) Project
We are supporting VBH as they work towards opening Saltair Lofts, a LIHTC project of approximately 68 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

For the RSS programs, DBHS meets internally and externally with County, State and other partner agencies to review progress and success. Items reviewed in these meetings include budgets, wait lists, referral numbers and services provided. As gaps are identified, the RSS team identifies strategies to meet client needs. Additionally, internal budget and access reports are distributed monthly.

Within the Sober Living Program specifically, additional strategies were implemented in FY23 to improve the quality and quantity of sober living residences, including creating a specific residence quality standard form, more frequent site visits, and a much more comprehensive monitoring procedure. Great improvements have already been seen since the implementation of these efforts. OSUMH also requires that the Sober Living Program monitors clients for ongoing use, through weekly urinalysis (UA) testing for all clients. Attached to the state funds, the program is required to maintain less than 10% positive UA rate monthly. This is tracked by agency and gender, and is reported on monthly. In instances where specific program rates begin to increase, work is done to notify the provider, to look at causes, and to implement strategies. If an agency cannot bring the rates back in line with program standards, the agency is no longer able to contract with the program.

DBHS reviews monthly budget and capacity reports in partnership with Housing Connect that include capacity, run rates, budgets, referral progress and unmet need. Quarterly meetings are held with all referring agencies to discuss any concerns or gaps that are identified from the monthly data review. Stakeholder meetings are held frequently to ensure quality improvements are made when necessary.

9) Peer Support Services-Substance Use Disorder **Thom Dunford**

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

Providing and receiving peer support stands as an integral component of rehabilitation and recovery. Salt Lake County and Optum are dedicated to the Peer Support Specialist Program and work to expand the peer workforce in Salt Lake County.

Certified Peer Support Specialists are currently employed at Valley Behavioral Health, First Step House, Odyssey House, House of Hope, Volunteers of America, Silverado Counseling services, Believe in You Counseling, Altium Health, Multicultural Counseling, Hopeful Beginnings, Alliance

House, University of Utah Warm Line and Mobile Crisis Outreach Team, Psychiatric and Behavioral Solutions, and Central City Housing.

Examples of newer specialty programs with peer support include HOME Court, and the Jail Resource & Reentry Program.

Peer Support Specialists bring lived experience to help consumers develop person-centered goals, linkage to support services for SUD issues, mental health, physical health and social services. This service promotes the recovery model and provides tools for coping with and recovering from a substance use disorder.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Referrals are made to Optum by providers, community stakeholders and internal Optum staff and committees. Optum makes outreach to identified consumers and links to providers in the Optum network who provide peer support services. Optum educates our providers and expects them to identify when CPSS services could be beneficial. If providers do not offer this service in-house, they refer the case to Optum. Peer services are expected to be prescribed in a person-centered treatment plan. Documentation needs to include a corresponding treatment goal, the services rendered, and clinical review of the member's progress toward that goal.

The effectiveness of services is measured through reporting by the CPSS offering services to members.

10) Quality & Access Improvements **Shanel Long**

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

The expansions of Medicaid in 2017 – 2020, brought an unprecedented opportunity to expand mental health and substance use disorder services for individuals suffering from behavioral health conditions. In Salt Lake County, it enabled an unprecedented expansion of these services. As an example, ~170 SUD residential beds existed in 2016, and currently exceeds 600, more than tripling capacity within the Salt Lake County network. This led to "openings as needed" rather than long wait lists for many SUD residential programs. In 2015, 32 mental health co-occurring residential beds existed. As of 2024, 104 beds exist, again more than tripling capacity.

Even with this incredible expansion, waitlists still exist for mental health co-occurring programs. Upon analysis, it has become clear to us that lack of housing is a large driver of these waitlists. Individuals that would not normally require a residential level of care (if they had housing) create more demand at the front doors of these programs, and the reluctance of providers to discharge clients to homelessness creates a lag on the back end, resulting in longer lengths of stay and longer waitlists. To try to address this problem, though we are treatment providers (not in the business of housing), we continue to bring up as many housing programs as we possibly can. We have also expanded the capacity of our ACT teams to 500, and have provided trainings in

partnership with Optum to support provider staff in determining appropriate levels of care and medical necessity for these services.

While the advent of these expansions of Medicaid was incredibly exciting, providing a payor for all those who fall under 133% FPL (and are documented), a new bottleneck emerged statewide, in the form of workforce capacity, that is taking years to resolve.

Marry that with the severe impacts of COVID-19 beginning in 2020, and a significant BH workforce shortage emerged. While conditions are improving, some providers continue to have beds available for our residents with funding streams identified, but they go unused due to the lack of staff to serve these clients.

Although the shortfall in workforce capacity was identified and highlighted with stakeholders early on by Salt Lake County, and aggressive actions taken, the gap in the behavioral health workforce was too great to solve on its own. Thanks to advocacy from the Utah Substance Use and Mental Health Advisory Council and other stakeholders, numerous legislative actions have contributed to addressing this problem, yet substantial gaps still exist.

Past general sessions addressed this problem in a myriad of ways.

In 2023, such efforts included, but were not limited to, an increase in 175 university slots for those in the behavioral health field, and funding for the Workforce Loan Repayment Program (with approved sites matching 20% of the award). Additionally, rate increases were passed for social detox, 5 community mental health codes, and for the administration of methadone.

In the 2024 General Session, the following workforce related bills passed:

- **HB 44 – Social Work Licensure Compact -** lowering barriers for social workers in a participating state to practice in another participating state.
- **HB 58 - International Licensing Amendments** - Broadening DOPL's discretion to accept substantially similar education or experience in satisfaction of standard licensing requirements.
- **HB 67 - First Responder Mental Health Services Grant Program Amendment –** Expanding a program that supports first responders that wish to become MH professionals.
- **HB 216 - Eliminating Minimum Time Requirements For Professional Training** - Eliminating the requirement that an applicant complete certain educational or experience requirements within a certain time.
- **HB 251 - Postretirement Reemployment Restrictions Amendments** - Creating an alternative pathway for a retiree within the Utah Retirement Systems (URS) to be eligible to return to work with a URS participating employer and receive a retirement allowance.
- **SB 26 - Behavioral Health Licensing Amendments** - Implementing OPLR Recommendations for changes with licensing and other workforce related initiatives.

Appropriation requests included:

- **A Higher Ed Behavioral Health Expansion RFA –** Sen Bramble - sought $2.85 M ongoing to fund 20 additional teaching positions at colleges/universities in Utah to teach 500 more mental health students annually, including 160 bachelors, 280 masters, and 60 PhD students. This was NOT FUNDED in the Executive Appropriations process.
- **Behavioral Health Internships & Tuition Loan Repayments RFA -** This was originally a $3.3M dollar request, eventually funded at $2.3 million one-time, but documents in the Social Services Appropriations Subcommittee state that it was designated as a resource for state employees only. Not only will this not help counties and those that they contract with

for services, but has the potential to reduce workforce as some individuals may be drawn instead to state positions.

In addition to state legislative efforts, Salt Lake County also embarked on efforts to help in this realm through a Systemic Coordination Workforce Subgroup. Considerable time and effort was dedicated to supporting helpful legislation and appropriations throughout the session, and also dedicated to researching career paths and recruitment and retention options at the county level for BH positions.

In the 2025 General Session, the following workforce related bills passed:

- **H.B. 347 Sub 4 Social Services Program Amendments** - Among other things, this bill would amend provisions related to substance use and mental health program licensure. If a program is accredited by a national organization (and meets other standards), it would still have to pay the state licensing fees but can have its license approved (if in good standing and is serving adults), without on-site inspections. This positively impacts workforce by lessening administrative burdens.
- **HB 365 Mental Health Care Study Amendments -** Among other things, this bill would require DHHS to issue a request for proposals to conduct a study on wait times and barriers for a child to see a therapist. The results of this study could positively impact efforts in the future to address the workforce.

The 2025 General Session funded:

- An ongoing appropriation increasing MCOT Medicaid rates by 26%
- An ongoing appropriation increasing Peer Support Medicaid rates by 35%, and
- Ongoing and onetime operational/inflationary costs for the USH (preventing the closure of beds)

Appropriations NOT funded included:

- Maintaining the 5% ARPA BH Provider Rate Increase (this will end at the end of FY25)
- Funding for an additional MCOT, and
- Funding to expand the Utah State Hospital (we continue to have a shortage of beds there)

A 2025 legislative audit of Utah's Behavioral Health Workforce was released.

A summary of the Audit recommendations include:

- The Health Workforce Advisory Council, with input from the Behavioral Health Commission, should develop a strategic plan for behavioral health workforce efforts and determine the effectiveness of these measures.
    - State entities should better evaluate behavioral health efforts to provide policymakers with data driven strategies for effective workforce development. Without strategies, resources may be allocated to ineffective efforts.
- The Office of Substance Use and Mental Health should require local authorities to indicate if service deficiencies are related to workforce challenges as part of their annual audit process.
- The Legislature should consider requiring the Utah Behavioral Health Commission to create a framework for school-based mental health services, with the input of the Office of Substance Use and Mental Health, the Utah State Board of Education, and Local Education Agencies.
    - USBE's School-Based Mental Health Qualifying Grant Program lacks a focus on mental health outcomes and does not define roles for school-based mental health staff and services. The increase of school-based mental health professionals—without required coordination between

community-based services—may have further siloed the public behavioral health workforce.

- The Legislature should consider updating *Utah Code* for online provider directories, including accuracy requirements and the role of state oversight.
    - There are numerous inaccuracies in Utah's commercial insurance directories, making it difficult for residents to contact providers or set up appointments. These inaccuracies may delay care and may even cause individuals to forgo care altogether, even with insurance.

USAAV+ Efforts

USAAV+, in their April meeting, voted to create a strategy, in collaboration with universities/colleges, to increase BH related slots, scholarships, and to address the problem of ghost providers in private health plans mentioned in the legislative audit above.

It is expected that once a plan with budgets and recommendations has been put together, they will take it to the BH Commission for their approval, and if approved, then it would likely be shared with the state's Health Workforce Advisory Council, to support efforts in the 2026 General Session.

New programming increasing access to care, includes (but is not limited to):

- **The Newly Opened HMHI Receiving Center**

  The passage of HB 32 during the 2020 general session, allowed for counties to apply for funding to develop and implement Receiving Centers. DBHS was awarded funding for a new non-refusal Receiving Center (RC). SLCo transferred the property, and thanks to the Huntsman Mental Health Institute (HMHI) and additional partners and funding, a groundbreaking occurred in May 2021.

  HMHI opened this new non-refusal 30-chair facility in March 2025. This new RC replaces the original RC, that although progressive for its time upon opening in 2012, was not centrally located, and underutilized by law enforcement and emergency services due to a combination of issues.

  This program serves Salt Lake County community members who are in psychiatric or substance use-related crisis; however, the new Receiving Center will accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

  The Crisis Care Center, where this is located, also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

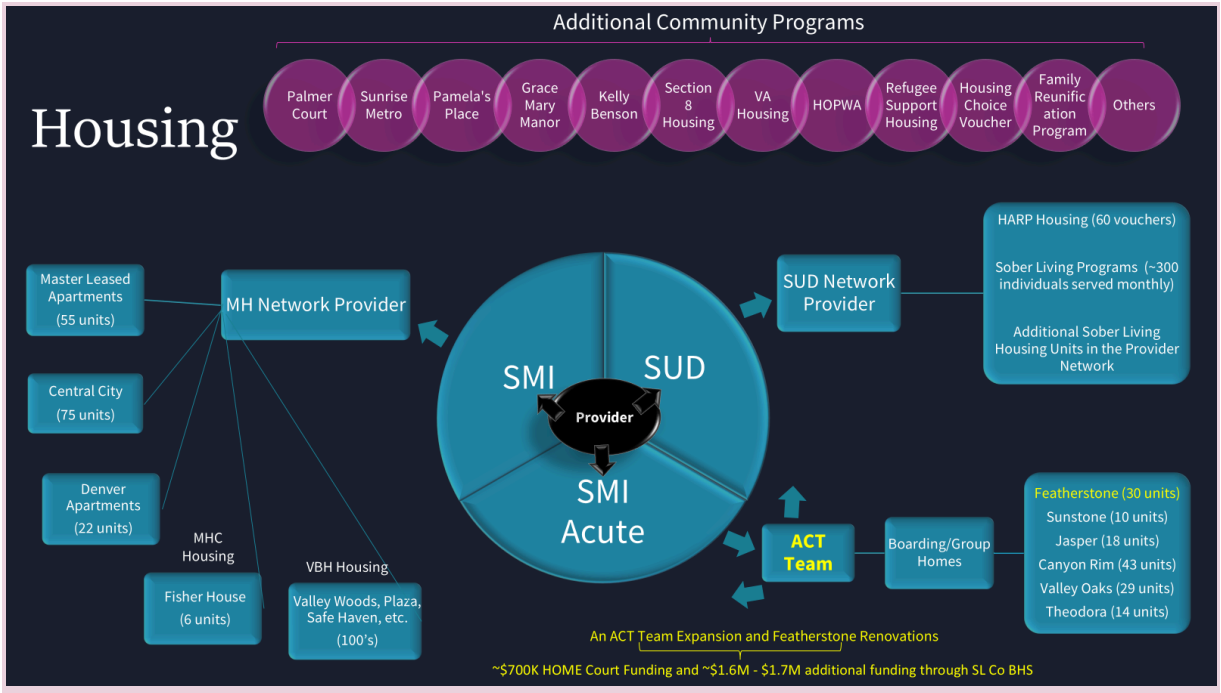
Due to the new RC not becoming operational until 2025, the Salt Lake County Council had voted to dedicate $2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC was built and operational. We understand that it is the intention of HMHI to re-purpose this location into a Youth Receiving Center. Though no definitive date is available at this time to open this Youth Receiving Center, the plan is to open it sometime during CY25. They will serve clientele who are experiencing a mental health crisis and they will be allowed to stay up to 23 hours.

- **Additional Housing**

DBHS continues to invest heavily in housing, newly opened programs include:

- 2024 Opening: Switchpoint's Canyon Rim Program in Millcreek (41 female units)
- 2025 Opening: Clinical Consultants' Featherstone Boarding Home (30 male units)

We offer you the diagram below for a view on current housing options to SL Co BH clients (most often with co-occurring MH and SUD conditions). All those in blue, DBHS supports fiscally in varying degrees. Please reference the housing slide deck attached to the area plan for additional information on funding streams, populations served, services provided on site, etc., for our many housing programs.



Future efforts include:

A Switchpoint Boarding Home
Work is in progress to bring on a new boarding home in 2025, through Switchpoint, that would have ~26 units for ACT Team consumers, most often with co-occurring SUD conditions.

Odyssey House Project

We partnered with OSUMH to fund a renovation of two 2-bedroom sober living units to be certified to meet ADA requirements. This will increase ADA capacity within the sober living program by four units. The construction began in late Fall 2024 and completed in April 2025. The final steps around licensure and marketing are currently underway.

Odyssey House Opioid Use Disorder Transitional Housing
In 2025, Odyssey will be working to bring on a property that will serve 23 SUD clients at any given time (~55 per year).

First Step House (FSH) Projects
We are partnering with FSH to bring online two additional housing programs:

44 North - approximately 67 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2026.

273 East - approximately 34 units, for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

A Valley Behavioral Health (VBH) Project
We are supporting VBH as they work towards opening Saltair Lofts, a LIHTC project of approximately 68 units for individuals with co-occurring SUD and MH conditions, with a goal to open in 2027.

- **Volunteers of America (VOA) men's 16-bed mental health residential program** opened in 2024, in Salt Lake City.

- **Assertive Community Treatment (ACT) Teams** – DBHS continues to expand these multidisciplinary teams serving the severely mentally ill population (currently serving ~391 clients, with a capacity of 500).

- **HOME Court -** HB 421 (2024 GS) directs the establishment of a Salt Lake County HOME Court Pilot Program, to provide for comprehensive, court-supervised treatment and services to individuals in Salt Lake County with mental illness. The bill requires the Third District Court of Salt Lake County to implement this court, and for Salt Lake County to coordinate participants' treatment, housing, social services, case management, peer support, and exit or transition services. Costs of all services provided, including the costs of the multidisciplinary team, are to be paid for by Salt Lake County. A one-time appropriation of $2M was appropriated to the Salt Lake County MH Authority for a 5-year pilot (~$400,000 a year). Additional funds, $488,800 ongoing, were appropriated to the court for their role.

  Team members include: The Third District Court, Salt Lake County Behavioral Health Services & their network of providers, the Salt Lake County District Attorney's Office, USARA, Legal Defenders Association, Division of Services for People with Disabilities, & The Law Office of Julie George.

  The team established the HOME Court process and criteria, and opened the 1st pipeline including individuals not quite meeting the criteria for civil commitment; individuals that may meet the criteria but choose to voluntarily participate instead in HOME Court; or outside petitions from the community.

In addition to ~$700K in HOME Court appropriations, DBHS dedicated ~$1.6M to expand the capacity of ACT Teams to 500, and remodel and reopen a 30-unit group home called Featherstone. The ribbon cutting for the group home occurred on March 26, 2025.

This team conducted its first HOME Court session February 21st, 2025. It meets once every 3 weeks at the same location as the Civil Commitment Court, in the HMHI building on Chipeta Way. To date, none of the candidates referred met the criteria to become participants. More candidates are being screened, and the details for opening the 2nd pipeline, individuals at risk of eviction, are being worked on. We are working with Housing Connect, a housing authority, to work out the details of a partnership with them. This organization is a great partner, rather than private landlords, as they have an interest and passion for housing vulnerable populations, and understand the barriers that behavioral health conditions present in keeping our clients housed.

Once the 2nd pipeline is up and running, and if there is capacity, a 3rd pipeline will be opened through criminal case referrals.

For more information on the structure, criteria and pipelines, please reference the HOME Court slides attached to this Area Plan.

- **Justice Involved Medicaid Waiver** - DBHS is working diligently with jail programming to implement and maximize the Justice Involved Medicaid Waiver, that will allow services to be billed up to 90 days prior to an inmate's release.

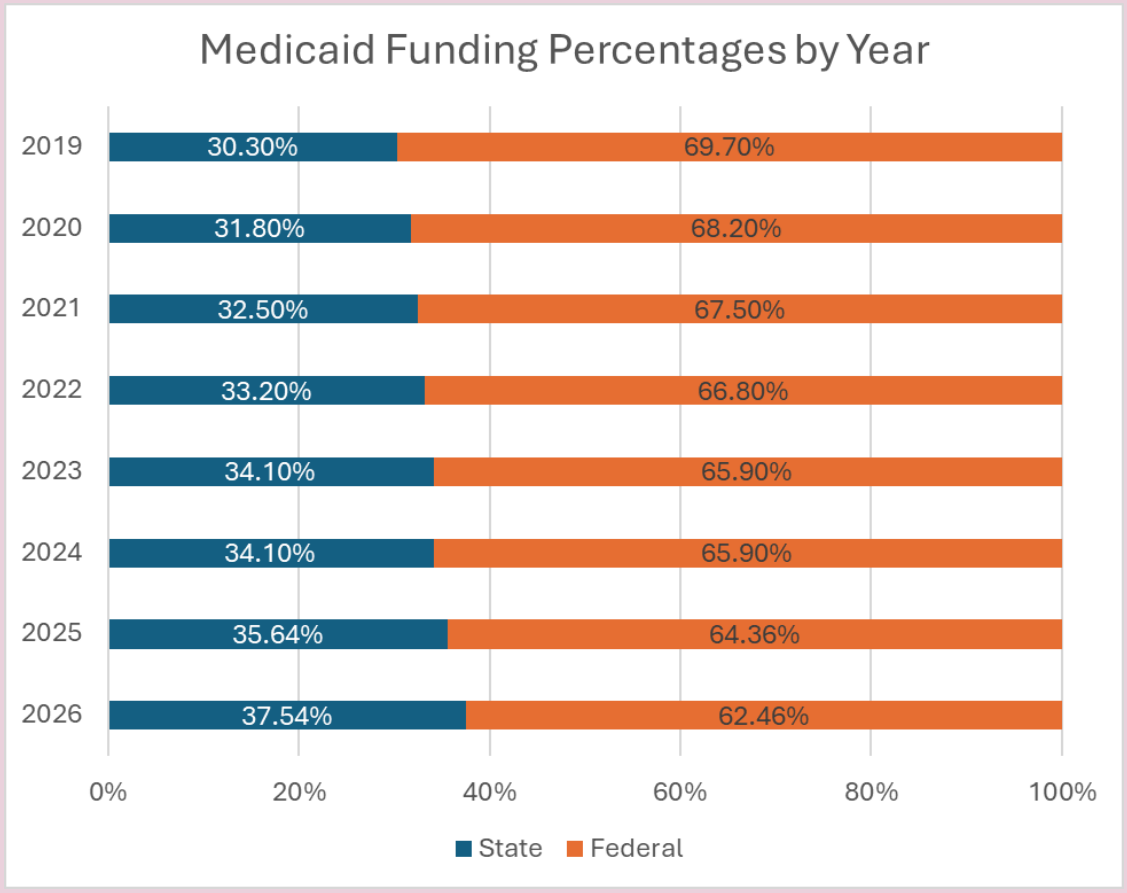
Barriers include:

- **The Decreasing Federal Medical Assistance Percentage (FMAP) Match Rate** - Medicaid is a federal/state partnership. The Federal Medical Assistance Percentage, or FMAP, is used in determining the amount of federal matching funds sent to states, to provide certain Medicaid medical and behavioral health services.

  In the past, as FMAP fluctuations occurred, state match on the physical health side would occur automatically through the "Medicaid Consensus Process". Each year, the state's Medicaid Office, Governor's Office of Planning and Budget, and the Legislative Fiscal Analyst's Office would come to a consensus on the state budget needed to fund this expense, later becoming a part of the state's budget during each general session. Counties' behavioral health services in the Legacy Medicaid plan, however, were left out.

  As seen in the graph below, FMAP changes in Utah have been very significant in recent years.

  In SL County alone, a 1% decrease in the FMAP results in an additional ~$1M expense in behavioral health related services. Thus, having a significant impact on county behavioral health systems in Utah.



Although we were successful in adding behavioral health services in the legacy Medicaid plan to the consensus process prior to this year's session, the benefits were lessened as DHHS and the Legislative Fiscal Analyst restricted the dollars this applied to in their calculations, limiting it instead to only the state dollars used by counties for their match, instead of the total dollars. **As a result, counties are still not fully funded in the process.**

- **Uncertainty of funding at the Federal level.**

- **DSPD Services Shortage** - Individuals with a primary condition such as a traumatic brain injury (TBI), or an intellectual or developmental delay, that are in need of DSPD services, are cycling endlessly through the criminal justice and homeless systems. As mentioned by the State in a legislative meeting, some individuals have been on the DSPD waitlist for 20-25 years (at the time of this writing, those awaiting services are listed at 6,061 individuals). Twenty percent of a SLC PD frequent utilizer list were found to be in need of DSPD residential programming. These individuals are often misidentified by their behavior (slurring words, overly talkative, can't sit still, etc.), so well-meaning stakeholders may not realize the gap in appropriate protocols for this population while incarcerated, in court, while supervising them, or in access to the right treatment programs upon release.

  Discussions on solutions to our homeless problems often leave out that while acquired brain injury (ABI) is often associated with concussions among athletes and exposure to

explosives among military personnel, within the criminal justice system up to 85 percent of adults and as many as 95 percent of women screen positive for a history of ABI, compared to less than 10 percent of the general population.

A large number of these individuals have co-occurring mental health or substance use disorders. Mental health and substance use disorder service providers cannot meet all the needs of this population but keep trying in lieu of services being unavailable. Stakeholders see these individuals homeless in the community and assume "if we just got them into MH or SUD tx, we could solve the problem", but this is NOT the case. Treatment is already available to this population; however, the lack of sufficient, affordable housing is not. We will continue to host DSPD in our frequent utilizer staffings and HOME Court Team, and advocate with the State for help in reducing the DSPD waitlist.

- **The Utah State Hospital (USH) Bed Shortage** continues to be a gap and impacts the homeless population in SL County. These individuals very often have a co-occurring SUD condition. There is a profound need for additional capacity, we will continue to advocate for additional USH beds.

- **Demand from residents outside of Salt Lake County** - DBHS has found that "when you build it, they will come". We continually struggle to provide the services needed due to residents from other counties coming here seeking services. We will continue to support the creation of other behavioral health programming and housing throughout the state, to try to stem the flow.

There is a waiting list for residential LOCs for those who do not have some form of Medicaid, if the client does not fall under one of the qualifiers on the Federal Priority list. DBHS/Optum has strongly encouraged all providers to offer lower level SUD services until an opening is available when any given client is on a waiting list for higher levels of care (ASAM 2.1 – 3.5). Each provider maintains their own waiting list. The contracted providers have a person(s) designated for intakes. This individual maintains the waiting list. Most providers require clients to call in each day/week (program specific) to check-in, express their continued interest in SUD treatment, and will be told at that time if they can now be admitted or if their place on the waitlist has changed. Approximate dates are given for when the client may expect admission, but these can vary greatly due to the nature of those in SUD treatment and the course of treatment.

Please describe policies for improving cultural responsiveness across agency staff and in services, including "Eliminating Health Disparity Strategic Plan" goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

- Please refer to FY25 Area Plan - VBH SLCo – Eliminating Health Disparities Goals and Action Plan
- See attached Quality and Improvements - Optum Cultural Responsiveness Plan

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

Please refer to the first section in #10 above (Quality & Access Improvements).

Please also refer to the fifth section in #1 above (Early Intervention), addressing enrollment efforts in great detail.

During the Public Health Emergency (PHE), individuals were not allowed to be removed from Medicaid unless they moved out of state, requested to be removed, or passed away. Due to this temporary status, although some individuals could be sorted into different Medicaid plans as appropriate, they were not removed. Continuous enrollment has since been discontinued as a requirement of the PHE. As such, DWS began case reviews on March 1st, 2023, and began the first case closures or transfers to other Medicaid or Marketplace plans on April 30th, 2023. This effort is being referred to as the "Unwinding". April 30th, 2024 marked the end of this process.

DBHS was proactive during the months preceding the Unwinding, encouraging providers to assist clients in keeping their addresses current with DWS, responding to DWS inquiries, and to assist clients with any bumps along the way.

DBHS also hosted the State Medicaid Office (SMO) at one of their monthly provider meetings, to provide education on the "Unwinding", and answer any questions they had.

Since then, Optum worked diligently to provide a virtual Unwinding & Enrollment Training to their network of providers. The State Medicaid Office, the Department of Workforce Services & Take Care Utah, all presented. This training and links to state materials such as flyers, cards, FAQ's, etc., were all posted on their website as an Unwinding Toolkit, and notification to the network goes out regularly reminding them it is there. Last, but not least, Client Medicaid review dates are included in the 834 Benefit Issuance file. Within 2 weeks of receiving the 834, Optum identifies members with recertification dates within the next 90 days. Claims for those members are reviewed from 120 days back to identify treating providers. Optum then reviews discharge dates entered into Provider Connect by providers. Notice of client recertification/review dates are then sent out to their active provider(s) requesting that providers support clients in maintaining their enrollment (e.g., updating contact information and/or responding to DWS inquiries, etc.) or re-enrollment, or referred to Take Care Utah for assistance in enrolling in a Marketplace or other health plan. Templates of letters that providers can use in this effort are provided in the Unwinding Toolkit as well.

An additional impact was the gradual loss of the enhanced COVID-related Medicaid match (6.2%). This funding dropped:

- 5% in CY23 Q2
- 2.5% in CY23 Q3
- 1.5% in CY23 Q4, and
- Ended January 1, 2024.

This enhanced match rate during COVID masked a severe drop in the federal government's portion of Medicaid spending in Utah. The Federal Medical Assistance Percentage (FMAP) changes over the past few years impacted counties immensely, so much so that during the 2024 General Session we were reliant upon Rep Dunnigan in HB 501, to address this gap. This bill appropriated $1,417,000 one-time and $4,127,900 ongoing. Without this assistance Salt Lake County would have had to reduce services.

DBHS is working diligently with jail programming to implement and maximize the Justice Involved Medicaid Waiver, that will allow services to be billed up to 90 days prior to an inmate's release.

Optum/DBHS continues to assess network gaps and needs based on Geomaps, feedback from

members and providers, and community stakeholders. Optum holds multi-disciplinary meetings semi-monthly to review network needs and requests to join the Medicaid network for SLCo. As reported above, Optum/DBHS has added several MAT providers to our Medicaid network over the last several years. We understand that with the Medicaid "unwinding" there has been a shift in Medicaid eligibility, increased movement to non-Medicaid. Providers will be encouraged to work with members to assure continued eligibility when appropriate, and work with non-Medicaid funds when appropriate.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

DBHS strives to ensure that community stakeholders are aware of the services DBHS provides and how to access them. A primary way DBHS ensures this awareness is by regular attendance at community stakeholder meetings. Some of the meetings DBHS representatives attend are: the Mental Health Court Advisory Committee, the Salt Lake Juvenile Court Multi-Agency Staffings, the Salt Lake City School District Mental Health Roundtable, the Utah State Child Welfare Improvement Council, the OSUMH ATR Steering Committee, the Family Investment Coalition, Utah Health Policy Project Healthcare Roundtable, the Medical Care Advisory Committee, the Salt Lake Valley Coalition to End Homelessness Health and Wellness Core Function Group, Adult Drug Court Steering Committee, Family Recovery Court Steering Committee, and others.

DBHS is a member of the Criminal Justice Advisory Council, where ongoing systemic needs are addressed monthly, coordinated and planned for. The committee includes representatives from the courts, law enforcement, mayors, county council, state legislators, Legal Defenders Association, District Attorney's office, Department of Corrections, Criminal Justice Services, Human Services, Diversity Affairs, and an individual with lived experience in the criminal justice system. One example is the new Receiving Center. This item is periodically on the agenda to provide updates and receive feedback from stakeholders.

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

In February and March 2024, DBHS participated in town hall meetings in Millcreek City regarding the opening of Switchpoint's 43-bed Canyon Rim facility for SMI women. These meetings were held to help the community understand the type of program being sited in their community, and the proposed population being served. Through the community feedback process, several key aspects of the program were adjusted, including changing the population served from males to females. Switchpoint and the Division provided data and answers for several hours on multiple occasions. Although not legally required to hold such meetings or to make any changes to the policies and operating procedures at Canyon Rim, the commitment to transparency and a willingness to listen to community feedback has been instrumental to the early success of Canyon Rim.

In FY24, and it will also occur in FY25, Optum provided a mandatory training for network providers, covering treatment planning and reviews. This will also include treatment planning

specific to SUD services.

Additionally, discharge planning training was completed in the Fall of 2023.

Trainings on Serving the SMI Population (most often with co-occurring SUDs)

OSUMH kindly provided us with an unprecedented amount of training dollars for this effort.

- In 2024, we conducted 2 trainings. One for SL County Criminal Justice Services case management staff, and one for permanent supportive housing case managers, for a total of more than 100 people.

  The agenda consisted of the following:

  What is Serious Mental Illness – Kenny Martinez, LCSW HMHI
  - Definition
  - Symptoms
  - Causes
  - Prevalence of Co-occurring SUD & Why
  - Treatment
  - Tips on Working with This Population (especially as a supervising CM)
  - Q &A

  What is Civil Commitment – Julie George & Brian Currie LCSW
  - Definition, Pros, Cons & Myths
  - Q & A

  What is an Assertive Community Treatment (ACT) Team – Susan Pinegar, LCSW, VOA; Lindsay Bowton, LCSW, Odyssey House; Russ Pryor, LCSW, MBA, VBH; Reilly Gardiner, VBH
  - Overview on ACT Teams (what they do, clients that they serve, etc.)
  - Do they exist in Salt Lake County
  - Contact Information for these teams
  - Q & A

  Voices Training – Sgt Preston, SL Co Sheriff's Office CIT Coordinator
  - Experience the "Voices" an individual with serious mental illness may experience
  - De-escalation techniques

  HMHI Receiving Center Opening 2025 – Kevin Curtis, HMHI Crisis Services Director
  - What is it
  - How will clients access it

  Connecting Clients to Treatment – Jeannie Edens & Brian Currie LCSW
  - Sequential Intercept Model – High Level Overview
  - Diverse Payer Landscape (multiple payers now due to Medicaid Expansion)
  - Network of Providers
  - But how do you start…a foundation of great first steps for CMs
  - Q & A

We also enrolled more than 90 community stakeholder staff in the 2025 Generations Conference.

What evidence-based practices do you provide (you may attach a list if needed)? Describe the process you use to ensure fidelity?

All of the practices listed below are recognized by SAMHSA and are offered in the DBHS/Optum SLCo
Network.
• Assertive Community Treatment (ACT)
• Trauma Focused Cognitive Behavior Therapy (TF-CBT)
• Dialectical Behavior Therapy (DBT)
• Motivational Interviewing (MI)
• Cognitive Behavior Therapy (CBT)
• Eye Movement Desensitization and Reprocessing (EMDR)
• IPS Supported Employment
• Family Psychoeducation
• Supported Housing
• Consumer Operated Services
• Critical Time Intervention
• Parent Child Interaction Therapy
• Behavior Therapy
• Integrated Dual Disorders Treatment
• Exposure Therapy for PTSD
• Seeking Safety
• Mental Health First Aid
• Wellness Recovery Action Plan (WRAP)
• QPR Gatekeeper Training for Suicide Prevention
• Interpersonal Therapy (IPT)
• Medication-Assisted Treatment (MAT)
• Moral Reconation Therapy (MRT)

All contracted providers are mandated to conduct supervision for EBP and it is the responsibility of each individual agency to meet fidelity requirements. This is verified during each annual monitoring visit. In addition to the regular reviews and re-authorizations described below in the quality of care section, the quality assurance team provides oversight and ongoing consultation and training to the network of providers based on the annual contract compliance/improvement audits. Training is focused on the use of individualized, client-centered services; development of standardized assessment and treatment planning tools; the utilization of ASAM patient placement criteria; continued stay criteria; utilization review; and more rigorous quality assurance/improvement, fiscal and administrative oversight requirements.

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

Describe your plan and priorities to improve the quality of care.

DBHS' priority has always been to provide constant and consistent utilization management and quality assurance (i.e., monitoring visits) in order to ensure that any given client is afforded the best quality of care in the most appropriate treatment level. To this end, DBHS has created a system whereby all ASAM LOCs greater than 1.0 must seek preauthorization and be reviewed based on the standards set forth by OSUMH and Medicaid. This entails the primary clinician

completing a treatment plan update with a corresponding progress note. The clinician then notifies DBHS via a universal mailbox established for this purpose that a given file is ready for review. Each request is handled on a case-by-case basis. Should a client meet criteria to continue at the current level, a reauthorization is granted according to pre-established standards set by OSUMH and Medicaid. If DBHS disagrees with the request to continue at the current LOC, then a plan is established by the agency to place the client in the most appropriate LOC according to the most recent ASAM assessment within the treatment plan review. No client is immediately discharged. Should a client be assessed as needing a higher LOC, a similar process is required.

Through the above, the quality of care is monitored constantly. DBHS requires all providers to notify the Division when any new or ongoing authorization is needed. At that time, a Quality Assurance (QA) Coordinator will review the most recent treatment plan/ASAM update for medical necessity. These requests are not automatically approved. If medical necessity is met, then the authorization is granted. If not, then a plan is developed to transition the client to the next appropriate level of care according to the most recent ASAM assessment. DBHS receives multiple requests every day for authorizations and this is a significant part of the responsibility of the QA Coordinators. In addition to this, every provider is audited each year. This involves pulling a random sample of files and thoroughly reviewing each file. A report is issued wherein clinical, administrative, and financial concerns are addressed. If necessary, a corrective action plan is requested within specified time frames.

Optum, ARS/IGS and DBHS have developed similar preauthorization processes in order to reduce confusion with providers. The overall medical necessity expectations and licensure of those reviewing the request are the same. Slight procedural variations are present such as how authorizations are communicated.

DBHS and Optum continue to support providers in their use of evidenced-based practices; however, the individual providers have the responsibility of obtaining training for evidence-based practices. All current providers have to provide evidenced-based practices, including the supervision required by the EBP, by contract. DBHS and Optum have seen increased use of EBPs by providers including increased use of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution-focused Therapy, Trauma Awareness Focused Therapy, Strengthening Families, and gender specific treatments.

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We also enrolled **more than 90 community stakeholder staff** in the 2025 Generations Conference.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

The majority of DBHS/Optum providers offer telehealth services. The services on the authorization for telehealth mirror the in person (in clinic) services, as pertinent. In regular communication with providers (by phone, in training, etc.), we have found that many of our providers have gone through or are completing the process to continue telehealth services beyond the pandemic.

While no specific telehealth system is required for our providers, they submit an attestation confirming that the videoconferencing technology is compliant with HIPAA requirements and meets current American Telemedicine Association minimum standards. In addition, the following requirements must be met to perform telehealth services:

- HIPAA and bandwidth requirements
- Compliance with applicable laws, rules, regulations, and state requirements to provide telehealth
- services along with coding requirements and documented protocols
- Standards for appropriate, private and secure room/environment
- Secure documentation rules in accordance with HIPAA
- Protocols to assure equipment functions properly with a backup plan in case of failure
- Licensing standards for the state

All providers currently providing telehealth services have completed training on the following which will still apply if they attest and continue to provide telehealth services:

- Proper claim submission protocols
- Appropriate malpractice insurance for providing telehealth services

Telehealth services are included in treatment record reviews during monitoring visits of our providers. Auditors will ensure all required components of the service provided are included, even as the service was not rendered in person. Justification of ongoing treatment and demonstrated improvement through treatment plan reviews of SMART treatment objectives is expected. When individuals are not improving, the treatment plan is to be adjusted accordingly.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

Correctional Program Checklist (CPC) - The CPC is a tool developed to assess correctional intervention programs and is used to ascertain how closely those programs meet known principles of effective intervention. Several studies conducted by the University of Cincinnati-of both adult and juvenile programs-were used to develop and validate the indicators on the CPC. These studies found strong correlations with outcome between overall scores, domain areas, and individual items.

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsibility, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either “HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT": or "INEFFECTIVE".

As a network system, multiple agencies within the DBHS network have worked with the CPC to assess, and then implement strategies to improve their services, in particular around individuals with current or past justice involvement. In recent years, First Step House and Odyssey House have worked extensively with the CPC, among other agencies. In 2025, the Utah Criminal Justice Center reached out for additional agency partners to work with to provide an initial or CPC reassessment. Agencies who had previously been assessed felt they had enough insight from those previous assessments to continue working on improvements without a reassessment. We now have Volunteers of America and Valley Behavioral Health participating in the CPC process for an initial assessment beginning in Spring 2025.

DBHS has developed multiple outcome measures that vary from program to program. Please reference the attached compilation of reporting metrics and sections in the justice services narrative for some examples. Data DBHS has collected in the past include hospital diversion rates, treatment engagement, graduation rates, reductions in Risk Scores, positive drug testing rates, number of bed nights funded for individuals in permanent supportive housing, changes in census in co-occurring residential programs, changes in ACT Team census numbers and NOMS data such as employment, housing and “frequency of use” changes. New outcome measures for ACT teams were developed in FY22 and are being monitored this year to establish baselines efficacy targets. DBHS has also tracked reductions in jail recidivism for certain cohorts through a data sharing

agreement with the Salt Lake County Jail.

Although Medicaid expansion has been a huge benefit to the behavioral health population we serve, it is important to understand that since November 2017 (the implementation of TAM), April 2019 (the Medicaid Expansion to 100% FPL), and finally January 2020 (expanding up to 138% FPL), DBHS lost the ability to track many of the metrics above for a large portion of these programs.

Significant anomalies may occur in data and outcome metrics for FY21 and forward due to COVID responses both within the treatment system and within our county jail.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

DBHS funds the SUD services in the jail, including:

Corrections Addictions Treatment Services (CATS) is located at the Oxbow and Adult Detention Center Jails, in South Salt Lake.

CATS is an addictions treatment program, based on an intensive outpatient level of care (9 – 19 hours per week of therapeutic and skill-based treatment services), and is based on a therapeutic community model.

The program is operated within both the ADC and Oxbow Jails. The capacity for males is 120 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program and DBHS' housing programming. Upon completion of the CATS program, all inmates are assisted in applying for Medicaid and provided with a clinical referral into a county approved agency.

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS) in both Medium and Minimum Security levels. The CATS, DOGS and Prime for Life programs are contracted through Odyssey House.

Future Plans:

Odyssey House is preparing for the implementation of the Justice Involved Medicaid Waiver into the CATS program, assisting inmates in applying for Medicaid and utilizing Medicaid funding 90 days prior to their release date.

Odyssey House will explore expanding another 32 beds over the next two years in partnership with the Jail Programs Division.

The Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, continues today.

In 2019, federal grant dollars allowed for an expansion of MAT services in the jail. Qualifying program participants with an opioid or alcohol use disorder have access to MAT, SUD behavioral

therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include methadone, buprenorphine or Naltrexone (Vivitrol). The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants have an opioid or alcohol use disorder and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines are periodically reviewed and considered in an effort to cover additional populations with DBHS approval and as budgets allow. In FY22, the program was granted temporary approval to provide psychosocial assessment and therapy absent medication, and at times medication absent therapy based on the ongoing struggle in maintaining licensed medical and behavioral health staff. Patients are continued on MAT meds even when sentenced to prison.

DBHS was awarded Opioid Settlement Dollars in November of 2023, to allow the jail to hire one new RN, and through that, enable new inductions of buprenorphine for an expanded population.

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

The Jail Resource and Reentry Program (JRRP) is voluntary and offers support to individuals as they transition back into the community from jail. Salt Lake County Criminal Justice Services and Valley Behavioral Health (through peer support staff) assist individuals in navigating the complexity of criminal justice and social services systems. Clients have access to email, phone calls and free Wi-Fi; phone charging stations; snacks, water, female personal hygiene products; SNAP/Medicaid enrollment; Department of Workforce Services (DWS) information; a safe place to wait for services; transport options (bus tokens, VOA van service, homeless van services); homeless housing referrals; donated clothing items, and other resources.

DBHS operates many additional programs aimed at diverting individuals from the county jail by providing services prior to arrest; while incarcerated in order to reduce their time of incarceration; and through transition services for incarcerated individuals as they are released from jail. Please refer to the Justice Services section for additional information on these programs.

Describe any significant programmatic changes from the previous year.

Utah received approval of its Justice Involved Medicaid waiver, allowing certain services to be billed to Medicaid, up to 90 days prior to an inmate's release. The Salt Lake County Jail is working closely with the State Medicaid Office, DBHS, and other stakeholders, to incorporate processes that will allow them to make this change. This effort will also enhance continuity of care for individuals post-incarceration in need of physical, behavioral, and other health related social needs.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

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

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

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

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

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

The Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, continues today.

In 2019, federal grant dollars allowed for an expansion of MAT services in the jail. Qualifying program participants with an opioid or alcohol use disorder have access to MAT, SUD behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include methadone, buprenorphine or Naltrexone (Vivitrol). The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality.

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Additionally, program participants identified as having an OUD are given information and education regarding the use of the Naloxone rescue kit, and an actual kit as supplies are available. Once supplies are exhausted, information and education regarding the use of the Naloxone

rescue kit will be given, including where the client can obtain the kit.

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

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

12) Integrated Care Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

Providers within the SLCo network have taken steps towards integrating physical health and behavioral health services. Additional coordination between behavioral health providers and physical health providers occurs. Please find examples below of integrated efforts within their programs:

Odyssey House (OH)
Odyssey House operates the Martindale Clinic, an integrated primary care/behavioral health clinic focused on serving individuals with behavioral health issues and their families. Within the clinic, they provide typical family practice medical services and procedures, such as chronic care management, labs, wound care, diabetes management, blood pressure management, etc.; MAT prescribing and administration; mental health medication prescribing; women's health and family planning services and procedures; and HEP C treatment. Odyssey House is one of the largest HEP C treatment providers in the state.

The Martindale Clinic is a syringe exchange site and facilitates providing clean syringes, fentanyl test strips, disease prevention education, and recovery access information to current injecting users.

Additionally, Martindale providers in conjunction with Soap to Hope, provide weekly street-based medical care to sex workers and homeless individuals, typically treating wounds, STDs, MAT, among others. These individuals are typically resistant to coming into a traditional medical setting because of fear of going to jail or getting in trouble with their pimp, so they are going to them and having real Success.

Within BH programs, BH and medical staff work closely together to address mental health, physical health, and MAT needs for all clients. As an example, in residential settings, Odyssey House serves PICC (Peripherally Inserted Central Catheter) patients from all the hospital systems. These clients have an IV line that runs directly to the heart to deliver high dose antibiotics over a period of ~6 weeks. The individuals they serve in this program have an infection from IV drug use that has infected the heart. Often these individuals have heart valves that have been replaced because of the infection, and require this antibiotic regimen in order to salvage the donated valve and the rest of the heart. They are high-risk for overdose and death, because they have an open port directly to their heart, and are at risk of using that port to use drugs. Consequently, prior to this program, hospitals would have ordinarily kept these patients in the hospital because of that

overdose risk. Through this program, they can be managed safely at a lower level of care and have better outcomes. Intermountain and their lead infectious disease doctor approached Odyssey House with this project a number of years ago. The University of Utah followed a couple of years later and now SL Regional, St. Marks, and other hospital systems across the state have been referring in, seeing patients from across the state.

First Step House (FSH)
The First Step House Medical Services Department includes a Medical Clinic and Nursing Services. This program provides medical care and preventive health services to clients in their residential SUD treatment program, as well as care coordination for primary care, MAT, and other medical needs.

The FSH Medical Clinic, staffed by an APRN and registered nurse, is located at 434 South 500 East in downtown Salt Lake City. The FSH medical clinic provides a routine medical visit to new residential treatment clients at intake. This includes a review of health history and medications, preventive screening and services, and identification of acute medical and psychiatric concerns. Clinic staff can address client's immediate medical needs, beginning treatment in the clinic or referring out for treatment. An in-house psychiatric nurse also provides consultations for new clients with acute psychiatric needs. The medical clinic includes an onsite immunization program and an onsite waived laboratory testing. The clinic offers seasonal influenza vaccines and year-round COVID-19 vaccines. The clinic also screens for sexually transmitted infections, orders Hepatitis A and B vaccines as needed, and provides Hepatitis C treatment.

The FSH Nursing Services Department, staffed by two registered nurses and four medication technicians, provides nurse care, care management, and medication management to three residential treatment programs. Nursing staff work with clients during medical orientation to establish care with a primary care provider if they do not already have one. The admissions process for new clients also requires a comprehensive medical orientation class during their two-week orientation before residential treatment. Nursing staff teach about medication transfers and guidelines for use, immunization education, how and why to find a primary care provider, COVID-19, and other health and safety precautions. As needed, nurses make referrals to partner providers such as 4th Street Clinic, UofU School of Dentistry, Salt Lake VA Medical Center, Martindale Clinic, Project Reality, and others.

They also have a Joint Commission accredited UA lab (and bill it on the PH side of Medicaid).

Valley Behavioral Health (VBH)
- VBH launched the integrated care clinic at the North Valley building in early 2022 and closed the program in December 2022.
    - VBH is in the planning phase with 4th Street Clinic opening an integrated clinic at the North Valley building on the third floor.

Clinical Consultants
Clinical Consultants developed a Family Primary Care practice within their building in West Jordan. They have two medical exam rooms and three employees currently delivering services. This includes a 24-hour/week DO (Doctor of Osteopathic Medicine), a Psychiatric Nurse Practitioner, and a Physician's Assistant. Clinical Consultants is one of the Salt Lake County network providers of MAT services.

They now offer physical exams, preventative health, primary care, routine medical care, STD screenings, vaccines, and urgent illness care (in addition to MAT). In addition to serving their

behavioral health clients, they have opened access to the general public.

In April of 2022 Clinical Consultants completed an internship agreement for placement of APRN Interns. They have been approved as panel providers for medical networks with Healthy U, HealthChoice, Molina and SelectHealth. They have a full-time Medical Assistant. Their prescribers are now set up with a medical software and e-script system. They continue to deliver the services with the above staff.

As of November 2023, they opened a Toxicology Lab in West Jordan. This lab holds a moderate/high level complexity certification.

Clinical Consultants has completed Utah Medicaid credentialing for integrated care. They have become approved providers for Steward, Health Choice, Healthy U, Molina, and multiple commercial insurance groups such as Blue Cross of Utah, the Public Employees Health, and United Health Care.

Volunteers of America (VOA)
Volunteers of America, Utah is dedicated to providing integrated primary and behavioral health care. They partner with Fourth Street Clinic to provide onsite triage and medical care at their Detoxification facilities and Homeless Resource Centers. Their outpatient clinics partner with Utah Partners for Health.

VOA has a Registered Nurse to screen and monitor primary care needs, coordinate care, and make the referral to primary care services seamless.

Wasatch Homeless Health Care Inc. dba. Fourth Street Clinic

Fourth Street Clinic is committed to providing integrated health care services for those in our community that are experiencing homelessness. Through offering high quality medical, dental, behavioral and supportive health care services, including an onsite pharmacy, unsheltered individuals have access to essential treatment and care. Through low barrier, integrated health care, Fourth Street Clinic is a partner in ending homelessness, promoting community health, and achieving across- the-board health care savings. Fourth Street Clinic's integrated health team provides psychotherapy, behavioral health counseling, psychiatric evaluation and management, health and wellness, primary care provider collaboration and substance use disorder assessment, including Medication Assisted Treatment, and treatment referrals.

Salt Lake County Vivitrol Program
Strong partnerships were developed with Midtown Community Health Center in South Salt Lake, Odyssey House's Martindale Clinic, and Utah Partners for Health (UPFH) in West Jordan. Not only were clients regularly referred to these clinics for their Vivitrol screenings and injections, clients were also offered access to primary care services through these same encounters. At Midtown and UPFH, with so many complicating health factors often arising during Vivitrol engagement, DBHS, in coordination with OSUMH, agreed to fund an enhanced office visit cost, to assist with covering the costs of other routine screens that may be necessary during a client's visit with medical professionals. In turn, the clinics provided the full spectrum of physical health care for Vivitrol clients as they actively attended their appointments. At Martindale, clients were also offered access to primary healthcare. All partner clinics accept Medicaid and private insurance as

well. Although DBHS no longer funds or case manages Vivitrol Program participants starting in January 2024, DBHS case managers serve to provide care coordination and information regarding access to Vivitrol and other community resources, including integrated healthcare opportunities.

In addition to the efforts mentioned above, Optum routinely and frequently meets and collaborates with the four Accountable Care Organizations (ACOs) to staff complex cases, coordinate care for Civil Commitment Court, facilitate aftercare post IP Detox, make case management referrals, and identify medical and BH Resources and inform the ACOs of BH IP stays. Optum also provides information about the planned aftercare and discharge medications. This collaboration results in improved engagement and access for our most vulnerable clients. The ACOs use this information to ensure follow-up with discharge services and support as needed.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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

The Division currently contracts with Fourth Street Clinic for behavioral health assessments for uninsured homeless clients. Our other partner clinics, Midtown Community Health Center, Martindale Health Clinic and Utah Partners for Health administer Vivitrol and Sublocade to clients who are opioid or alcohol dependent. Since the ending of Vivitrol Program funding in January 2024, RSS staff have worked with Midtown Community Health Center, Martindale Health Clinic, and Utah Partners for Health, to coordinate integrated health opportunities for clients with an OUD and physical health needs. We continually seek out opportunities to increase the availability of integrated physical and behavioral health care to our clients through our partnerships with primary care providers. Additionally, Martindale Clinic offers physical health services to RSS clients.

The DBHS/Optum treatment network is committed to addressing co-occurring disorders. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having three residential facilities. One is for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) and another is for dual diagnosed adult females (CORE 2). A third was brought online in early FY24, Valley Steps, that will accept those with co-occurring SUD, though only those who have a need for lower level SUD services (i.e., ASAM 1.0 or 2.1). Additionally, RIC-AAU is now a dual diagnosis enhanced program. In FY21, Odyssey House opened a residential program for women who have co-occurring disorders and are justice involved. In FY23, Odyssey House opened a residential program for men who have co-occurring disorders.

Optum continues to be invested in our relationships with the ACOs, who are very responsive to collaboration and information requests. The ACOs are notified of all inpatient discharges. Medical issues identified during utilization management reviews are forwarded to the Care Coordination team for outreach to the medical plan to identify services, case management programs, resources, history, and direction to address medical issues. Members from the care coordination team attend all ACT meetings and facilitate connection with the medical plans when medical issues are a concern. The ACOs routinely contact the Care Coordination team to identify resources for behavioral health and SUD services which support medical interventions related to chronic illness, pregnancy, and discharge from IP detox.

University health plans and Optum are working together to increase the delivery of integrated services for shared members who have Optum for behavioral health coverage and UUHP for medical coverage. This allows us to improve processes and communication, and to offer both kinds of services at one location. The two entities meet on a regular basis to discuss complex cases and share best practices.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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

Optum's documentation system allows for formal identification and tracking of social determinants of health and medical concerns. It organizes documentation of these efforts on behalf of the Optum Clinical Team. In mandatory Optum SLCo provider trainings in March 2022, guidelines for gathering information related to the medical histories of the member and their family were included. During trainings and audits, providers are advised to contact the Optum Medical/BH Integration Specialist and Clinical Team to facilitate connection with the appropriate medical plan contacts and resources.

Describe your plan to reduce tobacco and nicotine use in SFY 2024, and how you will maintain a *nicotine free environmen*t at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

DBHS/Optum continues to educate providers on the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Screening for use and abuse with referrals to smoking cessation supports continues to be addressed at provider meetings and trainings for MH and SUD treatment providers. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts. Except for the very small providers, all providers have some level of cessation services, from the basic referring to a quitline (and helping the client access that) to formal classes. In addition, for those who do want to quit tobacco, CBT is used, and MI for those who have not committed yet to quitting. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also being educated to ensure that any type of nicotine delivery system is addressed with the client.

Salt Lake County/Optum has also incorporated a review of nicotine-free environment initiatives during audits providing a forum for another conversation about the importance of offering cessation services to clients. The Optum Recovery & Resiliency Team has incorporated education about tobacco cessation in their CPSS trainings. DBHS and Optum continue to offer these trainings each fiscal year, and will continue to do so.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

For the Optum network, during the mandatory provider training focused on comprehensive assessments, clinicians offered guidance on the inclusion of the medical histories of individuals and their families. Providers are to consider the member's culture and living conditions which may also influence their physical, social, emotional and spiritual wellbeing. Providers are expected to request a release of information to collaborate with the individual's primary care physician, behavioral health prescriber and other key medical and behavioral health providers to encourage coordinated care. Provider policies and procedures, as well as treatment records, are monitored to ensure assessment and coordination of treatment are considered for all who receive

treatment. Providers within the Optum SLCo Network may also offer specific training for the clinicians and other service providers within their facilities/agencies/groups. Optum and SLCo refer treatment providers and members to Take Care Utah and care coordinators through the member's ACO to obtain links to a PCP and other support for medical care and maintenance.

Within DBHS, while we do not provide any direct services to any population, staff are encouraged to attend various trainings that focus on client care. These include, but are not limited to, Generations, the OSUMH Fall Conference on Substance Use Disorders, and Critical Issues.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

Please refer to the response to the outcome measures in each of these sections:
1) Early Intervention
4) Treatment for Opioid Use Disorder (OTP-Methadone)
5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine)
8) Recovery Support Services
10) Quality & Access Improvements
16) Justice Services

13) Women's Treatment Services **Rebecca King**

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

DBHS and Optum contract to provide women's treatment with seven providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, Clinical Consultants, Martindale Clinic, and Project Reality. Services include 5 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 6 locations for MAT services.

Additionally, DBHS and Optum contract to provide gender specific treatment for parenting and/or pregnant women and accompanying children with five providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, and Project Reality. Services include 5 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 10 locations for MAT services.

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

• House of Hope and Odyssey House collaborate with Project Reality and True North (formerly De Novo) for their clients who are on methadone treatment.

Additionally, Odyssey House has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use disorders and their infants after delivery.

• Project Reality is currently providing multiple services for women and pregnant women. The agency partners with obstetricians and high risk pregnancy obstetric services all over Salt Lake County. Project Reality has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use

disorders and their infants after delivery. Project Reality delivers OTP medication to the 'rooming in' program at the University of Utah Medical Center to support mothers caring for infants who stay in the hospital. Women, in general, are offered specialized women's groups that rotate topics to address a number of specific women's issues. Project Reality also provides referrals to women's specific programs such as House of Hope, Odyssey House women's and children program, and YWCA; provide parenting classes for families with children; and access to supplies for children such as diapers, and toys to keep children occupied in the room while women are in their therapy sessions in the same room. Pregnant patients also have access to the expanded care services listed under 4) Opioid Treatment Program (OTP-Methadone).

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.

Children of families receiving substance use disorder treatment receive therapeutic/developmental services during the day while their parents are attending group/individual therapy sessions. These services include assessment, individual and family therapy, practicing pro-social and health behaviors. For children in the transition program they are eligible to continue receiving services while their parents work and move into permanent or transitional housing.

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

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

The parent and children programs provide case management assistance with obtaining children's records such as birth certificates and social security cards, obtaining Medicaid or other financial supports, and monitoring court dates. Efforts are made to set up educational, mental health, and/or developmental referrals for current and future assistance. Case management services also involve working with families to manage financial assistance already in place.

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

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

Describe any significant programmatic changes from the previous year.

No significant changes

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

With Brent Kelsey's approval, beginning in SFY22, DBHS is no longer utilizing the WTX to fund residential women and children's treatment. The funding was approved to be used to fund the USARA Recovery Support Coaching program (see program summary on page 47).

Please describe the proposed use of the WTX funds

The $210,000 will be used to fund the USARA Recovery Support Coaching program.

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

USARA serves the entire State of Utah.

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

Sent to Brent Kelsey on 4/24/23.

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

USARA reports that they served 100 from Salt Lake County, 21 from Ogden, 24 from St George, 22 from Price, and 11 from Moab, totaling 178 served.

14) Adolescent (Youth) Treatment **Shanin Rapp**

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

DBHS and Optum contract to provide treatment for adolescents through 7 providers located throughout the County. Providers include Odyssey House, Youth Services, Clinical Consultants, and Asian Association. Services include 7 outpatient sites, 3 intensive-outpatient sites, 1 residential site, and 1 site for social detox. Medical detox is available to youth needing this service as well.

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

Additionally, some offer gender specific treatment.

In order to incorporate the ten key elements of quality adolescent treatment, DBHS will have this as a discussion item during the monthly PSCC meetings. Additionally, DBHS and Optum have a robust monitoring system (see "Governance and Oversight Narrative" for more detail). DBHS and

Optum will incorporate the key elements of quality adolescent treatment into the monitoring tools. This includes providing immediate feedback and training to the providers as problems are identified.

Also, Salt Lake County Division of Youth Services (DYS) has clinical outpatient services for adolescents. These are conducted by licensed mental health therapists. There are components of SUD discussions in all of the above.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Optum receives referrals for youth from a variety of sources including: families, juvenile drug court, school districts, inpatient facilities, other treatment agencies that do not typically offer specialty SUD treatment services, Multi-Agency Staffing, and High fidelity Wrap. To ensure that the Salt Lake County community stakeholders continue to remain aware of the SUD resources available, Optum has met with several agencies including, but not limited to, juvenile court/probation officers and school district meetings. Additionally, Optum has offered trainings to Mental Health providers regarding SUD related topics. During these trainings, providers are reminded of the SUD resources available through the Optum Network. Optum's Clinical Operations team also offers referrals to families who may call in requesting information on SUD resources available for their child.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

Each agency providing treatment collaborates closely with other State agencies serving children and youth to ensure that needs are being met. Both DBHS and Optum monitor these efforts and request that providers document their efforts at collaboration in the client plan. DBHS and Optum participate in frequent Multi-Agency Staffings (MAS). This staffing also includes representatives from Juvenile Court, Granite School District, and other treatment providers including SUD.

15) Drug Court **Holly Watson**

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Adult Recovery Court Track A clients are required to screen high risk based on the LS/CMI assessment and Adult Recovery Court Track B clients are required to screen moderate risk to be eligible for the program.

Potential clients are identified by the Legal Defenders Association and are referred to the District Attorney (DA) who screens based on criteria. The DA then refers clients to CJS for the LS/CMI. Upon completion of the assessment, CJS sends the LS/CMI results to the DA who uses the results and other legal information to assign to a Judge and Court. CJS also arranges for an ASAM assessment to be conducted by Assessment Referral Services (ARS). Upon completion of the ASAM assessment, CJS sends the treatment recommendation and appropriateness back to the DA to make a final determination. Once this process is complete, clients who are eligible plead into their designated track of the program. CJS supports adherence to All Rise Best Practices and recommends a maximum of 125 clients per court, consistently operating at that capacity.

Family Recovery Court (FRC): Clients participating in the FRC program must meet the eligibility criteria of being high risk and high need, have reunification services ordered, and voluntarily sign-up for FRC. The Third District Juvenile Court, DCFS and Assessment & Referral Services (ARS), work closely to identify clients that may be eligible for the FRC program. FRC is using the ASAM assessment and/or the RANT to assess the needs of clients and determine risk. Indicators of high risk would include DCFS involvement, order for reunification services, and treatment needs indicating an ASAM 2.1 or higher LOC. There are four Family Recovery Courts in Salt Lake County. The number of participants served in each FRC is an average of 25, which is approximately 100 participants collectively per year. The court is currently at 75, with 2.5 months to go in FY24.

The Juvenile Drug Treatment Court has ended due to the loss of a judge. The timeline for replacing the judge is unknown at this time. Should a replacement be found, the following applies. Juvenile Drug Treatment Court (JDTC): Participants in the JDTC program must meet the eligibility criteria of being moderate or high risk and high need. The Third District Juvenile Court works to identify participants that may be eligible for the program. The JDTC program uses the Pre-Screen Risk Assessment, Protective and Risk Assessment, and SASSI to identify moderate and high risk/high need youth. Additionally, all JDTC participants receive an ASAM assessment to determine the appropriate level of care for treatment. When a Juvenile Drug Treatment Court operates in Salt Lake County, the number of participants served is an average of 25 participants per calendar year.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Adult Recovery Court (ARC) clients receive SUD treatment through DBHS contracted providers (ASAM 1.0, 2.1, 2.5, 3.1, 3.3 and 3.5). Clinicians at CJS provide clinical case management services and bridge any treatment service gap with internal therapeutic based classes including SMART Recovery and MRT. Additionally, clients receive case management supervision services and cognitive based journaling classes while in Recovery Court through CJS.

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

CJS uses several evidence-based curriculums with Recovery Court clients including SMART Recovery, Moral Recognition Therapy (MRT), and Courage to Change. All staff who provide these curriculums are trained and certified by qualified trainers and receive regular boosters via webinars, inter-rater reliability, etc.

CJS also has a partnership with USARA and has a representative that attends each court to support clients by providing information regarding recovery meetings and community events. As part of Recovery Courts phase structure in each track, meeting with a peer support specialist at USARA and attending alumni meetings is also required.

Family Recovery Court: Participants have access to DBHS' full network of contracted providers for treatment and case management services that include outpatient, day treatment, and residential

treatment services. Additionally, DBHS contracts with an ARS assessment worker to conduct initial assessments, authorize funding and to serve as a liaison between treatment providers and the Court. Participants are assisted with Medicaid enrollment in multiple touchpoints. Participants are required to obtain sober support, which is often a peer coach with USARA but may also be a sponsor. USARA is providing a peer support coach as part of each of the Family Recovery Court teams. They are also present for staffings before court to provide expertise from their perspective and experiences. This has become invaluable.

The Juvenile Drug Treatment Court has ended due to the loss of a judge. The timeline for replacing the judge is unknown at this time. Should a replacement be found, the following applies. Juvenile Drug Treatment Court: Participants have access to DBHS' full network of contracted youth providers for treatment and case management services that include outpatient, day treatment, and residential treatment services. Third District Juvenile Court staff collaborate with the ARS liaison and treatment providers to assist with Medicaid enrollment services. Salt Lake County Youth Services provides a Peer Family Support Specialist as part of the JDTC treatment team. She is housed at a Juvenile Probation Office for accessibility for families.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

All Adult Recovery Court clients needing MAT are eligible to participate in MAT services. All services are contracted out such as methadone or suboxone through Project Reality. As Vivitrol is a covered service through Medicaid or the County unfunded contract, services are available at clinics across the majority of contracted providers and other community health centers, including but not limited to Odyssey House's Martindale clinic, within the county jail, at Utah Partners for Health, or Midtown Community Health Center. Clinical Consultants also offers Suboxone and Vivitrol through their outpatient MAT clinic. Agencies who do not have direct MAT services are able to refer clients to the previously listed service providers. CJS' clinical case managers support MAT and assist clients in need of or are currently utilizing MAT services in the community.

FRC participants may engage in MAT support through community clinics that offer methadone, Suboxone and Vivitrol based on client preference and clinical recommendations. FRC does not provide direct MAT services but is supportive of participants seeking MAT through a licensed provider, when appropriate.

The Juvenile Drug Treatment Court has ended due to the loss of a judge. The timeline for replacing the judge is unknown at this time. Should a replacement be found, the following applies. The JDTC does not provide MAT services for youth participants directly, but is supportive of participants seeking MAT through a licensed provider when appropriate.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Adult Recovery Court contracts with Averhealth for drug testing. Averhealth uses current research and complies with the national standards for drug testing techniques. Averhealth can provide a breadth of drug testing. Every client is given a five or eight panel drug test and usually given a random specialty test to determine if cross addiction is occurring. Averhealth provides observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect

adulterated samples. Clients who are receiving ASAM 3.1 and above are usually drug tested at the facility where treatment is being provided. In some cases, if the provider does not have the resources for drug testing or is not able to provide the frequency of 2-3 times per week, including weekends and holidays, the client will be sent to Averhealth to test. Averhealth provides random testing to our clients 6 days a week including Monday through Friday, on Saturday or Sunday and on at least three federal holidays. To better serve the client, Averhealth also provides confirmation tests to better determine the client's use and which specific drug was used.

Family Recovery Court and Juvenile Drug Treatment Court participants are tested randomly at a minimum of twice a week, including weekends and holidays, by the treatment provider they are being served through or through a contracted agency (i.e., Averhealth). FRC participants are not charged a fee for drug testing. Participants drug testing through Averhealth are given a five-panel drug test, which includes a breathalyzer. Additionally, they provide observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect adulterated samples. In some cases, if the provider does not have the resources for specific drug testing or is not able to provide the minimum drug testing requirements, the participant will be required to drug test through their treatment provider and Averhealth.

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

Adult Recovery Court: There are no fees associated with Recovery Court. Clients are only responsible for paying any restitution associated with their case. Outside of residential treatment, clients may be asked to pay by their individual treatment providers/sober living program depending on individual circumstances. If the treatment provider is within the Salt Lake County DBHS network, they will be assessed for payment based on the DBHS sliding scale fee schedule. Clients also pay for their own drug tests through Averhealth, but CJS can provide fee waivers on a case-by-case basis.

Participants in Family Recovery Court and Juvenile Drug Treatment Court are not assessed fees for their participation in these specialty treatment courts. When accessing treatment, these expenses are generally covered by Medicaid. In cases where the participant does not have Medicaid and the treatment provider is within the Salt Lake County DBHS network, they will be assessed for payment based on the DBHS sliding scale fee schedule. Drug testing fees are covered through the contract with Averhealth or the treatment provider they are receiving treatment services from.

16) Justice Services **Thomas Dunford**

Describe screening to identify criminal risk factors.

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

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders to reduce criminogenic risk factors.

DBHS Alternatives to Incarceration Program Initiatives

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

Sequential Intercept #0-1 - Crisis Services & Law Enforcement & Emergency Services

● **Crisis Line & Warm Line** - The HMHI Crisis Line, in affiliation with the National Suicide Prevention Lifeline, is in operation 24/7, 365 days of the year, acts as the front door to the HMHI Crisis System, and is staffed by experienced certified crisis workers. The Crisis Line team coordinates Mobile Crisis Outreach Teams as needed. The Warm Line is a peer-run phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.

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

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

HMHI, in partnership with the county, state and private donors, opened this new non-refusal 30-chair facility in March 2025. This new RC replaces the original RC, that although progressive for

its time upon opening in 2012, was not centrally located, and underutilized by law enforcement and emergency services due to a combination of issues.

The Crisis Care Center, where this is located, also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

● **Volunteers of America Detox Centers**
These programs partner with multiple law enforcement agencies to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to go to the detox center.

DBHS contracts to provide social detoxification services in multiple sites within the county. These sites are:

Volunteers of America Men's Adult Detoxification Center:
This social model residential detoxification and withdrawal management program provides 131 beds for homeless and low-income men 18 and older in need of detoxification & withdrawal management services. This facility is located at 1875 S. Redwood Road, Salt Lake City, UT, 84104.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. In addition, women may bring their children aged 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. In addition, clients have access to a lovely outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123. This program is scheduled to move to 1875 S. Redwood Road, Salt Lake City, 84104, in summer 2025. This will allow an increased bed capacity to 57 beds for women and their dependent children.

Both programs offer a trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at these facilities for up to 30 days as they work with their case manager to link to behavioral health services. These services include connection to essential substance use treatment, Medicaid enrollment, primary care referral, assistance with legal issues, reconnecting with family, housing and shelter services, etc.

While in residence, clients may be connected with medication-assisted treatment (MAT) through our community partnerships, a critical service we provide. Peer support services, in-house 12-step recovery meetings, connections to the Salt Lake County recovery community, and harm reduction services are also available. In addition, qualifying clients interested in substance use disorder treatment can receive a full ASAM-driven biopsychosocial assessment through community partners and referral to an appropriate treatment program. Clients interested in substance use treatment can often transfer directly to treatment programs within 30 days.

Sequential Intercept #2 – Jail

● **Jail Behavioral Health Services** - Mental health and substance use disorder (SUD) services are provided to inmates of the SLCo Jail. More detailed program descriptions may be found in the incarcerated individuals section above.

Mental Health services are funded through a direct appropriation from the County Council to the SLCo Sheriff's Office. In addition to providing mental health services and medication management, jail mental health case managers coordinate services and releases for the severely mentally ill population. This includes such things as verifying medications, obtaining outside treatment records, post-release planning, providing community resources, connecting clients to in-reach services as available, collaborating/communicating with community stakeholders such as community behavioral health providers, the Legal Defenders Office social workers, and participating in Mental Health Court staffings, Project RIO staffings, and the Metro Mental Health monthly roundtable.

The Salt Lake County Jail has four dedicated units that can address more severe mental health needs. One is a 17-bed acute mental health unit for individuals who have been identified as high-risk for suicide, an 8-bed overflow acute mental health unit, a 48-bed sub-acute unit for individuals with a mental health diagnosis that would benefit from a more therapeutic setting, and a newly established sub-acute mental health unit with 48 additional beds.

DBHS funds the SUD services in the jail, including:

Corrections Addictions Treatment Services (CATS) is located at the Oxbow and Adult Detention Center Jails, in South Salt Lake.

CATS is an addictions treatment program, based on an intensive outpatient level of care (9 – 19 hours per week of therapeutic and skill-based treatment services), and is based on a therapeutic community model.

The program is operated within both the ADC and Oxbow Jails. The capacity for males is 120 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program and DBHS' housing programming. Upon completion of the CATS program, all inmates are assisted in applying for Medicaid and provided with a clinical referral into a county approved agency.

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS) in both Medium and Minimum Security levels. The CATS, DOGS and Prime for Life programs are contracted through Odyssey House.

Future Plans:

Odyssey House is preparing for the implementation of the Justice Medicaid Waiver into the CATS program, assisting inmates in applying for Medicaid and utilizing Medicaid funding 90 days prior to their release date.

Odyssey House will explore expanding another 32 beds over the next two years in partnership with the Jail Programs Division.

Jail Medication-Assisted Treatment Program - Qualifying program participants with opioid or alcohol use disorders have access to medication-assisted treatment, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT program medications may include methadone, buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality. Naloxone kits are provided to qualifying participants upon release (as supplies last).

● **State Competency Jail Restoration Program -** This program is operated by the state and works to restore inmates to competency while awaiting a hospital bed. It is anticipated that this program will be discontinued due to recent legislation barring the jail from releasing certain offenders, and the need to make additional room to house them.

● **Community Response Team (CRT)** * - This Valley Behavioral Health (VBH) team works with severely mentally ill (SMI) clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC (Assess, Plan, Identify and Coordinate) Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail through the ATI Transport. This service is now incorporated into the Community Treatment Outreach Services (CTOS) program.

● **Salt Lake County Criminal Justice Services Pretrial Services**

- Interviews clients booked to determine eligibility for release.
- When appropriate, provides a non-financial release from jail and case management throughout the pretrial phase.
- Utilizes validated risk assessment (PSA) to determine supervision level.
- Utilizes evidence-based tools to assist in behavior change throughout supervision.
- Provides court case and hearing information and reminders.
- Provide referrals to community resources to help reduce barriers to client success.
- Monitor court ordered special conditions and notify court of compliance when appropriate.

● **County Prefile Intervention Program ("CPIP")**

Since August 2019, the Salt Lake County District Attorney's Office in partnership with Salt Lake County Criminal Justice Services (CJS), has operated the County Prefile Intervention Program ("CPIP"), a formalized diversion program targeting low-risk offenders.

- Individuals appropriate for CPIP are generally those with no criminal record or a minimal criminal record who are alleged to have committed a non-public safety offense.
- Cases involving restitution may be accepted and restitution must be repaid within the term of the diversion.
- Once accepted, CPIP participants meet consistently with their CJS case manager and complete required classes, such as thinking errors, courage to change, etc. depending on their individual needs.

- Successful completion of the program offers clients the opportunity to avoid formally entering the criminal justice system via the diversion agreement.

Sequential Intercept #3 – Courts

● **Mental Health Courts** - Mental Health Courts are a collaboration between criminal justice and mental health agencies in Salt Lake County. Mental Health Courts coordinate case management, treatment services, and community supervision for the purpose of improving the mental health and well-being of participants, protecting public safety, reducing recidivism, and improving access to mental health resources. MHC participants complete a criminogenic risk assessment which providers have access to and can use as a means of targeting client specific areas of risk. Providers provide interventions at the individual, group and case management level to target areas of risk as well. DBHS funds coordination of care, treatment services and housing programs for this population.

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● **Family Recovery Court** - The mission of the Family Recovery Court is to treat individuals with substance use disorders through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, HMHI Assessment and Referral specialist, case managers, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court-ordered requirements. DBHS funds treatment services and care coordination for this population.

● **Adult Recovery Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of working with individuals with a substance use disorder, such as strict probation or mandatory imprisonment, did not address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. DBHS funds services and care coordination for this population.

● **HOME Court -** HB 421 (2024 GS) directs the establishment of a Salt Lake County HOME Court Pilot Program, to provide for comprehensive, court-supervised treatment and services to individuals in Salt Lake County with mental illness. The bill requires the Third District Court of Salt Lake County to implement this court, and for Salt Lake County to coordinate participants' treatment, housing, social services, case management, peer support, and exit or transition services. Costs of all services provided, including the costs of the multidisciplinary team, are to be paid for by Salt Lake County. A one-time appropriation of $2M, was appropriated to the Salt Lake County MH Authority for a 5-year pilot (~$400,000 a year). Additional funds, $488,800 ongoing, were appropriated to the court for their role.

Team members include: The Third District Court, Salt Lake County Behavioral Health Services & their network of providers, the Salt Lake County District Attorney's Office, USARA, Legal Defenders Association, Division of Services for People with Disabilities, & The Law Office of Julie George.

The team established the HOME Court process and criteria, and opened the 1st pipeline including individuals not quite meeting the criteria for civil commitment; individuals that may meet the criteria but choose to voluntarily participate instead in HOME Court; or outside petitions from the community.

In addition to ~$700K in HOME Court appropriations, DBHS dedicated ~$1.6M to expand the capacity of ACT Teams to 500, and remodel and reopen a 30-unit group home called Featherstone. The ribbon cutting for the group home occurred on March 26, 2025.

This team conducted its first HOME Court session February 21st, 2025. It meets once every 3 weeks at the same location as the Civil Commitment Court, in the HMHI building on Chipeta Way. To date, none of the candidates referred met the criteria to become participants. More candidates are being screened, and the details for opening the 2nd pipeline, individuals at risk of eviction, are being worked on. We are working with Housing Connect, a housing authority, to work out the details of a partnership with them. This organization is a great partner, rather than private landlords, as they have an interest and passion for housing vulnerable populations, and understand the barriers that behavioral health conditions present in keeping our clients housed.

Once the 2nd pipeline is up and running, and if there is capacity, a 3rd pipeline will be opened through criminal case referrals.

For more information on the structure, criteria and pipelines, please reference the HOME Court slides attached to this Area Plan.

● **Social Services Position Housed in the Legal Defenders Office** - this position coordinates connecting individuals with severe mental illness involved in the criminal justice system to community treatment, Alternatives to Incarceration (ATI) Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the legal defenders' office, offering invaluable assistance in connecting large numbers of clients to treatment.

● **Case Resolution Coordinator** - An attorney funded through Salt Lake County, housed in the Legal Defenders Office, that helps individuals with behavioral health conditions resolve multiple court cases throughout the valley (in coordination with other court orders). Through close coordination of treatment and judicial oversight, individuals may be diverted from incarceration, avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

Sequential Intercept #4 – Reentry

● **Project RIO (formerly Top Ten)** - Through new federal grant funding, Top Ten transitioned to Project RIO, through the Legal Defenders Association (LDA), allowing a more hands on approach to serving this population, and to serve more clients. Once a month, the LDA's office facilitates a group that meets to staff frequently booked individuals with severe mental illness. Partners include the Legal Defender's Association (LDA), Valley Behavioral Health, HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Center, 4th
Street Clinic, Criminal Justice Services, Division of Services for People with Disabilities (DSPD),

and Odyssey House. Team goals are to:

- Ensure jail mental health is aware of an individual's diagnosis and medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of an individual's diagnosis and medications prescribed in jail prior to release.
- Develop a pre-release relationship with the inmate prior to release whenever possible.
- Work to assertively engage the client in treatment upon release, address continuity of care/medications and transport if appropriate.
- Refer into appropriate programs (Mental Health Court, ACT Teams, dual-diagnosis residential programs, Jail Diversion Outreach Team, other outpatient services, housing, DSPD services, etc.).
- Communicate with the individual's attorney.
- Communicate with county supervising case managers, state AP&P officers or other private supervising agencies.
- Coordinate jail releases when appropriate.
- Support the client to resolve open court cases.
- Coordinate with medical providers when appropriate.
- Coordinate with other community providers (VA, private providers, etc.).
- Assist with housing, entitlements, and other needed supports.
- Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.

IT support was provided by the Salt Lake County Mayor's Office of Criminal Justice Initiatives, providing real time information regarding bookings, charges, court cases, and other pertinent information.

● **Community Treatment Outreach Services (CTOS)** - This program includes a VBH assertive community treatment "like" team, a multidisciplinary team that assists severely mentally ill individuals that are frequent recidivists in the county jail. CRT services and ATI Transport services now fall under this program as well.

● **CORE (Co-occurring, Re-Entry & Empowerment)** * - VBH CORE 1 and CORE 2, offer services to adult male and female individuals suffering from co-occurring disorders including substance use disorders and serious mental illness. These 16-bed residential facilities are designed to provide wraparound services at the time of discharge. CORE 1 and CORE 2 clients can choose to engage in CORE Recovery Management at the time of discharge where they are offered a lower level of care, case management, and are either living in CORE housing or in other housing. The case managers work with clients to help get permanent housing and other services needed to help the clients maintain independence after residential treatment. These programs were implemented due to community requests and have demonstrated impressive outcomes over the years with the ultimate goal of successful reentry and a reduction in jail recidivism.

DBHS utilizes multiple funding streams, including JRI, for the VBH CORE 1 & 2 programs.

A 2020 report found a 78.6% reduction in criminal recidivism for CORE 1 (men) and a 92.5% reduction for CORE 2 (women), when comparing 3 years prior to 3 years post program admission.

JRI dollars also support housing for the CORE programs and CTOS clients. DBHS contracts for these housing resources through Housing Connect, and are generally master leased units. Valley Behavioral Health provides mental health and substance use disorder services and in-home case management visits throughout the client's residency in these units.

● **Odyssey House Women's MH Residential Program * -** This 16-bed facility is a dual-diagnosis residential facility for women, providing mental health stabilization services and medication management to women with primary mental health diagnoses. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online in 2020.

● **Odyssey House Men's MH Residential Program * -** This 16-bed facility opened on April 27, 2022, and is a dual-diagnosis residential facility for men, providing mental health stabilization services and medication management to women with primary mental health diagnoses. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online.

● **VBH Steps** - is a male-only, 16-bed, primary mental health residential treatment program designed to help stabilize and support adult clients experiencing minimal or no substance use disorder through medication management, therapy, case management, and benefits coordination. This program provides similar services as the CORE programs.

● **VOA Men's MH Ballington House Residential Program -** This 16-bed facility opened in 2024, and is a dual-diagnosis residential facility for men, providing mental health stabilization services and medication management to men with primary mental health diagnoses. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online.

● **ATI Transport** * - This VBH program transports severely mentally ill inmates released from the jail at a specific time (avoiding nighttime releases) and transports them to a community-based treatment provider for assessment and services. This service is now incorporated into the Community Treatment Outreach Services (CTOS) program.

● **The Fourth Street Clinic** - Collaborates with the jail health system to help provide continuity of care for individuals who are registered patients at Fourth Street Clinic, supporting these patients to continue the medications and treatment they were receiving prior to incarceration. Staff at FSC are also able to coordinate with the jail health system to help provide continuity of care when individuals experiencing homelessness are released from jail and want to re-establish care with the clinic.

● **DWS Medicaid Eligibility Specialists** - DBHS funds a Medicaid Eligibility Specialist to assist with enrollment into Medicaid. Prior to the pandemic, this was a mobile position, visiting various locations such as the jail, court settings and Criminal Justice Services. Currently these services are provided both remotely, and on-site in the DBHS Offices 2 days a week. Another DWS Medicaid Eligibility Specialist is embedded within the largest behavioral health provider.

● **Navigator and Certified Application Counselor Assistance** - DBHS providers, the jail,

Criminal Justice Services, the Legal Defenders Association, Homeless Resource Centers, state corrections programs, and others, collaborate with navigators and certified application counselors to enroll individuals in Marketplace Plans, Medicaid and other health plan options. Many partner with Take Care Utah for enrollment assistance. Prior to the pandemic, these services were provided at many different locations, including court settings, the jail, provider locations, pretrial and probation settings. Currently they are a blend of in-person, and remote services. DBHS worked aggressively throughout the years to develop a coordinated response to enrollment efforts within the criminal justice and behavioral health populations.

● **Gap Funding** - DBHS provides gap funding to assist with medications and treatment for uninsured severely mentally ill individuals being released from jail.

● **Jail Resource Reentry Program (JRRP)* -** The JRRP Program is voluntary and offers support to individuals as they transition back into the community from jail. Salt Lake County Criminal Justice Services and Valley Behavioral Health (through peer support staff) assist individuals in navigating the complexity of criminal justice and social services systems. Clients have access to email, phone calls and free Wi-Fi; phone charging stations; snacks, water, female personal hygiene products; SNAP/Medicaid enrollment; Department of Workforce Services (DWS) information; a safe place to wait for services; transport options (bus tokens, VOA van service, homeless van services); homeless housing referrals; donated clothing items, and other resources.

Sequential Intercept #5 – Community

● **VOA, Odyssey House (OH) & VBH, Assertive Community Treatment (ACT) Teams & Odyssey House Forensic ACT Team** - Salt Lake County/Optum has contracted with VOA, VBH and OH to implement Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Team service delivery models for up to 500 Salt Lake County residents. The teams provide intensive home and community-based services. The ACT Teams offer a "hospital without walls" by a multidisciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within the community. The programs are implemented to fidelity to the evidence-based model as outlined by SAMHSA. DBHS also funds housing for these programs. A large portion of these individuals are justice-involved.

● **Housing Programs** * – DBHS funds multiple housing first initiatives for individuals involved in the justice system. Some serve individuals with severe mental illness, while others are tailored towards supporting individuals with primary SUD conditions. These programs are a combination of scattered units throughout the valley, boarding homes, rental assistance vouchers, sober living homes, and partnerships on tax credit housing projects where DBHS funds Medicaid supportive living rates, rental subsidies, and even some capital expenses.

In addition to the above, there are many housing programs through other funding streams that DBHS partners with and in some cases funds in-kind behavioral health services for, to assist in meeting HUD funding requirements.

JRI funding is used for a portion of these housing programs.

● **Intensive Supervision Probation (ISP) Program** - DBHS continues to partner with the

Sheriff's Office and CJS on the ISP program. This program targets high-risk, high-need (SUD) individuals sentenced to county probation at CJS. Clients are evaluated using the LS/CMI risk tool, along with an ASAM assessment to determine appropriate level of supervision and care. In early 2025, a major program overhaul took place to ensure evidence-based supervision services were being followed. Some major improvements include overhauling the language and readability of all forms, changing the frequency of clinical staffings, and increasing in-person field visits. Clients continue to be supervised in the community by deputies from the Sheriff's Office and receive intensive case management services through CJS. DBHS provides dedicated assessment staff working in coordination with the deputies and case managers, as well as prioritized access to treatment services for the uninsured and underinsured populations. Through this model there has been an increase in the number of clients who present for an assessment and treatment, reductions in the wait times associated with accessing treatment, and lower attrition rates when compared to the overall system. Through the expansion and evolution of the program, Recovery Support Services (case managed at DBHS), access to evidence-based MAT (case managed at DBHS and offered through a network of providers), and peer-led recovery coaching (through a contract with USARA) are accessible to ISP participants.

In March 2016 this program was presented to the County Council and received unanimous support for an increase in ongoing county funds ($2.3 million overall, $790,000 for community treatment) to grow the program. County funds for this program are not included in this budget narrative. After successful implementation, ISP received several accolades for the innovative strategies employed to stop the revolving door of recidivism in Salt Lake County, including: the 2016 National Association of Counties (NACo) Achievement Award; was selected to present at the national 2016 American Probation and Parole Association Conference in Cleveland; the 2017 Salt Lake County Sheriff's Office Distinguished Unit award; and, was recognized by the Honorary Colonels of Salt Lake in 2018.

An additional $1.4M was awarded to ISP in July 2017 from the Justice Reinvestment Committee (JRC funds cut in FY20). Leveraging these funds, ISP was able to fund a third licensed mental health therapist (has since reduced back to two, and then back down to one based on pandemic shifts and demand) to provide additional clinical assessments. The program also was able to expand treatment capacity, funding an active caseload of 280 clients, up from the original program capacity of 180 clients. By utilizing county funds, ISP was able to expand supervision and case management capacity as well (hiring 2 additional case managers and 3 Sheriff's Office deputies).

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

clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process. It is important to keep in mind that DBHS will no longer be able to monitor data for this program in the same way, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

During FY21, due in large part to TAM and the Adult Medicaid Expansion occurring over the prior two years, a large portion of treatment funds were no longer needed for this program. The participating treatment providers assisted with a seamless transition in funding source to Medicaid without service interruption to the clients. With the Medicaid expansions being open to other providers outside of the DBHS network, additional providers have begun to serve ISP clients as well. JRI funds continue however to play a large role in funding the correctional staff and other ancillary, non-Medicaid funded services such as UA testing, RSS services and recovery coaching through USARA.

● **Mental Health Court Housing** – beginning in FY22, mental health court housing units (2 master leased units and 6 units at First Step House's Fisher House) transferred from Salt Lake County Criminal Justice Services to DBHS.

● **Rep Payee Services** - a supportive service to individuals in need of assistance in managing their finances. Many individuals with severe and persistent mental illness, cycling through the criminal justice system, benefit from this type of service.

● **Supported Employment Programs** – multiple Salt Lake County network providers operate successful employment assistance programs for justice-involved populations.

● **USARA** - DBHS assists with funding for this program. This organization provides peer recovery support services, delivered by peer recovery coaches, a non-clinical support that brings the lived experience of recovery along with training and supervision to assist individuals in initiating and/or maintaining recovery. They also provide support groups for families and friends who are concerned about someone with a substance use disorder, mutual aid groups in multiple recovery pathways, and social events.

This program has targeted efforts for justice-involved populations such as the Intensive Supervision Probation Program, Family Recovery Court, Drug Court, and others.

● **Medication-Assisted Treatment Programs** - In past years, DBHS utilized federal dollars to expand medication-assisted treatment access within the community. Salt Lake County had six out of the top ten hotspots identified within the state for opioid related emergency room visits and overdose deaths. In an effort to address these hotspots, capacity in the existing Project Reality location was increased, and two new clinics were opened in other areas of the county.

One of the newer clinics is located in West Jordan, through Clinical Consultants, the other is located in Murray, through Project Reality. Federal grant dollars are utilized to maintain some of these clinics. Several other MAT providers exist within the network.

● **Community Mental Health and SUD programs** - there are many other mental health or

substance use disorder treatment programs, in all levels of care, that serve the criminal justice population. Medicaid expansion has enabled an unprecedented expansion of these services.

As an example, ~170 SUD residential beds existed in 2016, and currently exceeds 600, more than tripling capacity within the Salt Lake County network. In 2015, 32 Mental Health Co-occurring Residential beds existed, by 2024, there were 104 beds, again more than tripling capacity.

Criminogenic Screening and Assessment Tools

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

Strategies used with low and high risk offenders
All clients are screened for criminogenic risk using validated, JRI-recommended tools (either the LS/CMI, the LSI, or the RANT) depending on the agency. Based on capacity at each agency, and the ability to stratify residential and outpatient programs by risk, clients are separated into the most appropriate setting. For example, Odyssey House places all 'intense' and 'very high' risk clients at their Millcreek campus. All 'high' clients go to the Downtown facility. All moderate clients attend Lighthouse, and all 'moderate-low' clients attend the Meadowbrook facility. Because of the size of the programs at Odyssey House, they would not have low-risk clients in service with high-risk clients. For the outpatient side of services, OH places all lower risk clients in the weekend IOP/OP Expedition Program. Not as much flexibility exists for outpatients. Other agencies do not have as much flexibility because of the size of their programs and other financial constraints. First Step House for instance does not serve many, if any, low-risk clients. They do have some higher and intense risk programs that will serve only clients scoring in the 25+ range of the LS/CMI (REACH Program). Lower risk clients at FSH are typically referred to other programs for services, where they can receive differentiated services based on their lower risk scores. In our criminal justice programs (such as the ISP Program), many different EBPs are utilized to work with lower risk (all clients are at least a 30 on the LS/CMI) clients. These include EPICS (Effective Practices in Community Supervision), BITS (Brief Intervention Tools), Seeking Safety, and risk-based case planning based on the Risk, Needs, Responsivity (RNR) model.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on **the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.**

Although progressive for its time in 2012, the original Receiving Center (RC), was underutilized by law enforcement and emergency services. Though it was set up to receive referrals from law enforcement, these referrals had decreased over the years due to the requirement that clients routinely needed to go to the emergency room first to be medically cleared. Though that was not a requirement when the existing Receiving Center initially began, this became a necessity due to a combination of medical liability concerns, physical setup of the Receiving Center space, and

inability to fund the correct staffing model to operate as a "no wrong door" facility. This, plus the location of the facility, was a discouragement to law enforcement since it took them off the streets for extended periods of time.

Our goal, in the beginning of this multi-year area plan, was to open a new centrally located, non-refusal Receiving Center. DBHS was awarded funding for a new non-refusal Receiving Center, SLCo transferred the property, and thanks to HMHI and additional partners and funding, a groundbreaking occurred in May, 2021. The program's design was to serve Salt Lake County community members who are in psychiatric or substance use-related crises; however, the new Receiving Center would accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals were expected to be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others might be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals were anticipated to benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and Detox.

Due to this facility not becoming operational until 2025, the Salt Lake County Council voted to dedicate $2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC was built and operational. The RC Bridge was completed in October 2023, expanding from 5 chairs to 12 and operated as a non-refusal center.

This quality improvement goal was completed in March 2025. Through partnerships with the county, state and private donors, HMHI opened the new non-refusal 30-chair facility. This new RC replaces the previous RC, that although progressive for its time upon opening in 2012, was not centrally located, and underutilized by law enforcement and emergency services due to a combination of issues.

The Crisis Care Center, where this is located, also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

Additionally, with the opening of The Crisis Care Center and its 30-chair Receiving Center on March 31, 2025, it is the intention of HMHI to re-purpose the 12-chair Bridge Receiving Center into a Youth Receiving Center. Though no definitive date is available at this time to open this Youth Receiving Center, the plan is to open it sometime during CY25. They will serve clientele who are experiencing a mental health crisis and they will be allowed to stay up to 23 hours.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

DBHS recognizes Justice Reinvestment Initiative (JRI) Programming as a countywide initiative affecting multiple stakeholders including law enforcement, the county jail, courts, criminal justice services, legal defender's office and district attorney's office. As a result, when implementing a JRI

strategy DBHS was committed to broad support of county stakeholders, including approval from Criminal Justice Advisory Council stakeholders prior to implementing programming with JRI community-based treatment funding.

Mayor Jenny Wilson	Salt Lake County Mayor
Sheriff Rosie Rivera	Salt Lake County Sheriff's Office
Hon. Brendan McCullagh	Judge, West Valley City Justice Court
Anndrea Wild	CJAC Coordinator
Honorable Jojo Liu	Judge, Salt Lake City Justice Court
Suzanne Harrison	Salt Lake County Council
Dea Theodore	Salt Lake County Council
Coleen Jacobs	Chief of Police, West Valley, LEADS Chair
Kelly Colopy	Director, Salt Lake County Human Services
Sim Gill	District Attorney, Salt Lake County
Kele Griffone	Director, Criminal Justice Services
Representative Jim Dunnigan	Utah House of Representatives
Senator Stephanie Pitcher	Utah State Senate
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Assoc
Honorable Susan Eisenman	Third District Juvenile Court
Wayne Niederhauser	Coordinator, Utah State Office of Homeless Services
Honorable Laura Scott	Third District Court, Presiding Judge
Jim Peters	State Justice Court Administrator
Jeff Silvestrini	Mayor, Millcreek City
Tim Whalen	Director, Salt Lake County Behavioral Health Services
Pamela Vickrey	Utah Juvenile Defender Attorneys, Executive Director
Scott Fisher	Salt Lake City Municipal Prosecutor
Andrew Johnston	Salt Lake City Homelessness Director
Brian Redd	Police Chief, Salt Lake City
Erin Mendenhall	Salt Lake City Mayor
Mark Paradise	Third District Court Trial Executive
Rebecca Brown	Deputy Dir, Utah Dept of Corrections
Wendy Isom	Program Director, SLC Police Department Victim Advocate

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

DBHS is a member of the Criminal Justice Advisory Council, where ongoing systemic needs are addressed monthly, coordinated and planned for. One example is the new Receiving Center. This item is periodically addressed on the agenda to provide updates and receive feedback from stakeholders.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Examples of services to these populations include:

Volunteers of America, Utah's Treatment Services Division (Cornerstone Counseling

Center/Family Counseling Center - VOA/CCC/FCC) - has several programs to assist children and youth who are justice-involved with local DCFS, DJJS, Juvenile Courts, etc. Both CCC and FCC provide direct mental health services based on the client-centered biopsychosocial assessment. Services are provided by Licensed Mental Health Therapists as well as therapists working towards full licensure and Advanced Practice Registered Nurses (APRNs). Medication management services are provided for youth aged 16 years and older. Other available services include individual therapy (including play therapy) for children four years and older, group therapy as indicated by current census, and family therapy. Additionally, CCC provides Parent Child Interaction Therapy (PCIT), an evidence-based practice, for children aged two and a half up to seven years old.

Odyssey House - Their adolescent continuum serves JJS and DCFS youth and works closely with JJYS and DCFS workers to coordinate care. Their school-based behavioral health services work with JJYS and DCFS youth K-12 schools in every district in the county. The Youth Residential Program provides dual diagnosis to youth engaged in the juvenile justice and child welfare systems and provides SUD and mental health treatment along with access to high school education through a partnership with Salt Lake City School District. Finally, their Parents with Children Program works with DCFS custody youth to re-unify them with their parents while concurrently providing mental health and developmental services.

Salt Lake County Youth Services - Juvenile Receiving Center (JRC) - This program offers screening, evaluation and referral services to youth, families and law enforcement 24/7. Services are for youth ages 8 to 17 who need a crisis timeout, are runaway, homeless, ungovernable youth or youth who have committed minor offenses. Youth may come to the facility on their own, with parents or police may bring in youth who have committed a status offense or delinquent act that does not meet Detention Admission Guidelines. This may include but not limited to running away from home, truancy, substance use, curfew violation or acting beyond the control of the youth's parents. No appointment is needed to access the Juvenile Receiving Center services including individual or family crisis counseling. Serving two locations: Salt Lake and West Jordan. The JRC is located in South Salt Lake and operates 24/7.

Please also refer to the Drug Court section of the SUD Narrative for additional information on support to Family Recovery Court and collaborations that occur there with Third District Juvenile Court.

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

Correctional Program Checklist (CPC) - The CPC is a tool developed to assess correctional intervention programs and is used to ascertain how closely those programs meet known principles of effective intervention. Several studies conducted by the University of Cincinnati-of both adult and juvenile programs-were used to develop and validate the indicators on the CPC. These studies found strong correlations with outcome between overall scores, domain areas, and individual items.

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including:

(1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsibility, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either “HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT": or "INEFFECTIVE".

As a network system, multiple agencies within the DBHS network have worked with the CPC to assess, and then implement strategies to improve their services, in particular around individuals with current or past justice involvement. In recent years, First Step House and Odyssey House have worked extensively with the CPC, among other agencies. In 2025, the Utah Criminal Justice Center reached out for additional agency partners to work with to provide an initial or CPC reassessment. Agencies who had previously been assessed felt they had enough insight from those previous assessments to continue working on improvements without a reassessment. We now have Volunteers of America and Valley Behavioral Health participating in the CPC process for an initial assessment beginning in Spring 2025.

DBHS has developed multiple outcome measures that vary from program to program. Please reference the attached compilation of reporting metrics and sections in this narrative above for some examples. Data DBHS has collected in the past include hospital diversion rates, treatment engagement, graduation rates, reductions in Risk Scores, positive drug testing rates, number of bed nights funded for individuals in permanent supportive housing, changes in census in co-occurring residential programs, changes in ACT Team census numbers and NOMS data such as employment, housing and “frequency of use” changes. New outcome measures for ACT teams were developed in FY22 and continue to be monitored on baselines and targets established in FY23. DBHS has also tracked reductions in jail recidivism for certain cohorts through a data sharing agreement with the Salt Lake County Jail.

Although Medicaid expansion has been a huge benefit to the behavioral health population we serve, it is important to understand that since November 2017 (the implementation of TAM), April 2019 (the Medicaid Expansion to 100% FPL), and finally January 2020 (expanding up to 138% FPL), DBHS lost the ability to track many of the metrics above for a large portion of these programs.

Significant anomalies may occur in data and outcome metrics for FY21 and forward due to COVID responses both within the treatment system and within our county jail.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A) - Completed on Form A

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.
Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.
Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.
For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report). **For those not participating in this grant program, please indicate "N/A" in the box below.**
For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention progams, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report). **If any of the following project deliverables are currently available, please link them here or attach them to your submission.** 1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.** 2. **By year 3 funding recipients shall submit a written community postvention response plan.** **For those not participating in this project, please indicate, "N/A" below.**
For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area. **For those not participating in this project, please indicate, "N/A" below.**

Salt Lake County

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

3 Year Plan (2024-2026)

With the intention of helping every community in Utah to establish sustainable Community Centered Evidence Based Prevention efforts, fill in the following table

Not every community will be at optimal readiness nor hold highest priority. This chart is designed to help you articulate current prevention activities and successes

List every community in your area defined by one of the following:

1. serving one of the 99 Small Areas within Utah
2. serving the communities that feed into a common high school
3. any other definition of community with OSUMH approval.

*All “zero” or “no priority” communities may be listed in one row

CCEBP Community	CCEBP Community Coalition Status (see tool here)	Priority High Medium Low	Notes/ Justification of Priority	List of Programs Provided (if applicable)	Evidence Based Operating System (e.g. CTC, CADCA Coalition Academy, PROSPER)	Links to community strategic plan
East High School Cone - Salt Lake Central 9th Youth Prevention Coalition (YPC)	G	High	~~Alexa Wrench left in March 2025, in the process of hiring a new CTC coordinator~~, Hired Steve Williams as coordinator. He attended both SAPST and CTC TOF in 2024. Coalition is in phase 4 of CTC, coalition has active CTC license through 2026, CTC coaching with Caryn Coltrin (RD). Has published community profile report. Has a chair Ben Trentelman, established a healthy youth council of 10 local and diverse youth. Funded through Block grant funding until 2027. Receives $10k CTC match funding from state (year 4). Participates in monthly county-wide coalition meetings and prevention service network meetings. Assigned Health Educator, Emily Hamilton to provide technical	CTC	CTC	https://drive.google.com/drive/folders/1AbDJL6qKhrJepR7NMKQvCFlvPPx5d0P7
Kearns City - MyKearns Community Coalition	G	High	~~Coalition has completed CTC and DFC frameworks.~~ Became independent 501cs. In year ~~7~~ 8 of DFC, with Salt Lake County acting as fiscal agent. ~~Coordinator Britta Watts (and coalition member Tyra Armstrong) attending National Coalition Academy in 2024.~~ Britta Watts completed the National Coalition Academy in 2024 and received recognition at CADCA Forum. ~~Receiving CTC coaching by Caryn Coltrin (RD).~~ Coordinator participates in monthly county-wide coalition meetings. Has ~~a new~~ Chair, Kristen Dietz. In Phase 3 of CTC process, assessing new FY23 SHARP data. Focusing on recruitment of Community Members and engagement, and collaboration for SYNAR and EASY data and efforts. Piloted school-based prevention programming CREST Project with USU Extension FY25, looking to expand efforts in FY26. Established an active peer court and looking for sustainable funding. Has an active youth coalition of 12 members who focus on community events. ~~In FY24, youth Gio, was nationally recognized at CADCA forum.~~ Current challenge is police support was rescinded by city leadership. Britta Watts is on SLCoHD Community Health Coalitions	CTC, ME Time, Guiding Good Choices, Common Sense Parenting, Youth Peer Court	CTC / CADCA	https://docs.google.com/document/d/1ncQ77BFbWcgeZdt_gfErbvQC6603D1bn/edit

Magna City- Magna United Coalition	G	High	Coordinator Jordan Peterson has completed CTC TOF, KLO completed, and priorities have been set. ~~CTC coaching with Caryn Coltrin (RD~~). Participating in Utah Group CTC Coaching 2x a month. Currently in ~~phase 4~~ phase 5 (evaluation) and cycling through the process to phase 2/3 of CTC. Funded through block grant through 2027 and through a federal crime grant (Safety & Success) with Salt Lake County acting the fiscal agent. Receives $10k CTC match funding from state (~~year 4~~ year 5). Coordinator, Jordan Peterson, and coalition Chair, Trish Hull, Participates in monthly county-wide coalition meetings. Peer Court established alongside coalition in 2024. CTC license active through 2026 ~~expired in 2023, relicensing in 2024.~~ Received and participated in CPP grant from Parents Empowered in 2024. In 2025, plan to expand youth council, elect new board chair, participate in Community Readiness Assessment for opioid misuse. Recieved Get Healthy Utah designation. Assigned Health Educator, Emily Hamilton to provide technical assistance to this	CTC, ME Time, Too Good for Drugs, Guiding Good Choices, Botvin Life Skills (in school)	CTC / Community-Based Violence Intervention and Prevention initiative (CVI)	https://drive.google.com/drive/folders/10UdpH298OOsF46KHP9zVI1xiHufFf8Po
Midvale City - Uplift Midvale	~~E5b~~ E6	High	~~crime~~, Violence and substance use prevention. coordinated by city in partnership with state. Has state funding through Juvenile Justice (Safety & Success), with Salt Lake County acting as the fiscal agent. Vanessa Guevara coordinator. ~~hired and participated in CTC TOF in January 2024~~. Elected Chair, Mauricio Agramont. Coalition identified priority R&PF and is currently in Resource Assessment milestone of Phase 3. Plan to enter into Phase 4 of CTC process in FY26. Received $10k in CTC funds (year 1). Completing a Coalition Process Evaluation through the University of Utah. Receiving CTC coaching by Caryn Coltrin (RD). Coordinator participates in monthy county-wide coalition meetings. Assigned ~~Health Educator Julia Glade t~~ Alysa Stuart (PC) to provide technical assistance to this coalition.	CTC	CTC/ Community-Based Violence Intervention and Prevention Initiative (CVI)	
Bluffdale City - Healthy Bluffdale	~~E7~~ E4a	High	~~Contracted to pilot Coalitions Lite to be completed in June 2024. Will start~~ Started CTC process July 2024. Funded through Block grant. Hired Ashley Taylor as part time coalition coordinator. She attended CTC TOF in March 2025. CTC coaching with Caryn Coltrin (RD). After completing Coalitions Lite process, they renewed efforts and now in Phase 1 and planning their KLO. ~~Brighton Wilson as part time coordinator and is acting as chair.~~ Received $10k in CTC funds (year 1). Coordinator participates in county-wide coalition meetings. Assigned Health Educator Julia Glade to provide technical assistance to this coalition.	CTC	CTC	
Millcreek City - Healthy Millcreek	~~E7~~ E4a	High	~~Contracted to pilot Coalitions Lite to be completed in June 2024.~~ Funded through Block grant. ~~Funded by OPG starting July 2024 to implement CTC~~. Coordinator Kiana Dipko and acts as chair. Coordinator participates in county-wide coalition meetings. Supported Partnership with United Way Promise Programs. After completing Coalitions Lite process, they renewed efforts and now in Phase 1 and and scheduled KLO on June 3 2025. Participating in Utah Group CTC Coaching 2x a month. Received Get Healthy Utah Designtation. Assigned Health Educator Raul Garcia ~~Julia Glade~~ to provide technical assistance to	~~Promise Millcreek,~~ CTC, SpyHop Teen Prevention Programs	~~Coalitions Lite~~ CTC / Collective Impact Model	Coalitions Lite Strategic Plan: https://docs.google.com/document/d/1Em9nxyrxO6JkE-qYBCOIe8Ypp_gyYUlJ/edit

Holladay City - Happy Healthy Holladay	~~E3~~ E4a	High	community priority. Coordinator, Megan Bartley, participates in monthly County-wide coalitions meeting. Funded through OPG funds to implement CTC coalition, and participating in OPG Bach Harrison evaluation process. In Phase 1 and identifying key leaders and planning KLO. Participating in Utah Group CTC Coaching 2x a month. Active CTC license through 2027. Received $10k in CTC funds (year 1). Completed Opioid Use Community Readiness Assessment in 2025, and community is in Stage 3- Vague Awareness. Received CPP grant from Parents Empowered in 2024, will launch campaign efforts in May/June 2025. Received Get Healthy Utah Designation. Assigned Health Educator ~~Whitney Rosas~~ Kassidy Sweeney to provide technical assistance to this coalition. ~~Will purchase CTC license.~~	CTC	CTC	
South Salt Lake City - South Salt Lake Cares Coalition ~~Promise South Salt Lake Gang and Substance Misuse Prevention Coalition~~	~~E1~~ E4b	High	~~Focuses on neighborhood development as a whole, also gang prevention. Starting July 2024~~ Funded through ~~OPG~~ Block Grant funds to implement CTC coalition. ~~Implementing Community Readiness Assessment for Opioid misuse in 2024.~~ Hired new coordinator Chelsea Frost in Jan 2025. Received $10k in CTC funds (year 1). ~~Coordinator Tori Smith~~ Chelsea participates in monthly county-wide coalition meetings. Already completed CTC TOFand UPC trainings with previous Lehi coalition. Participating in Utah Group CTC Coaching 2x a month. Supported Partnership with United Way Promise Programs. Completed Opioid Use Community Readiness Assessment in 2025, and community is in Stage 2- Denial Resistance. Received SOP Funds starting FY25. Received OD2A funds to address opioid readiness issues. Completed KLO on 4/23/25. Moving into Phase 2. ~~Plan to apply for the $10k match grant from state in FY 2025.~~ Assigned Health Educator Emily Hamilton to	CTC	~~Neighborhood Centers Model~~ CTC / Collective Impact Model	http://www.southsaltlakecity.com/department-listings/promise-ssl
Murray City - Murray Partners 4 Prevention	~~E4a~~ E5b	High	~~Starting April 202~~ Funded through OPG funds to implement CTC coalition, with Murray Chamber of Commerce as fiscal agent and fiduciary. Participating in OPG Bach Harrison evaluation process. Coordinator Sheri Van Bibber ~~hired to facilitate coalition~~ completed CTC TOF and SAPST training in 2024. Participating in Utah Group CTC Coaching 2x a month. Elected chair Sierra Marsh. Received CPP grant from Parents Empowered in 2024. Completed KLO and CBO in FY25 and moving into phase 3 in FY26. Coordinator participates in monthly county-wide coalition meetings. Assigned Health Educator Whitney Rosas to this coalition to provide technical assistance. ~~Will purchases CTC license.~~ CTC license active until 2027.	CTC	CTC	n/a
Cottonwood Heights City - Health in the Heights	~~C1~~ E4b	~~Medium~~ High	~~Community started in January 2024. Will do CTC process,~~ Funded by block grant, starting July 2024. Hired Sondra Stephens as full time coordinator. Sondra completed CTC TOF and SAPST training in 2025. Participating in Utah Groupt CTC Coaching 2x a month. Elected chair Chelsea ?. Completed KLO April 30 2025. Coordinator participates in monthly county-wide coalition meetings. Assigned Health Educator Whitney Rosas to provide technical assistance. CTC license active until 2027. Interested in Get Healthy Utah Designation. ~~Champion Samantha DeSeelhorst~~	CTC	CTC	n/a
Draper City - Draper Wellness Coalition	C1	~~Low~~ Medium	We have met to discuss CTC, ~~but no movement at this time,~~ capacity of coalition to maintain a CCEBP indicated as largest barrier to move forward. Not funded through SLCoHD. Received Get Healthy Utah Designation. Quarterly meetings focus on health topics that coalition deems important. Coalition members attending Bryce Canyon Coalition summit in June ~~2024.~~ 2025. Assigned Health Educator ~~Raul Garcia~~ Whitney Rosas to this coalition to provide technical assistance.	None	Used to use CTC. Has since disbanded	n/a

West Jordan City - Healthy West Jordan	C1	~~Low~~ Medium	Community coalition focusing on ~~physical health, data and~~ community engagement, healthy living and nutrition. Discussed CTC, capacity of coalition to maintain a CCEBP indicated as largest barrier to move forward. Redoing mission and vision at this time to focus and prioritize efforts. Coordinator, Ashley Dupler, attends county-wide coalition meetings. Received Get Healthy Utah Designation. Coalition members attending Bryce Canyon UPCA summit in June ~~2024~~ 2025. Not funded through SLCoHD. Assigned Health Educator Raul Garcia to provide	None	None	Get Healthy Utah Plan
Sandy City - Healthy Sandy	C1	~~Low~~ Medium	Has money for mini grants for health initiatives in the community. Strong city support and robust coalition. In process of adjusting steering communities, looking at priority areas, including adding a health component to 20 year City Plan. Discussed CTC, capacity of coalition to maintain a CCEBP indicated as largest barrier to move forward. Charles Otis, chair, Participates in monthly County-wide coalitions meeting. Not funded through SLCoHD. Received Get Healthy Utah Designation. Assigned Health Educator Raul Garica to provide technical support to this	None	None	Get Healthy Utah Plan
South Jordan City - Healthy South Jordan	C1	~~Low~~ Medium	Received Get Healthy Utah designation. Reactivated coalition. Coordinator Janell Payne Participates in monthly County-wide coalitions meeting. Discussed CTC, capacity of coalition to maintain a CCEBP indicated as largest barrier to move forward. Not funded through SLCoHD. Health Educator Kassidy Sweeney ~~Julia Glade~~ assigned for technical assitance.	None	None	n/a
West Valley City - Healthy West Valley	C1	Medium	Currently working on implementing Health in All Policy framework. Received Get Healthy Utah designation. ~~Received recognition from City council and became a formal coalition structure with city funding, with Kevin Nguyen as coalition chair.~~ Electing new chair and leadership. Discussing options for full time coordinator. The coalition meets regularly and is working with SLCoHD Community Health Coalitions Team to build capacity to implement CCEBP. Currently using Strategic Prevention Framework processes. Currently reassessing priorities through SHARP data assessments and ~~completing a Community Readiness Assessment related to Opioid misuse~~. Completed Community Readiness Assessment for opioid use in FY25 and community is in Stage 3 - Vague Awareness. Received OD2A funds to address opioid readiness issues. Recieved Get Healthy Utah Designation. Not funded through SUD. Coordinator Alex Kidd participates in monthly county-wide coalition meetings. Health Educator Julia Glade assigned for	None	None	n/a
Glendale, Rose Park, Poplar Grove - West Side Coalition	C3	Medium	Assigned Health Educator ~~Emily Hamilton~~ Kassidy Sweeney to support local communities and coalitions to build readiness for CCEBP. Lack of SHARP data access a large barrier for building coalitions for this area as continued discussions with Salt Lake City School District still is not successful. West Side coalition is robust, established community coalition, but still deterimining best fit for CCEBP. Glendale has own community coalition although, West Side also covers this geographic community. Trying to determine appropriate fiduciary and lead agency	none	none	n/a
Herriman	C3 A34	Low	Community coalition focusing on suicide prevention and mental health. Participates in monthly County-wide coalitions meeting. Not funded through SLCoHD. Received Get Healthy Utah Designation. Health Educator Julia Glade assigned for technical assistance.	None	None	n/a
Taylorsville	C3 A34	Low	Taylorsville has an identified community coalition and just received Get Healthy Utah designation. Working to build relationships to support coalition and implmement best practices. Health Educator Julia Glade assigned for technical assistance.	None	None	n/a

Avenues Daybreak Foothill/East Bench Southeast Liberty Sugarhouse Riverton ~~Taylorsville~~	A234	None	None of these communities have expressed the desire or readiness to pursue substance use prevention. Most, although not all, of these areas have historically high levels of resources and are not considered priorities for SLCo staff, although staff continue to work to develop and maintain relationships with these communities. Not funded through SLCoHD.	None	None	n/a

Area Narrative: Over the next three years, what will the LSAA do to support/enhance community driven evidence-based prevention? What are goals or expected outcomes for the LSAA
The SLCo SUD Prevention Program will continue supporting existing community coalitions, coach emerging coalitions, work to implement countywide environmental strategies and

FY2024-FY2026 GOALS	FY2024-FY2026 OUTCOMES			
Coalitions: Goal 1 - Advance Existing coalitions through SPF phases	Increase # of preventions coalitions in SLCo to 6, Increase # of CCEBP coalitions in SLCo to 6, Increase # of coalitions utilizing risk & prevention factors specific to substance use to 6, Increase # of EBP that coalitions are implementing at the local level to target substance use to 15, Increase # of coalitions conducting community readiness assessments specific to opioids to 5			
Coalitions: Goal 2 - Develop a pipeline of communities ready to form new SPF coalitions				
Environmental Strategies: Implement environmental strategies related to alcohol, marijuana and vaping prevention utilizing CADCA's 7 strategies	2 countywide campaigns related to Parents Empowered and Gray Matters will be implemented by 2026. By 2026, 3 CCEBP coalitions will have integrated one environmental strategy into their action plan. Increase our EASY compliance rates by1.5% by 2026. Alcohol and tobacco outlet density will have reduced by .5% by 2026			
Equity and inclusion: Coach coalitions on diversity and inclusion, specifically diversifying board membership	Coalition boards will increase their representation of their community. Coalition coordinators will advance knowledge of National CLAS Standards in working with disparate populations			
Contracted Providers: Work with contracted prevention providers to integrate continuous improvement into day-to-day operations; expand partnerships to increase reach; increase culturally appropriate program leaders; leverage joint knowledge and expertise; and increase capacity of smaller community-based organizations.	Contracted providers that do not already have strong reporting systems will adopt new reporting guidelines; PSN meetings will address continuous improvement techniques (such as implementation teams and regular troubleshooting); PSN meetings will address partnering with culturally relevant CBOs to broaden program clientele and diversify program facilitators. Coalitions will understand the existing evidence based programs and providers within SLCo.			

SUP COALITION APPROACH LOGIC MODEL

Goals	Strategies	Short Term Goals	Long Term Outcomes
Advance Existing Coalitions through SPF Phases	Continue to financially support SPF coalitions with Block Grant funds	Continue to fund Magna United CTC and Central 9th YC until 2027 annually	Protective Factors *Increase rewards for prosocial involvement to 50% in 2025 from 47.6% in 2021, as measured by the SLC County SHARP report for all youth. Increase family attachment to 66% in 2025 from 63.9% in 2021, as measured by the SLC County SHARP report for all youth. Increase opportunities for prosocial involvement to 67% in 2025 from 65.3% in 2021, as measured by the SLC County SHARP report for all youth. Risk Factors *Decrease low commitment to school to 48% in 2025 from 51.4% in 2021, as measured by the SLC County SHARP report for all youth. *Decrease low perceived risk of drug use to 41% in 2025 from 43.7% in 2021, as measured by the SLC County SHARP report for all youth. Decrease youth attitudes favorable to drugs/drug use to 22% in 2025 from 24.5% in 2021, as measured by the
	Provide technical assistance to funded coalitions	monthly with each coalition we are supporting and coalition coordinator on progress and TA.	
	Implement continuous improvement processes to address weaknesses of implementation and ensure progress through milestones and benchmarks	Hold monthly coalition leadership trainings. CTC coalitions attend required group coaching and additional coacing with RD as needed and requested.	
	Facilitate networking and partnerships between coalitions and contracted service providers to leverage existing evidence-based interventions and better align them to the communities and populations that coalitions serve	Increase the number of evidence-based programs/strategies/activities that coalitions are implementing at the local level to target substance use to 15 by 2026	
Develop a Pipeline of Communities Ready to Form New SPF Coalitions	Build trust with communities through trusted messengers, identifying areas of mistrust, and employing a community research process.	Develop relationships and build trust with 3 new communities by 2026. (Taylorsville, West High School cone in SLC, Highland High School cone in SLC)	
	Educate communities on the benefits of evidence-based coalitions	Present at least once to all Healthy Community coalitions on benefits of CCEBP by 2026.	
	Assess and help increase community readiness	Complete 5 community readiness assessments specific to opioids by 2026	
	Train communities on evidence-based coalition frameworks	Increase the number of prevention coalitions using the CTC Model, and/or increase the average stage of CTC model for coalitions in Salt Lake County to 8 by 2026	

	Support communities to develop and maintain EB coalitions	Increase the number of coalitions targeting risk & protective factors specific to substance use to 8 by 2026	2021, as measured by the SLC County SHARP report for all youth. Decrease laws and norms favorable to drug use to 29% in 2025 from 32.9% in 2021, as measured by the SLC County SHARP report for all youth. Decrease academic failure to	

SUP ENVIRONMENTAL APPROACH LOGIC MODEL				
Strategy	**CADCA 7 Strategies for Community Change**	**Measure (How much?)**	**Short Term Goals (How well are we doing?)**	**Long Term Outcomes (Who is better off?)**
Evidence-informed prevention messaging campaigns (Parents Empowered, Gray Matters)	#1 Provide Information	Implement two county wide campaigns for each of these campaigns (4 campaigns total)	Completed all 4 campaigns by 2028.	30-Day Alcohol Use by Youth from 4.8% to 4.3% by 2027 (SLC LSAA SHARP 2027) 30-Day Marijuana Use by Youth from 5.2% to 5.0% by 2027 (SLC LSAA SHARP 2027) 30- Day Vaping nicotine Use by Youth .7% by 2027 (SLC LSAA SHARP 2027)
Environmental strategy trainings to Coalitions to build capacity to create sustainability at local level	#2 Build Skills	Implement an environmental strategy trainings to all CTC / DFC coalitions to encourage implementation and sustainability	Each CTC/DFC coalition has integrated one environmental strategy that aligns with their priorities into their action plan by 2028.	
EASY Alcohol Compliance Checks	#4 Reducing Access / Enhancing Barriers	Meet with all Law Enforcement leaders in our county to encourage EASY checks	Increase our county compliance rates 3% by 2028.	
Alcohol, Marijuana and E Cig Outlet Density Assessments	#6 Physical Design in Environment	Complete alcohol, marijuana and e cig outlet density reports and maps for Salt Lake County and inclusive coalitions.		
Assess city and county zoning policies for alcohol outlets and vaping outlets for salt lake county and inclusive coalitions	#7 Modifying & Changing Policy	Complete alcohol, marijuana and e cig policy assessments and maps for Salt Lake County and inclusive city based coalitions.	Reduce alcohol outlet density by 1% countywide by 2028.	

SUP Youth Advocacy					
Strategy	**Activities**	**Process Goals (How much?)**	**Short Term Goals (How well are we doing?)**	**Long Term Outcomes (Who is better off?)**	
Increase youth advocacy opportunities and youth recognition in FY ~~25~~ 26 in combination with our Tobacco Program partners	Fund ~~4~~ 5 community youth groups in Salt Lake County for $10k-$15k grant awards to complete a community youth advocacy project	Fund ~~4~~ 5 separate community youth groups annually through contract/RFA process	Rewards for prosocial involvement in the community for youth will increase from 44.3% to 47.3% by 2027 (SLC LSAA SHARP 2027)	30-Day Alcohol Use by Youth from 4.8% to 4.3% by 2027 (SLC LSAA SHARP 2027) 30-Day Marijuana Use by Youth from 5.2% to 5.0% by 2027 (SLC LSAA SHARP 2027) 30- Day Vaping nicotine Use by Youth .7% by 2027 (SLC LSAA SHARP 2027)	
	Send 5 funded youth groups to CADCA Forum in January 2026		Interaction with prosocial peers in the community for youth will increase from 42.4% to 43% by 2027.		
	Each activity process goals will be determined by the youth groups themselves through various leadership building workshops.	Youth will determine their own process goals through the activity planning process	Rewards for prosocial involvement in peer groups will increase from 52.6% to 55.6% by 2027.		

	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Reduce past 30 day drug, alcohol, tobacco, and marijuana use for refugee and immigrant youth under the age 21	**Risk Factors:** **- Low Commitment to School** **- Attitudes Favorable to Antisocial Behavior** **- Perceived risk of drug use** **Protective Factors:** **- Rewards for Prosocial Involvement**	Refugee and immigrant youth continue to arrive to Salt Lake County on a monthly basis. These youth, along with long-term resettled youth needs extra supporting in overcoming the many barriers that face refugee and immigrant youth	Indicated; 35 youth per year	Evidence Based Mentoring Program	Improvement in prosocial scores in the SDQ questionnaire among 80% of participants; 3% improvement in school attachment measure by	Reduce past 30 day drug, alcohol, tobacco, and marijuana use for youth under the age 21 as measured on the SHARP Survey
Measures & Sources	2021 SHARP data; Strengths and Difficulties Questionnaires	Strength and Difficulties Questionnaire (SDQ)	Intake forms, Juvenile Justice Data, School Data	Intake forms and quarterly administration of the SDQ	Quarterly SDQ Questionnaire administrations; Quarterly School Report Cards; Juvenile Justice Risk Assessments	SDQ testing; Monthly school attendance reports	2025 SHARP Testing

Intervention Name		Priority Population(s)/Zip Codes Served		Cost of Intervention		Evidence Based: Yes Name Registry	
Positive Action		Refugee and Immigrant Youth and Families / 84104; 84119; 84120; 84119; 84123; 84107; 84106; 84101; 84118; 84128		SLCoHD Grant Funds: $99,833 Other Funds: $42,500 Total: $142,333		https://www.blueprintsprograms.org/programs/182999999/positive-action/	
Applicant: Asian Association of Utah				Tier Level: Model (blueprints)			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Reduce past 30 day drug, alcohol, tobacco, and marijuana use for refugee and immigrant youth age 18 and under	**Risk factors: Low Commitment to School; Perceived Risk of Drugs** **Protective factors: Rewards for Prosical Involvement; Interaction with Prosocial Peers**	Refugee and immigrant youth continue to arrive to Salt Lake County on a monthly basis. These youth, along with long-term resettled youth needs extra supportive programming in out of school time spaces where they can learn prosocial behaviors that will assist in ATOD prevention	Universal (Universal Approach was selected because of the data listed on Blue Prints Programs website); 80 youth ages 6-18 over one year	Positive Action Curiculum presented on average 3 times per week in afterschool/summer school settings covering: alcohol prevention; drug	Improve pre/post Positive Action Assessment Scores by 2%; 75%+ attendance to the afterschool/summer school/regular day school by 80% of the participants	Reduce past 30 day drug, alcohol, tobacco, and marijuana use for minority youth under the age 21 as measured on the SHARP Survey
Measures & Sources	Positive Action Assessment; SHARP Data	Positive Action Assessment; School attendance	Intake forms, school referrals, Community Referrals	Intake Forms; Positive Action Assessment	Intake Forms; Positive Action Assessments	Positive Action Assessment; program and school attendance records	2025 SHARP Data

Intervention Name		Priority Population(s)/Zip Codes Served		Cost of Intervention		Evidence Based: Yes Name Registry	
Systematic Training for Effective Parenting (STEP)		Refugee and Immigrant Parents / 84104; 84119; 84120; 84119; 84123; 84107; 84106; 84101; 84118; 84128		SLCoHD Grant Funds: $70,869 Other Funds: $96,000 Total: $166,869		Pew Results First Clearinghouse Database; https://www.steppublishers.	
Applicant: Asian Association of Utah				Tier Level: 3 - Promising Research Evidence (Pew); 3 Promising Research			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Amongs focus population, reduce: 1. Prevent ATOD use; 2. Increase Family Attachment	**Risk Factors:** **- Parental Attitudes Favorable to Antisocial Behavior** **Protective Factor:** **- Family Attachment**	Refugee and Immigrant families are continually resettling to Salt Lake County. Coming to the USA they need to learn new parenting laws and norms that will assist them in building family attachment during a time of transition.	Indicated; 60 parents reached from refugee and immigrant communities in Salt Lake County	STEP Evidence Based Curriculum with Fidelity measures; Classroom setting delivery with in person and virtual options to limit transport barriers. Topics covered: Understanding yourself and your child; beliefs and feelings; encouraging	Increase Family Attachment among 80% of the participants;	Reduce 30-day alcohol use by individuals under the age of 21 by 2% from 2021 – 2027 SHARP Surveys
Measures & Sources	STEP Curriculum; STEP Assessments	2021 SHARP Assessment; STEP Assessments	Registration Forms/State Refugee Data	Registration Forms/State Refugee Data	STEP Assessments; STEP Curriculum	STEP Assessment DATA	SHARP 2027 Data

Intervention Name	Priority Population(s)/Zip Codes Served	Cost of Intervention	Evidence Based:
			Yes
			Name Registry
Big Brothers Big Sisters		SLCoHD Grant Funds: $100,000	Blueprints
		Other Funds: $23,000	
		Total: $123,000	
Applicant: Big Brothers Big Sisters of Utah		Tier Level: Promising	

	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc. of the intervention	Short	Long
	1. Reduce Past 30 Day use of Alchohol	1. Perceived Risk of Drug Use	1. Number of children who have tried e- cigarettes or vape products has increased by over 26% in the past four years. The perceived risk of activities such as smoking, drinking,and drug use is lower in Salt Lake County than the rest of Utah. This means that youths are more likely to engage in risky behaviors.	Selective - 28 Youth ages 6-17 with a refugee background will be matched with volunteer mentors in SL County one-to- one BBBSU Mentoring Programs	Youth will meet with their mentor 2-4 times per month for a minimum of 12 months with a mentor in Big Brothers Big Sisters of Utah mentoring programs. Mentors and Mentees work towards goal on YODR as well	70% of youth served with funding from SL County SAPS will be matched for a minimum of 12 months	1 - Reduce 12th grade youth reporting past 30 day use of alcohol from 8.8 to 8 by 2025

	2. Reduce Past 30 Day use of Marijuana		The risk profile of youths in Salt Lake County exceedsthe average of Utah in all areas except one: the perceived availability of handguns. Self-reported alcohol and marijuana use exceeds the average in Utah.	Selective - 24 Youth ages 6-17 living in Priority Zip Codes 84115, 84118, 84119, 84120, 84128, South Salt Lake, Kearns, and West Valley City, will be matched with volunteer mentors in one-to-one BBBSU mentoring Programs	BBBSU professional staff will work with each child, parent/guardian and volunteer mentor to develop individualized support plans for each child (BBBSU Youth Outcome Development Plan - YODP)	30% or more of youth served in SL County will report reliable improvement in depressive symptoms in YOS/COS follow up surveys	2 - 12th grade youth reporting past 30 day use of marijuana reduced from 11.4 to 9.5 by 2025
Logic	3. Reduce Past 30 Day use of E- Cigarette Use/Vaping	**2. Rewards for ProSocial Involvement**	2. In 2021, nearly 40% of Utah students reported being bullied. Having a mentor helps many kids improve their behaviors and make good choices Students in Salt Lake county reported fewer opportunities for pro-social involvement in all categories than compared with Utah average.		BBBSU professional staff will maintain monthly (or more frequently if needed) contact with all first year program participants and at least quarterly contact with	12% or more of youth served in SL County will report reliable improvement in school connectedness in YOS/COS follow up	3. 10th grade youth reporting past 30 day use of E-Cigarette Use/Vaping will reduce from 9.4% in 2021 to 8.5% by 2025

		3. Depressive Symptoms	3.In 2020, suicide was the number one cause of death for kids ages 10-17 in Utah. In 2021, 75% of Utah kids reported depressive symptoms.	Selective /Indicated - 15 youth ages 6-17 who were referred by a counselor to BBBSU and live in a priority zip code or are part of one of the priority populations will be matched with volunteer mentors	continuing participants to ensure continuous individualzed support to achieve positive youth outcomes.	17% or more of youth in SL County will report reliable improvement in emotion regulation in YOS / COS	4. Youth reporting low commitment to school in 8th grade reduced from 55.1 to 51 in 2025
	4. Increased Commitment to school	4. Low Commitment to School	4.Economically disadvantaged students in Utah graduate at a rate 9.6% lower than their peers. This is the 11th largest difference in the country. The percentage of students who perceived the relevancey of school for their lives has decline to 44.4% since 2017.			90% of youth served in SL County will avoid substance use, regardless of prior use.	5. 12th grade youth reporting reduced depressive symptoms reduces from 50.7% to 47.5% by 2025 SHARP 6. 10th grade youth reporting a perceived risk of drug use will decrease from 44.4 to 40% by 2025
	5. Reduce Depressive Symptoms						7.Reduce % of 10th grade youth reporting attitudes favorable to antisocial

Measures & Sources	2021 SHARP Data BBBSU YOS/COS Pre-Post Test Survey Data	*2021 SHARP Data *Hawkins &Catalono Risk and Protective Factors *Public/Private Ventures Study: Making a Difference, An impact study of Big Brothers Big Sisters *Search Institute's 40 Developmental Assets and Developmental Relationships *PROMIS Pediatric Depressive Symptoms (2013)	*2021 SHARP Data *2021 Protecting Youth Mental Health: The U.S. Surgeon General's Advosory	Participant records managed through BBBSU's program salesforce database - Matchforce.	Case Management Records and resulting data from BBBSU's program database - Matchforce	BBBSU's Youth and Child Outcomes Sruveys (includes baseline & annual follow-up surveys) BBBSU's strenght of Relationship Survey (conducted	SHARP data Baseline from 2021 SHARP

Intervention Name				Cost of Intervention		Evidence Based: Yes Name Registry	
Nuevo Dia - Strengthening Families Program 10-14. Priority populations: Hispanic families with children in 3rd-6th grade in high Latinx population elementary schools in Salt Lake County School District.				SLCoHD Grant Funds: $61,010 Other Funds: $ Total: $61,010		Blueprints and Crime Solutions	
Applicant: Centro de la Familia de Utah				Tier Level: Promising (Blueprints), Promising (Crime Solutions)			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	- Family management problems - Favorable attitudes toward alcohol, tobacco, and vaping use - Low commitment to school	Risk factors - Favorable attitudes toward problem behaviors and substance use - Family conflict - Negative peer influences - Poor social/stress management skills Protective factors - Positive youth and family management practices: monitoring, age-appropriate parental expectations, and consistent discipline - Effective and empathetic parent-child communication - Peer pressure refusal skills - Goals/positive future orientation	Hispanic youth make up the second largest demographic at 14.8% of the 6th-12th grade population, compared to 76% white. While a much smaller portion of the population, substance use is highest among Hispanic youths. Centro's proposed prevention program targets children in the 3rd-6th grade to reduce risk factors and increase protective factors before children start to use alcohol, tobacco, and vaping.	Selective Families with 3rd-6th graders in high-Latinx population elementary schools in Salt Lake County School District Estimated # served families: 30 families	1. 10 sessions; 1 parents and technology session, 8 instruction sessions made up of child class, parent class, family class; 1 closing celebration session. 2. Family meals at every session 3. 2 Extraordinary Activities per cohort 4. Key topics for parents:	80% of participants complete program 80% of parents report increased confidence in family management skills 80% of children report increased confidence in ability to handle peer pressure 80% of participants show gains in	Increase in Hispanic student elementary school completion Improved attendance rate for Hispanic students
Measures & Sources	2021 SHARP Assessment for Hispanic Youth	Strengthening Families 10-14	2021 SHARP Assessment for Hispanic Youth	Enrollment and attendance records	Lead Program Instructor records and lesson plans	Pre and post surveys	Target school records

Intervention Name: Second Step				Cost of Intervention		Evidence Based: Yes **Name Registry:**	
Second Step				SLCoHD Grant Funds: $99,332 Other Funds: $ Total: $99,332		NREPP	
Applicant: City of South Salt Lake				Tier Level: Universal, Promising			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Underage Alcohol Use	Risk Factors: Depressive Symptoms, Academic Failure, Attitudes favorable to ASB, Early initiation of drug use Protective Factors: Opportunities for Pro-social involvement at school (afterschool), interaction with Prosocial Peers ***CADCA Root Causes-***	Community risk factors are high in SSL, and the COVID-19 pandemic has exacerbated these issues	Universal- total reached with this intervention for 2022-23: 325 elementary-aged youth.	Second Step Curriculum- substance abuse and decision making lessons	Second Step Lessons Delivered, Youth report 3% change in risk or protective factors correlated with Underage	Underage Drinking in SSL decreases by 3%
Measures & Sources		SHARP	PSSL Youth Surveys, observations from PSSL staff, staff training sessions	PSSL enrollment records		Pre and post tests	SHARP, Compilation of pre- post tests

Intervention Name LifeSkills Training Priority Population(s)/Zip Code(s)				Cost of Intervention		Evidence Based: Yes or No Name Registry	
LifeSkills Training (LST) Priority Populations: Grades 4-6, Grades 7-9, Grades 10-12, Adults/Caregivers Children who have a history of trauma, placement disruption, and caregiver instability, minority and underserved communities, LGBTQ+ (individuals with an increased risk of substance use and other risk factors). All Salt Lake County zip codes will be served.				SLCoHD Grant Funds: $81,959 Other Funds: $ Total: $81,959		Yes; Blueprints	
Applicant: Children's Service Society of Utah				Tier Level: SAMHSA= 3.9-4.0/Blueprints Certified Model+ Program			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	**Amongst focus populations reduce:**	**Risk Factors include:**	Kinship care (children being cared for by someone other than a biological parent) continues to increase. 2021 data shows that 64,865 Utah children reside in homes where a relative is the head of household. 21,000 are being raised without a parent in the home. These numbers			70% of LifeSkill sessions completed	Perceived risk of drug use increases from 43.7% (2021 Salt Lake County SHARP) to 54.5% (2021 Norm SHARP data)

	30 day substance use, including: marijuana, tobacco/vaping, and alcohol	Low commitment to school, Low Neighborhood attachment, Family Conflict, Family History of Antisocial behavior, Perceived Risk of Drug Use, Parent attitudes favorable to drug use	are compared to 758 children in foster care residing in kinship homes. (Data reporting period: 2021, grandfamilies.org). Children in foster care, children in kinship homes, and children who have a history of trauma, are at a higher risk of risk factors that include: antisocial behavior, low engagment in school, and substance use.	Selective: specific to individuals who are in a kinship setting (kin child, kin relative, kin caregiver).	LifeSkills Training model utilizes core components of various other evidence based models, including: CBT (Cognitive Behavioral Therapy), Functional Family Therapy, and Strengthening Families.	Pre-Survey completed in session 1, and Post-Survey completed at last session: survey results will show an increase in protective factors that include: perceived importance of school, attachment to neighborhood, prosocial interaction with peers, 30 day decrease in use of substances (including: marijuana,	30 Day Alcohol use decreases from 4.8% (2021 Salt Lake County SHARP) to 4%

	Lifetime substance use, including: marijuana, tobacco/vaping, and alcohol	**Protective factors include:**		Although the population served by Children's Service Society of Utah, GRANDfamilies program fit into the "selective" category, services are provided universally to program clients. Participants will be enrolled by their caregiver (children/youth) or self (caregiver of kin children)	General Intake/Assessment process: each family completes an intake/assessment to determine family needs (includes pre and post protective factor surveys, TEQ's for children, etc.)	Protective factor development: clear standards for behavior, coping skills development, refusal skills development, positive social skill development, and increased problem-solving skills (https://www.blueprintsprograms.org/programs/5999999/lifeskills-training-lst/)	30 Day Marijuana use decreases from 5.2% (2021 Salt Lake County SHARP) to 4.5% (2021 State Wide average use)

	Antisocial behavior, suicide indicators and self-harm	Perceived importance of school/commitment to school, interaction with prosocial peers, high attachment to neighborhood, caregiver attitudes of drug use differ from that of bio. parents			LifeSkils Training Model Groups: Elementary School level, Middle School level, High School level, and Adult Elementary School: 8 sessions (up to 24 sessions over a three year period; dependent upon participant group numbers) Middle School: 15 sessions (up to 30 sessions		Lifetime use of vaping products will decrease from 16.5% (2021 Salt Lake County SHARP) to 14.6% (2021 State Wide average use)

	Amonst focus populations increase protective factors, including:			**Number of individuals to be served annually:**	Clinical: therapy services are provided to families as needed (individual or family); utilizing LifeSkills model techniques, in addition to CBT, TF-CBT, Motivational Interviewing, Functional Family Therapy, and Strengthening Families techniques		

	Perceived importance of school, attitudes toward mental health treatment, and neighborhood attachment	Children/Youth in foster/kinship placements are at a greater risk of having more risk factors and adverse childhood experiences than peers who are not in foster care or residing in a kinship placement.		Children/Youth: 200+ (includes all service types); LifeSkills Support Groups: 20-75 Adults: 100+ (includes all service types); LifeSkills Support Groups: 10-50	Case Management/ Support Services: Family Advocates engage with families at a minimum of one time a week for the first 12 weeks, one time a month after the first 12 weeks and up to one year; quarterly after that (for families who are not actively enrolled in and		

Measures & Sources	SHARP Assessment (specific to Salt Lake County)	SHARP Assessment (specific to Salt Lake County)	2020 census report, grandfamilies.org, cdc.gov/violenceprevention/aces	Intake reports, attendance logs (groups and activities)	LifeSkills Facilitator manual and participant manuals (course curriculum and description of sessions), Group participation (attendance records), Pre and Post surveys, Protective Factor Pre and post surveys, Advocacy Hours (number of hours spent working	Participant Post-Surveys	2023 SHARP Assessment
	Participant Survey s (Pre and Post)	Participant Surveys (Pre and Post)					

Intervention Name Project Toward No Drug Abuse				Cost of Intervention $77,190		Evidence Based: Yes Name Registry	
				SLCoHD Grant Funds: $		CEBC, Blueprints, NREPP, Crime Solutions	
				Other Funds: $			
				Total: $77,190			
Applicant: Drug Safe Utah Educational				Tier Level: Promising, Model			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc. of the intervention	Short	Long
Logic	Nicotine vaping and tobacco abuse	**Risk factors addressed** **Favorable attitudes toward the problem behavior** **Family history of problem behavior** **Media portrayals of the behavior** **Early inititation of the problem** **Protective factors addressed** **Problem solving and life skills**	Nicotine vaping rates are drastically increasing among the youth and leading to major health and additive behavior as adults	300 students and or their parents in the Salt Lake City School district	Implementng our program Project toward not drug abuse. Implementng our social media and public outreach campaign	Short-term goals Recrut 300 students and or their parents into our program with a 50% graduation By the end of June 2023 see an increase of 3% in the perception of risk of moderate to great harm from vaping.	By the end of 2025 see a decrease of 3% in 30 day vaping use among our targeted

		Rewards for pro-social involvment					
Measures & Sources						SHARP DATA	SHARP DATA

Check & Connect Mentoring				Cost of Intervention		Evidence Based: Yes	
Populations served: Asian, Black or African American, LatinX, LGBTQIA+, Native Alaskan or American Indian, Native Hawaiian or Other Pacific Islander, Refugees and New Americans, Low Income, People experiencing homelessness ZIP codes served: 84044, 84115,84118, 84119, 84120, 84128				SLCoHD Grant Funds: $93,975 Other Funds: $793,000 Total: $ 886,975		US Dept of Education's What Works Clearinghouse: https://ies.ed.gov/ncee/wwc/	
Applicant: Granite School District				Tier Level: US Dept of Education's What Works Clearinghouse, positive			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
	* Reduce 30-day marijuana use * Reduce 30-day e-cigarette/vaping	**Risk Factor of Low comitment to school** **Protective Factor of Opportunites for Prosocial Involvement**		Indicated It is expected that an additional 150 students will be reached through funds from this grant.	* Weekly mentoring sessions. * Home visits as needed. * Supervion of mentors with monthy face-to-face meetings.	* 80 % of enrolled students will meet with their mentors at least 3 times each month. * 80 % of enrolled students will stay with the program after 6 months.	* 30 - day marijuana use will decrease 5% from the 2021 SHARP Survey to the 2023 SHARP * 30 - day e-cigarette/vaping will decrease 5% from the 2021 SHARP Survey to the 2023 SHARP * Opportunities for Prosocial Involvement will increase 5% from the 2021 SHARP Survey to the 2023 SHARP Survey

					*Resources provided to families		* Low Commitment to School will decrease 5% from the 2021 SHARP Survey to the 2023 SHARP
Measures & Sources	Granite School District 2021 SHARP Survey report - all grades	Granite School District 2021 SHARP Survey report - all grades	District Disciplinary data	Check & Connect enrollment counts.	Quartly Reports	Quarterly Reports	Granite School District 2023 SHARP Survey report - all grades

Magna United Communities That Care Coalition				$100,000		Evidence Based: YES Yes or No Name Registry :	
CTC				SLCOHD Grant Funds: $100,00 Alcohol Tax funds-$16,000 Total Cost: $116000		Yes: Blueprints Program Registry, Certified Promising Practice	
Applicant: Magna Metro Township							
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Amongst target population, reduce: 30-Day Marijuana use 30-Day Vaping Use 30-Day Alcohol Use	**Risk Factors:** Low commitment to school Low neighborhood attachment Parental attitudes favorable to drug use Attitudes Favorable to antisocial behavior **Protective Factors:**	Just like everywhere and especially since Covid, kids are confused about marijuana, alcohol, vaping and other substances. They see adults, media and peers using and see it as a thing they should do.Because the community is lower income and educated parents aren't home to monitor kids and they are left alone.Inflation and housing prices have only exacerbated it	Universal 6,464 youth ages 5-18 in Magna, goal to reach 80% of youth in that range	Communities That Care Coalitions are data driven, community based coalitions representing all 12 sectors of a community in order to effectively determine the risk and protective factors in your community that impact youth behavior. The coalition workgroups gather and analyze data, resources and tested and effective	The short term outcomes are to begin the programs and continue promotion, education and awareness of both the risk and protective factors and also the CTC program as a whole and to get more diverse members of our community involved in the CTC coalition. Hiring the liaisons and workign with our new	*All goals are for Magna Reduce 30-day alcohol use in all grades from 7.6% to 7% Reduce 30-day marijuana use in all grades from 10% to 9.3% Reduce 30-day vaping use in all grades from 10.9% to 10.1% Reduce low commitment to school in all grades from 49.7% to 46.2% Reduce low neighborhood attachment in all grades from 44.9% to 39%

		Opportunities for prosocial involvement at school Family attachment			and effective programs and decide which our community needs to best address the most pressing substance use problems.Programs are then presented with fidelity and evaluated for effectiveness.	our new contacts and community members to include them in the process	Reduce parental attitudes favorable to drug use in all grades from 18.4% to Reduce attitudes favorable to antisocial behaviors in 6th graders from 65.4% to Increase opportunities for prosocial involvement at school in all grades from 66.7% to Increase family attachment in all grades from 58.9% to
Measures & Sources	SHARP Data from Granite School District evaluated by the Magna United CTC Workgroups	Census data, SHARP data, police and community data from SLCo. All evaluated and examined by the workgroups to prepare an action plan	Requests from police, school administrators, parents and community leaders to address problems seen in the community	2020 Census Data	Centers for the Communities that Care and evaluation by Bach Harrison	The current Action plan from Magna United and decisions made by the Community Workgroup for the effective continuation of the CTC Coalition and evaluation by Bach Harrison	2023 SHARP Magna community profile

Intervention Name				Cost of Intervention		Evidence Based:	
YouthWorks-Project Towards No Drug Abuse Curr iculum				SLCoHD Grant Funds: $100,000 Other Funds: $67,150 Total: $167,150		Project Towards No Drug Abuse (TND) Blueprints: Model	
Applicant: NeighborWorks Salt Lake (YouthWorks)				Tier Level: Model (Blueprints)			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc. of the intervention	Short	Long
Logic	Use of alcohol, tobacco and other drugs	Risk Factos Addressed Availability/Access of drugs (CADCA) Community norms favorable towards drug use (CADCA) Favorable youth attitudes towards drug use (CADCA) Low commitment to school (SHARP) Preceived risk of drugs (SHARP) Youth attitude towards anti-social behavior (SHARP) 30 day e-cigarette use/vaping (SHARP) 30 day alcohol use (SHARP) 30 day marijuana use 30 day inhalant use Depressive symprtoms (SHARP)	According to the Journal of Adolescent Health, "A significant portion of U.S. youth are experiencing unmet needs and negative emotions due to COVID-19 suggesting additonal youth outreach is nessecary to ensure basic needs, inclduing socialization, are met." (Waselewski, Waselewski, and Chang 2020). Youth are experiencing negative consequences from the COVID-19 pandemic and ensuring that protective factors to address these needs are essential. During the last fifteen years, the diversity of the population in Utah has increased substantially. The highest percentages of racial and ethnic minorities reside in Salt Lake County. The 2016-	Selective Preventive Intervention (TND is ranked as evidence based for both Selective and Universal aplication on the Continuum of Intervention) -Voluntary -45-60 youth per year YouthWorks targets high-risk youth ages 14-18 residing in Salt Lake County, exhibiting one or more of the following characteristics: Truancy, low commitment to school, academic failure, gang involvement, juvenile court involvement, racial/ethnic minority, immigrant/refugee, low-income (80% below AMI), disenfranchised, experimenting with drugs and alcohol, living in a family or community with high exposure to all of the above. At-risk youth being referred	Provide four annual 12-week sessions with 15 hours of life skills and 5 hours of social skills per Monday – Thursday work week. -YouthWorks design implementation includes a stipend, school attendance and performance, work projects and experience, evidence-based drug	Desired short-term outcomes of the YouthWorks pre-employemnt program include: 30 day use reduction of Alcohol, cagarettes/tobacco, vaping, marijuana, and other drugs Youth develop a better understanding of the harms of alcohol and drug use Reduction of	Desired long-term outcomes of the YouthWorks pre-employment program include: Lifteime reduction of alcohol, cigarettes, tobacco, vaping, marijuana, and other drugs Reduction in depressive symptoms Fulltime job employment and/or enrollment in a institution

			detachment. In view of this, Salt Lake County is the most populous county in the state, with 1,186,421 residents in 2021 (U.S. Census Bureau Population Estimates). The expansion and economic growth in the county has made housing less affordable, placing even more pressure on underserved families and their children. 2021 SHARP indicators show that by 12th grade 22%	from: All High Schools within the Salt Lake City School District All High Schools within the Granite School District Horizonte Instruction and Training Center Innovations Early College Preparation High School Boys and Girls Clubs of Greater Salt Lake Juvenile Justice Services Division of Child and Family Services	and alcohol prevention curriculum, positive environment through pro-social learning, educational emphasis through skill trade, family support, and adult guidance and supervision. -Pre-employ, engage, and involve youth in community building activities such as Paint Your Heart Out,	depressive symptoms Renewed committment towards school Youth's attitude towards anti-social behaviours Increased attachment to community	of higher learnrning or technical training Development of bystander intervention techniques Increased attachment to community

Measures & Sources	Pre/ Post Test: Thinking for a Change Pre/ Post Program Survey ("YouthWorks Participant Survey") YASI Test	Community Anti-Drug Coalitions of America. (n.d.). Community Assessment. Retrived on March 1, 2022 from https://www.cadca.org/sites/default/files/resource/files/community_assessment.pdf DSAMH (n.d.). SHARP Survey Reports. Retrived on March 1, 2022, from https://dsamh.utah.gov/sharp-survey Pre/ Post Test: Thinking for a Change Pre/ Post Program Survey ("YouthWorks Participant Survey") YASI Test	"Needs and Coping Behaviors of Youth in the U.S. During COVID-19" by E. Waselewski, M. Waseleswki, and T. Chang, Journal of Adolescent Health, 2020 https://www.census.gov/quickfacts/fact/table/saltlakecountyutah/PST045221	Program Records: Number, source of Youth Applications Demographics of Youth Applicants YASI Test Interview process Pre/ Post Program Survey ("YouthWorks Participant Survey") Number of Referrals Made	Pre/ Post Test: Thinking for a Change Pre/ Post Program Survey ("YouthWorks Participant Survey") Interview Report Success Plans Technical Skills Tests School Records/Progress Reports ("YouthWorks Bi-Weekly Academic Progress Report") Program Attendance	Exit Interviews ("Exit Interview Questions") Program Completion/Exit Report Participant Program Evaluation ("YouthWorks Program Satisfaction Survey") 3- and 6-Month Follow Up Post-Program surveys ("YouthWorks Follow Up Interview Form") Pre/ Post	9- and 12-month Post Program Survey ("YouthWorks Follow Up Interview Form") Alumni Survey ("Alumni Survey-YouthWorks SLC")

Intervention Name				Cost of Intervention		Evidence Based: Yes or No Name Registry	
Living Well with Chronic Pain				SLCoHD Grant Funds: $30,684 Other Funds: $0 Total: $30,684		Yes, Results First Clearinghouse Database; National Council on Aging	
Applicant: Salt Lake County Aging & Adult Services				Tier Level: Highest rank - Results First Clearinghouse Database			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here?	U/S/I?	Key activities, topics	Short	Long
Logic	Reduce misuse of prescription drugs among older adults	Living well with Chronic Pain provides rewards for prosocial involvement and addresses the risk factors of chronic pain and increased access to/perceived risk of prescription drugs among older adults through evidence-based learning	Older Adults often experience chronic pain, which can lead to prescription drug misuse	Persons 60 years of age and older; At least 60 older adults will be served with this program (selective)	Stanford Self-management Program, Living Well with Chronic Pain, conducted in senior centers in targeted communities, for 6 weeks (1x/week, 2.5 hours).	Percent reporting on change in knowledge of perceived risk will improve 5% from baseline	Reduce the drug death poisonings in Utah for people 65+ from 11.6 per 100,000 population to 9.7
Measures & Sources	2020 IBIS	SLCoAAS Pre/post test	U.S. Dept of HHS, National Institute of Health, SAMHSA	Participant Information Forms	Attendance Records; Source Material from Self-Management Resource	SLCoAAS Pre/post test	2024 IBIS

Intervention Name		Priority Population(s) / Zip Code(s) Served		Cost of Intervention		Evidence Based: Yes Name Registry:	
Guiding Good Choices		Parents of 9-14 year-olds in: Magna, Kearns, West Valley City, South Salt Lake, Glendale and Rose Park neighborhoods, and LatinX community		SLCoHD Grant Funds: $93,400 Other Funds: $6,450 Total: $99,850		National Institute of Justice CrimeSolutions, Blueprints, NREPP, CEBC	
Applicant: Salt Lake County Youth Services				Tier Level: Effective (highest rating), Promising			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Amongst focus population, reduce: 1. 30-day marijuana use 2. 30-day vaping use 3. 30-day alcohol use	Risk factors family: Poor family management, family conflict, parental attitudes favorable to drug use Protective factors family: Family attachment, opportunities for prosocial involvement	Each of the targeted zip codes has higher rates of drug abuse issues than county-wide rates. These areas all have high percentages of low-income populations as well as general lack of resources in the community to serve mental health, medical, and academic needs. The Latinx community and especially the Spanish-speaking portion of that community has a severe lack of resources available to help them navigate family management.	Universal Estimated served annually: 140 caregivers (90 families)	1. 5 sessions with parents; 3rd session includes participation by youth Primary curriculum & skills development topics: a) identification of risk factors for adolescent b) Development of effective parenting practices to set clear expectations around substance c) Family conflict management	75% of families enrolled graduate 75% of caregivers held at least 50% of family meetings Statistically significant gains in knowledge and skills Statistically significant increase in parental perception of their influence on preventing substance use across participants	*All goals for Salt Lake County 30-day marijuana 30-day vaping use - decrease from 7.2% to 6.7% in 8th graders 30-day alcohol use - decrease from 4.9% to 4.5% in 8th graders Poor family management - decrease from 41.5% to 38.6% in Salt Lake County 6th graders, from 23% to 21.4% in 8th graders Parent attitudes favorable to

					d) Use of family meetings to improve family management 2. Weekly family meetings 3. Refusal skills for child 4. Parents clarifying expectations around drug use		drug use - Family conflict - decrease from 30.7% to 28.6% in 6th graders, from 25.9% to 24.1% in 8th Family attachment - increase from 67.1% to 71.8% in 6th graders, from 57.7% to 61.7% in 8th Family opportunities for prosocial involvement - increase from 65.1% to 69.6% in 6th graders, 65.4% to 70%
Measures & Sources	2021 SHARP Assessment for Salt Lake County	2021 SHARP Assessment for Salt Lake County	2021 SHARP Assessment, 2021 SLCO HD Gap Analysis	Program registration and attendance records	Facilitator fidelity reports and parent post-class surveys	Participant pre- and post-class surveys	2023 SHARP Assessment for Salt Lake County

Intervention Name		Priority Population(s) / Zip Code(s) Served		Cost of Intervention		Evidence Based: Yes Name Registry:	
ME Time		13-19 year-olds in: Magna, Kearns, West Valley City, South Salt Lake; BIPOC community; LGBTQIA+ youth		SLCoHD Grant Funds: $33,200 Other Funds: $67,692 Total: $100,892		Blueprints	
Applicant: Salt Lake County Youth Services				Tier Level: Certified Model Program (highest rating)			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Amongst focus population, reduce: 1. Depressive symptoms, 2. 30-day marijuana use 3. 30-day vaping use 4. 30-day alcohol use	Risk factors individual: Depressive symptoms, attitudes favorable to drug use Protective factors individual: Prosocial involvement	Each of the targeted zip codes has higher rates of drug abuse issues than county-wide rates. These areas all have a lack of resources in the community to serve mental health, medical, and academic needs.	Indicated Estimated served annually: 96	1. 6 sessions with youth Primary curriculum & skills development topics: a) Learning and practicing cognitive restructuring techniques b) Developing response plans to stressors c) Increasing involvement in pleasant activities	80 % of youth enrolled graduate Statistically significant decrease in depressive symptoms Statistically significant change in attitude toward substance Statistically significant increase in engagement in social behaviors	*All goals for Salt Lake County 30-day marijuana use - decrease 30-day vaping use - decrease from 6.6% to 6.1% in all grades 30-day alcohol use - decrease from 4.8% to 4.5% in all grades Depressive symptoms - decrease from 46.7% to

					2. Home exercises 3. Peer support within groups		from 43.4% to 43.4% in all Prosocial involvement - increase from 41.9% to 44.8% in all
Measures & Sources	2021 SHARP Assessment for Salt Lake County	2021 SHARP Assessment for Salt Lake County	2021 SHARP Assessment, 2021 SLCO HD Gap Analysis	Program registration and attendance records	Facilitator fidelity reports	Participant pre- and post and follow-up-class surveys	2023 SHARP Assessment for Salt Lake County

Intervention Name		Priority Population(s) / Zip Code(s) Served		Cost of Intervention		Evidence Based: Yes Name Registry:	
Staying Connected with Your Teen		Parents of 12-17 year-olds in: Magna, Kearns, West Valley City, South Salt Lake, Glendale and Rose Park neighborhoods, and low-income communities		SLCoHD Grant Funds: $46,400 Other Funds: $48,805 Total: $95,205		National Institute of Justice CrimeSolutions	
Applicant: Salt Lake County Youth Services				Tier Level: Promising (second highest rating)			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Amongst focus population, reduce: 1. 30-day marijuana use 2. 30-day vaping use 3. 30-day alcohol use	Risk factors family: Poor family management, family conflict, parental attitudes favorable to drug use Protective factors family: Family attachment, opportunities for prosocial involvement	Each of the targeted zip codes has higher rates of drug abuse issues than county-wide rates. These areas all have high percentages of low-income populations as well as general lack of resources in the community to serve mental health, medical, and academic needs.	Universal Estimated served annually: 138 caregivers (92 families)	1. 5 sessions with parents Primary curriculum & skills development topics: a) Identification of risk factors for adolescent substance b) Development of effective parenting practices to set clear expectations around substance c) Family conflict management	80% of families enrolled graduate Statistically significant increase in knowledge and skills among participants Statistically significant increase in parental perception of their influence on preventing substance use across participants	*All goals for Salt Lake County 30-day marijuana use - decrease from 5.2% to 4.8% in all grades 30-day vaping use - decrease from 6.6% to 6.1% in all grades 30-day alcohol use - decrease from 4.8% to 4.4% Poor family management - decrease from 26.7% to 24.8% in all grades Parent attitudes favorable to

					d) Use of family meetings to improve family management and child involvement e) Teaching refusal skills and providing appropriate supervision 2. Weekly family meetings 3. Refusal skills for child 4. Parents clarifying expectations around drug use		drug use - decrease from 13.5% to 12.5% in all grades Family conflict - decrease from 30.3% to 28.2% in all grades Family attachment - increase from 63.9% to 68.4% in all grades Family opportunities for prosocial involvement - increase from 65.3% to 69.9% in all
Measures & Sources	2021 SHARP Assessment for Salt Lake County	2021 SHARP Assessment for Salt Lake County	2021 SHARP Assessment, 2021 SLCO HD Gap Analysis	Program registration and attendance records	Facilitator fidelity reports and participant post-class surveys	Participant pre- and post-class surveys	2023 SHARP Assessment for Salt Lake County

Intervention Name				Cost of Intervention		Evidence Based: **Yes** Name Registry	
Guiding Good Choices				SLCoHD Grant Funds: $21,798.42 Other Funds: N/A Total: $21,798.42		Blueprints for Healthy Youth Development; Crime Solutions: OJJDP	
Applicant: Salt Lake City School District				Tier Level: Promising (Blueprints); Effective (Crime Solutions and OJJDP);			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Among Salt Lake City School District students reduce: 1. 30-day alcohol use 2. 30-day vaping 3. 30-day marijuana use 4. Depressive symptoms	Decrease risk factors: 1. Poor family management 2. Family conflict 3. Favorable parental attitudes towards problem behaviors Increase protective factors: 1. Family attachment 2. Rewards for prosocial involvement	The challenges and uncertainty of the pandemic increased risk factors and decreased protective factors for families across the state, and Salt Lake City School District families report experiencing significant risk due to poor family management and family conflict. 32.5% of families report poor family management in their homes, compared to a state average of 21.9%, with the highest rate occurring in 6th grade families (43%). Additionally, 31% of district families experience increased family conflict, compared to the 28.5% state average. About 21% of district parents have attitudes favorable to drug use, a rate trending up since 2015 and highest among 8th and 12th grade parents. Finally, 41% of students experience depressive symptoms and the pandemic has significantly increased student needs for mental	Universal Salt Lake City School District parents with students ages 9 to 14 Salt Lake City School District expects to provide 2 program cycles serving 10 families annually in partnership with Volunteers of America, Utah	Five 2-hour sessions held weekly with parents; Session 3 includes youth participants Session 1: Parents learn how to conduct family meetings as a tool for increasing family communication and bonding. Session 2: Parents learn how to set and monitor	75% of participants will complete the program 80% of participants will demonstrate improved family management knowledge and skills 80% of participants will report improved family interactions 80% of participants will hold	30-day alcohol use among Salt Lake City School District students will decrease from 15.8% in 2019 to 12.5% in 2023 30-day e-cigarette use/ vaping among Salt Lake City School District students will decrease from 15.9% in 2019 to 12.5% in 2023 30-day

Measures & Sources	2021 Hispanic Youth SHARP Assessment	2021 Hispanic Youth SHARP Assessment	Input from Midvale Community Building Community staff and clients; 2021 Hispanic Youth SHARP Assessment	Service roll; MMDS spreadsheet	Service roll; Session fidelity tools used by facilitator	MMDS spreadsheet; Participant pre and posttest surveys	2023 Hispanic Youth SHARP Assessment

Intervention Name				Cost of Intervention		Evidence Based: **Yes** Name Registry	
PRIME for Life				SLCoHD Grant Funds: $20,495.03 Other Funds: N/A Total: $20,495.03		**SAMHSA**	
Applicant: Salt Lake City School District				Tier Level: 3.3			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Among Salt Lake City School District students reduce: 1. 30-day alcohol use 2. 30-day vaping 3. 30-day marijuana use 4. 30-day inhalant use	Decrease risk factors: 1. Laws and norms favorable to drug use 2. Favorable attitudes towards drug use 4. Perceived risk of drug use 5. Early initiation of drug use Increase protective factors: 1. Rewards for prosocial involvement	Adolescence is a time of transition when youth struggle to identify their values and fit in with their social groups. Youth are more likely to use drugs when communities do not set strong anti-drug use norms and when youth do not perceive drug use to be risky and lack skills to resist pressure to use drugs. Students in Salt Lake City School District report increased risk for substance use compared to the state averages. Almost 40% of district students experience laws and norms favorable to drug use, a rate that has trended up since 2015. Furthermore, 33.5% of students report a favorable attitude towards drug use and half of students do not perceive drug use as risky. In 2019, 25.7% of students reported early initiation of drug use compared to the	Indicated Salt Lake County students in 6th through 12th grades at increased risk of substance use due to early initation of drug use SLCSD expects to provide 6 program cycles serving 35 students	8-hour program delivered in 4 or 5 weekly sessions 3 program cohorts provided in the evening at Horizonte Instruction & Training for students and parents 3 program cohorts provided after-school at partnering middle schools for students only Curriculum and skill development topics:	85% of participants will complete the program 85% of participants will report an unfavorable attitude towards drug use 85% of participants will report high perceptions of risk of drug use 85% of participants will report low intention to use drugs 70% of participants	30-day alcohol use among Salt Lake City School District students will decrease from 15.8% in 2019 to 12.5% in 2023 30-day e-cigarette use/ vaping among Salt Lake City School District students will decrease from 15.9% in 2019 to 12.5% in 2023 30-day

			state average of 12.7%. Salt Lake County students also report fewer rewards for prosocial involvement, an important protective factor against substance use. The pandemic has increased risk factors and decreased protective factors for students as normal routines and community connections were interrupted and many youth found significant unsupervised time out of school.		a. EXPLORING: Participants explore their personal values and goals, define substance use and discuss the factors that place individuals at increased risk of addiction. They discuss psychological and social influences on substance use and the physical risks that come from making high-risk drug choices. b.	will report increased rewards for prosocial involvement	
Measures & Sources	2019 Salt Lake City School District SHARP Assessment	2019 Salt Lake City School District SHARP Assessment	2019 Salt Lake City School District SHARP Assessment	Service roll; MMDS spreadsheet	Service roll; Session fidelity tools used by facilitator	MMDS spreadsheet; Participant pre and posttest surveys	2023 Salt Lake City School District SHARP Assessment

Intervention Name: ~~Spy Hop CTC~~				Cost of Intervention:		Evidence Based: Yes Name Registry:	
				SLCoHD Grant Funds: $98,934 Other Funds: $62,828 Total: $161,762		Blueprints for Healthy Youth Development	
Applicant: Spy Hop Productions				Tier Level: Promising			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Behaviors: Alcohol (Lifetime use) – 2021 16.5%, UT 14.0% Marijuana (Lifetime use) – 2021 11.6%, UT 9.8% Prescription narcotic abuse – 2021 1.6%, UT 0.9% Prescription drugs (all types combined) – 2021 5.8%, UT 5.3%	Coalition Identified Risk Factors (Percentage of youth with risk) Peer-individual Domain Risk Factors: Depressive Symptoms – 2019 40.3%, UT 36.4%, 2021 46.7%, UT 43.1% School Domain Risk Factors: Academic Failure – 2019 30.2%, UT 26.4%, 2021 34.4%, UT 29.4% Low Commitment to School – 2019 48.3%, UT 43.9%, 2021 51.4%, UT 48.8% Community Domain Risk Factor: Low Neighborhood Attachment – 2019 33.9%, UT 30.9%, 2021 36.1%, UT 33.3% Family Domain Risk Factors: Parent Attitudes Favorable to ASB – 2019 36.7%, UT 34.2%, 2021 41.6%, UT 39.3% Poor Family Management – 2019 25.4.5%, UT 21.9%, 2021 26.7%, UT 21.8% Protective Factors (Percentage of youth with protection) Community Rewards for Prosocial Involvement: 2019 50.5% 2021	The Coalition identified priority risk factors that are elevated for Salt Lake City teens (compared to state-level data) resulting in greater risk for substance abuse, delinquency, teen pregnancy, school dropout, violence, depression & anxiety.	Universal Coalition member organizations will provide tailored, targeted, evidence-based services to 6,755 SLC children and youth ages infant to 21. Estimated reach Salt Lake City (population 199,723),	1. Get Started Communities get ready to introduce CTC. 2. Get Organized Communities form a board or work within an existing coalition. 3. Develop a Community Profile Communities assess community risks and strengths—and identify existing resources	Decrease Coalition identified risk factors by 1% by 2023 (SHARP) Increase identified protective factors by 1% by 2023 (SHARP)	Reduce substance use and misuse by 4% by improving CTC efforts in Salt Lake City. (SHARP 2027) Downtown Salt Lake City

		involvement: 2019 50.5% 2021 47.6%, UT 55.2% Rewards for prosocial involvement: 2019 61.6%, 2021 56.9%, UT 62.2% School Rewards for prosocial involvement: 2019 58.4%, 2021 62.2%, UT 63% Peer-Individual Rewards for prosocial involvement: 2019 60.4%, 2021 52.7%, UT 59.4%					
Measures & Sources	SHARP 2019 & 2023	SHARP 2019 & 2023	SHARP 2019 & 2023		CTC Evaluation / Milestones Chart	SHARP 2019 & 2023	SHARP 2019 & 2023

Intervention Name: Spy Hop Teen Prevention Program	Cost of Intervention:	Evidence Based: No Name Registry:
	SLCoHD Grant Funds: $100,000 Other Funds: $855,000 Total: $955,000	

Applicant: Spy Hop Productions				Tier Level:			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Behaviors: Alcohol (Lifetime use) – 2021 16.5%, UT 14.0% Marijuana (Lifetime use) – 2021 11.6%, UT 9.8% Prescription narcotic abuse – 2021 1.6%, UT 0.9% Prescription drugs (all types combined) – 2021 5.8%, UT 5.3%	Spy Hop Coalition Identified Risk Factors (Percentage of youth with risk) Peer-individual Domain Risk Factors: Depressive Symptoms – 2019 40.3%, UT 36.4%, 2021 46.7%, UT 43.1% School Domain Risk Factors: Academic Failure – 2019 30.2%, UT 26.4%, 2021 34.4%, UT 29.4% Low Commitment to School – 2019 48.3%, UT 43.9%, 2021 51.4%, UT 48.8% Community Domain Risk Factor: Low Neighborhood Attachment – 2019 33.9%, UT 30.9%, 2021 36.1%, UT 33.3% Family Domain Risk Factors: Parent Attitudes Favorable to ASB – 2019 36.7%, UT 34.2%, 2021 41.6%, UT 39.3% Poor Family Management – 2019 25.4.5%, UT 21.9%, 2021 26.7%, UT 21.8% Protective Factors (Percentage of youth with protection)	Spy Hop Coalition identified priority risk factors that are elevated for Salt Lake City teens (compared to state-level data) resulting in greater risk for substance abuse, delinquency, teen pregnancy, school dropout, violence, depression & anxiety.	Universal Estimated 1,000 students served.	Scaffolded media arts workshops (4-10 hrs/wk, between 4 and 13 months; 160-600hrs/yr) Mentor based, inquiry based, and project based pedagogy Positive Youth Development	Decrease Coalition identified risk factors by 1% by 2023 (SHARP) Increase identified protective factors by 1% by 2023 (SHARP)	Reduce substance use and misuse by 4% by improving CTC efforts in Salt Lake City. (SHARP 2027) Downtown Salt Lake City

		Community Rewards for Prosocial Involvement: 2019 50.5% 2021					
Measures & Sources	SHARP 2019 & 2023	SHARP 2019 & 2023, Hello Insight pre and post SEL survey, Wyman Connect data entry	SHARP 2019 & 2023, Census data, UDOH, SLPD crime data, SLCo Health Data		Hello Insight pre and post SEL survey, Wyman Connect data entry, Rubrics, Student Surveys, Student Journals, Class	Attendance Records, SHARP 2019 & 2023, Wyman Connect data entry, reports & dashboard.	Attendance Records, SHARP 2019 & 2023, Wyman Connect data entry, reports & dashboard, alumni surveys and focus groups.

Intervention Name: Spy Hop TEEN TOP				Cost of Intervention:		Evidence Based: Yes Name Registry:	
				SLCoHD Grant Funds: $69,040.90 Other Funds: Total: $69,040.90		Blueprints for Healthy Youth Development	
Applicant: Spy Hop Productions				Tier Level:			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	**Why is the problem being address happening here? Why now?**	U/S/I?	Key activities, topics covered, etc. of the intervention	Short	Long
Logic	Behaviors: Alcohol (Lifetime use) – 2021 16.5%, UT 14.0% Marijuana (Lifetime use) – 2021 11.6%, UT 9.8% Prescription narcotic abuse – 2021 1.6%, UT 0.9% Prescription drugs (all types combined) – 2021 5.8%, UT 5.3%	Spy Hop Coalition Identified Risk Factors (Percentage of youth with risk) Peer-individual Domain Risk Factors: Depressive Symptoms – 2019 40.3%, UT 36.4%, 2021 46.7%, UT 43.1% School Domain Risk Factors: Academic Failure – 2019 30.2%, UT 26.4%, 2021 34.4%, UT 29.4% Low Commitment to School – 2019 48.3%, UT 43.9%, 2021 51.4%, UT 48.8% Community Domain Risk Factor: Low Neighborhood Attachment – 2019 33.9%, UT 30.9%, 2021 36.1%, UT 33.3% Family Domain Risk Factors: Parent Attitudes Favorable to ASB – 2019 36.7%, UT 34.2%, 2021 41.6%, UT 39.3% Poor Family Management – 2019 25.4.5%, UT 21.9%, 2021 26.7%, UT 21.8%	Spy Hop Coalition identified priority risk factors that are elevated for Salt Lake City teens (compared to state-level data) resulting in greater risk for substance abuse, delinquency, teen pregnancy, school dropout, violence, depression & anxiety.	Estimated # served / reached? Universal 25 students served.	WEEKLY PEER GROUP MEETINGS: "TOP Clubs" or groups meet for at least 25 weekly meetings across a program cycle, with a teen to facilitator ratio no greater than 25:1. + TOP CURRICULUM: Facilitators provide at least 12 lessons from the TOP	Improved social and emotional learning, and life skills: • Emotion management • Goal-setting • Communication Positive sense of self: • Self-understanding • Self-efficacy • Sense of Purpose • Teamwork • Empathy • Problem-solving Stronger connections to others:	Reduce substance use and misuse by 4%. (SHARP 2027) INTERMEDIATE-TERM OUTCOMES: Improved academics For example: • Fewer failing grades • Less course failure + LONG-TERM IMPACT: Decreased risky behavior For example: • Fewer suspensions • Fewer pregnancies

Measures & Sources	SHARP 2019 & 2023	SHARP 2019 & 2023	SHARP 2019 & 2023	Attendance records	Attendance records, Wyman Connect data entry, reports &	SHARP 2019 & 2023, Wyman Connect data entry, reports &	SHARP 2019 & 2023, Wyman Connect data entry, reports &

Intervention Name				Cost of Intervention		Evidence Based: Yes or No Name Registry	
InShape Prevention Plus Wellness				SLCoHD Grant Funds: $99,973.78 Other Funds: 0 Total: $99,973.78		Yes, BluePrints and NREPP	
Applicant: University of Utah Coalition for Student Well-Being				Tier Level: Promising			
	Goal Problem Behavior you are addressing	Factors and Root Causes Risk factors, protective factors, CADCA root causes	Local Conditions Why is the problem being address happening here? Why now?	Focus Population U/S/I? Estimated # served / reached?	Strategies Key activities, topics covered, etc. of the intervention	Outcomes (Results) Short	Long
Logic	Reduce 1. Past 30-day e-cigarette susceptibility 2. Past 30-day cannabis susceptibility 3. Past 30-day alcohol susceptibility	Risk factors: mental health status, social norms/perceived risks Protective factors: Interactions with prosocial peers, physical activity, healthy eating, sleep, stress management Root causes: favorable attitudes toward drug use (addressed via social norms/risk perceptions; assessed via susceptibility)	Compared to other age groups, 18-24-year-olds have among the highest rates for using e-cigarettes, cannabis, and alcohol indicating the importance of substance use education among this population. Data from the 2021 American College Health Assessment specific to the University of Utah indicate substance use is a concern. E-cigarette use in the past 90 days was reported by nearly 10% of students, cannabis use was reported by 20.6% of students, and alcohol use was reported by 48.9% of students. An additional 9.2%, 14.5%, and 7.8% of students are at moderate or high risk for initiating e-cigarette, cannabis, or alcohol use. Notably, 2019 data indicated	Universal The focus population is college students susceptible to substance use from the targeted priority populations. Estimated # served annually: 100 students	First, participants will complete a baseline survey that will invite them to consider and reflect upon their own wellness and substance use behaviors, Then, participants will engage in a one-on-one peer health coaching session where participants will discuss their physical	25% reduction in susceptibility to e-cigarettes, cannabis, and alcohol use. To reach the above goal, we anticipate we will also have to reach the following goals: 30% of participants accomplish their proposed goals 50% of participants report improvements in mental	2% decrease past 30-day e-cigarette, cannabis, and alcohol use rates

Measures & Sources	Data collected pre-post program, University of Utah NCHA data collected every other year	Data collected pre-post program (online surveys through REDCap prior to the session and then 2 and 6 weeks after)	Data collected pre-post program (online surveys through REDCap prior to the session and then 2 and 6 weeks after)	Ongoing monitoring of implementation (biweekly team meetings, reviewing entrollment and coach and participant feedback)	Coach and participant feedback immediately after each session (brief surveys)	Data collected pre-post program (online surveys through REDCap prior to the session and then 2 and 6 weeks after)	University of Utah NCHA data

Intervention Name: Too Good For Drugs/Violence				Cost of Intervention		Evidence Based: Yes Name Registry:	
Too Good For Drugs/Violence				SLCoHD Grant Funds: $99,981 Other Funds: $4,970 Total: $104,981		NREP, WWC	
Applicant: Utah State University Extension				Tier Level: 2.9, potentially positive			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the identified problem happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Amongst focus population reduce: 30-day alcohol use 30-day tobacco use 30-day marijuana use Bullying/Interpersonal violence	**Risk factors:** - favorable youth attitudes towards substance use - interpersonal violence/bullying **Protective Factors:** **- involvement in prosocial activities**	Parents of students in the afterschool program have indicated that they would like to see their children receive more education around ATOD misuse and character education. The SLCo afterschool programs at the participating schools have seen an increased need for bullying/violence prevention in the participating communities. Students have been negatively affected by increased community violence.	Universal Intervention 4th, 5th, 6th, 7th, & 8th grade students in afterschool programs in Magna and Kearns 120 students will be reached annually	Ten 45-minute lessons - peer resistance skills development - goal setting - decision-making - social-emotional competency skills - conflict resolution skills - cooperative learning - opportunities for practice through role-playing - homework assignments to apply knowledge - interactive games to keep youth engaged	50% of students report feeling more connected with the afterschool program/teacher 50% of students gain skills to resist peer pressure 50% of students gain more accurate view of peer acceptance of substance use 50% of students will perceive substance misuse as wrong, risky,	30-day alcohol use - Decrease use by 5% in Magna and Kearns in 7th and 8th graders 30-day tobacco use - Decrease use by 5% in Magna and Kearns in 7th and 8th graders 30-day marijuana use - Decrease use by 5 % in Magna and Kearns in 7th and 8th graders Decrease bullying

						or harmful 50% of	behaviors by 5% in 4th-8th graders
Measures & Sources	2021 SHARP Assessment for Magna and Kearns Jr. High School	2021 SHARP Assessment for Magna and Kearns Jr. High School Kearns and Magna CTC Coalition Community Assessments	Input from parents and afterschool program staff	Program registration and attendance records	Facilitator program records outlining the sections covered in each session Observations by evaluators	Student Pre-Post Surveys Records from Afterschool staff	2023 SHARP Assessment for Magna and Kearns Jr. High School

Intervention Name				Cost of Intervention		Evidence Based: **Yes** Name Registry	
Guiding Good Choices				SLCoHD Grant Funds: $38,629.26 Other Funds: N/A Total: $38,629.26		Blueprints for Healthy Youth Development; Crime Solutions: OJJDP	
Applicant: Volunteers of America, Utah				Tier Level: Promising (Blueprints); Effective (Crime Solutions and OJJDP);			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Among Hispanic youth reduce: 1. 30-day alcohol use 2. 30-day e-cigarette use/vaping 3. 30-day marijuana use 4. Depressive symptoms	<u>Decrease risk factors:</u> <u>1. Poor family management</u> <u>2. Family conflict</u> <u>3. Favorable parental attitudes towards problem behaviors</u> <u>Increase protective factors:</u> <u>1. Family attachment</u> <u>2. Rewards for prosocial involvement</u>	Hispanic youth in Utah report increased risk and decreased protection for substance abuse across all grades when compared to the state averages. Hispanic youth in 6th grade report the highest rates of poor family management (49.9% compared to 35.7%) and family conflict (34.8% compared to 30.3%). While these risks are highest in 6th grade, 8th graders experience risk disproportionately higher than the state averages. 48.7% of 8th grade Hispanic youth also feel that their parents have a favorable attitude towards problem behaviors. Furthermore, 8th graders also experience decreased protection, with only 46.8% feeling bonded to their family (compared to the 67.4% state average) and 39.1% feeling rewarded for prosocial involvement with family (compared to 58.3% in	Universal Spanish-speaking, immigrant, and new American families in Midvale with youth between the ages of 8 and 14 VOA expects to provide 4 program cycles serving 20 families annually in partnership with Midvale Community Building Community	Five 2-hour sessions held weekly with parents; Session 3 includes youth participants Session 1: Parents learn how to conduct family meetings as a tool for increasing family communication and bonding. Session 2: Parents learn how to set and monitor	90% of participants will complete the program 80% of participants will demonstrate improved family management knowledge and skills 80% of participants will report improved family interactions 80% of participants will hold	30-day alcohol use among Hispanic youth will decrease from 8.2% in 2021 to 6.2% in 2023 30-day e-cigarette use/ vaping among Hispanic youth will decrease from 10.3% in 2021 to 8.3% in 2023 30-day marijuana use among Hispanic youth will

Measures & Sources	2021 Hispanic Youth SHARP Assessment	2021 Hispanic Youth SHARP Assessment	Input from Midvale Community Building Community staff and clients; 2021 Hispanic Youth SHARP Assessment	Service roll; MMDS spreadsheet	Service roll; Session fidelity tools used by facilitator	MMDS spreadsheet; Participant pre and posttest surveys	2023 Hispanic Youth SHARP Assessment

Intervention Name				Cost of Intervention		Evidence Based: **Yes** Name Registry	
Living Skills				SLCoHD Grant Funds: $76,851.22 Other Funds: N/A Total: $76,851.22		CSAP; "Effects of a School Based Program to Improve Adaptive School Behavior	
Applicant: Volunteers of America, Utah				Tier Level: Exemplary Substance Abuse Prevention Program Award (CSAP			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I?	Key activities, topics covered, etc. of the intervention	Short	Long
Logic	Among Salt Lake County 6th graders reduce: 1. 30-day alcohol use 2. 30-day e-cigarette use/vaping 3. 30-day marijuana use	Decrease risk factors: 1. Low commitment to school 2. Rebelliousness 3. Favorable attitudes towards antisocial behavior 4. Early initiation of antisocial behavior Increase protective factors: 1. Interaction with prosocial peers 2. Rewards for prosocial involvement	Studies with children as young as first grade continue to link early aggressive behavior, peer rejection and withdrawal to later substance abuse problems (Fraser, 1996; Brook & Newcomb, 1995; Offord & Bennet, 1994; Bierman, 1993). These findings highlight the importance identifying high-risk youth at an early age and intervening on multiple risk factors before the onset of problem behaviors. Sixth grade students in Salt Lake County report increased risk for substance abuse compared to the state. Half of Salt Lake County 6th graders report favorable attitudes towards antisocial behavior, a rate that has increased since 2019. Furthermore, 28.3% of 6th	Estimated # served / reached? Selective High-risk children ages 6 to 11 in Salt Lake County VOA expects to provide 48 program cycles serving 288 children annually in partnership with 18 schools and community sites	10 small-group sessions held weekly with 6 to 8 children at their school or out-of-school program Curriculum and skill development topics: Cooperation; Improving self-image; Teamwork and group decision-making; Identifying and expressing feelings in a	80% of participants will complete the program 20% increase in prosocial behaviors (i.e. following the rules, concentration, participation and problem solving) reported by teachers/school counselors from pretest to posttest 20% decrease in rebellious and antisocial behaviors (i.e.	6th grade 30-day alcohol use will decrease from 1.6% in 2021 to 1.2% in 2023 6th grade 30-day e-cigarette use/vaping will decrease from 2.4% in 2021 to 1.7% in 2023 6th grade 30-day marijuana use will decrease from 0.6% in 2021 to 0.4% in 2023

Measures & Sources	2021 Salt Lake County SHARP Assessment	2021 Salt Lake County SHARP Assessment	Input from school and community partners; 2021 Salt Lake County SHARP Assessment	Service roll; MMDS spreadsheet	Service roll; Session fidelity tools used by facilitator	MMDS spreadsheet; Teacher/participant pre and posttest surveys	2023 Salt Lake County SHARP Assessment

Intervention Name				Cost of Intervention		Evidence Based: **Yes** Name Registry	
Botvin LifeSkills Training Booster				SLCoHD Grant Funds: $83,177.37 Other Funds: N/A Total: $83,177.37		Blueprints for Healthy Youth Development; CSAP; Crime Solutions: OJJDP Model	
Applicant: Volunteers of America, Utah				Tier Level: Model Plus (Blueprints); Model (CSAP); Effective (Crime			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Among Salt Lake County youth reduce: 1. 30-day alcohol use 2. 30-day e-cigarette use/vaping 3. 30-day marijuana use 4. 30-day inhalant use	<u>Decrease risk factors:</u> <u>1. Laws and norms favorable to drug use</u> <u>2. Favorable attitudes towards drug use</u> <u>4. Perceived risk of drug use</u> <u>5. Early initiation of drug use</u> <u>Increase protective factors:</u> <u>1. Rewards for prosocial involvement</u>	Adolescence is a time of transition when youth struggle to identify their values and fit in with their social groups. Youth are more likely to use drugs when communities do not set strong anti-drug use norms, and when youth do not perceive drug use to be risky and lack skills to resist pressure to use drugs. Students in Salt Lake County report increased risk for substance abuse. More than one third of Salt Lake County students experience laws and norms favorable to drug use, a rate that has increased since 2019. Furthermore, 24.5% of students report a favorable attitude towards drug use and 43.7% do not perceive drug use as risky. In 2021, 15% of Salt Lake County students reported early initiation of drug use compared to the state average of 11.7%. Salt Lake County students also report fewer rewards for prosocial involvement compared to the	Universal Salt Lake County students in 6th, 7th, 8th, and 9th grade classrooms who have already participated in the Botvin LifeSkills Training core curriculum at their school VOA expects to provide 44 program cycles serving 1,100 students in partnership with 12 Salt Lake City and Murray City School District schools	6th Grade Booster: 8 weekly sessions held in the classroom during the school day Middle School Booster: 10 weekly sessions held in the classroom during the school day Curriculum and skill development topics: a. Personal Self-Management Skills: Students develop skills that enhance self-esteem, develop	90% of participants will complete the program 45% of participants will demonstrate improved self-assertive efficacy from pretest to posttest 35% of participants will report increased school engagement from pretest to posttest 50% of participants will report increased rewards for prosocial involvement from pretest	30-day alcohol use for all grades will decrease from 4.8% in 2021 to 1.8% in 2023 30-day e-cigarette use/vaping for all grades will decrease from 6.6% in 2021 to 3.6% in 2023 30-day marijuana use for all grades will decrease from 5.2% in 2021 to 2.2% in 2023

Measures & Sources	2021 Salt Lake County SHARP Assessment	2021 Salt Lake County SHARP Assessment	Input from school district partners; 2021 Salt Lake County SHARP Assessment	Service roll; MMDS spreadsheet	Service roll; Session fidelity tools used by facilitator	MMDS spreadsheet; Participant pre and posttest surveys	2023 Salt Lake County SHARP Assessment

Intervention Name				Cost of Intervention		Evidence Based: **Yes** Name Registry	
Curriculum Based Support Group (Voices)				SLCoHD Grant Funds: $99,289.42 Other Funds: N/A Total: $99,289.42		**SAMHSA**	
Applicant: Volunteers of America, Utah				Tier Level: 3.7			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Among Salt Lake County youth reduce: 1. 30-day alcohol use 2. 30-day e-cigarette use/vaping 3. 30-day marijuana use 4. 30-day inhalant use	Decrease risk factors: 1. Favorable attitudes towards antisocial behavior 2. Intention to use drugs 3. Low commitment to school 4. Rebelliousness 5. Early initiation of drug use Increase protective factors: 1. Rewards for prosocial involvement 2. Interaction with prosocial peers	Adolescence is a time of transition when youth struggle to identify their values and fit in with their social groups. Youth are more likely to use drugs when they demonstrate rebelliousness, low commitment to school, and favorable attitudes towards drug use. Students in Salt Lake County report increased risk for substance abuse. More than 40% of Salt Lake County youth demonstrate a favorable attitude towards antisocial behavior, a rate that has trended up since 2017. Furthermore, 26.1% of Salt Lake County youth demonstrate rebelliousness and 51.4% report low commitment to school. In 2021, 20.2% of Salt Lake County youth reported early initiation of antisocial behaviors and 15.1% reported early initiation of drug use. These students also report fewer rewards for	Selective High-risk youth ages 10 to 17 in Salt Lake County VOA expects to provide 58 program cycles serving 464 youth annually in partnership with 19 schools and community sites	10 small-group sessions held weekly with 6 to 8 youth at their school or out-of-school program Curriculum and skill development topics: Improving self-image; Identifying and expressing feelings appropriately; Coping with difficult feelings such as anger and	85% of participants will complete the program 45% of participants will demonstrate improved social competence and self-regulation skills from pretest to posttest 25% of participants will report increased school engagement from pretest	30-day alcohol use for all grades will decrease from 4.8% in 2021 to 1.8% in 2023 30-day e-cigarette use/vaping for all grades will decrease from 6.6% in 2021 to 3.6% in 2023 30-day marijuana use for all grades will decrease from 5.2% in 2021 to 2.2% in 2023

Measures & Sources	2021 Salt Lake County SHARP Assessment	2021 Salt Lake County SHARP Assessment	Input from school and community partners; 2021 Salt Lake County SHARP Assessment	Service roll; MMDS spreadsheet	Service roll; Session fidelity tools used by facilitator	MMDS spreadsheet; Participant pre and posttest surveys	2023 Salt Lake County SHARP Assessment

Intervention Name				Cost of Intervention		Evidence Based: Yes or No Name Registry	
Strengthening Families Program 7-17				SLCoHD Grant Funds: $50,457 Other Funds: $1500 Total: $51,957		Yes Utah Evidence-Based Workgroup	
Applicant: Refuge Group, The				Tier Level: 4			
Refuge Group, The	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	30-Day Alcohol Use 30-Day Tobacco Use 30-Day Drugs Use	**Risk factors: depressive symptoms** **Protective factors: interaction with prosocial peers and**	Since the 1990s, Utah has been receiving many refugees arriving here escaping wars and authoritarian regimes. Many of them witnessed family members brutally killed in	SFP 7-17 is a Universal intervention. The intervention is going to be implemented in 3 groups. Each group will be made up of 8-10 families. Assuming that each family is made up	The program entails a weekly meeting of participating families for 11 weeks.The	Reduced children's self-reported alcohol and drug use by 70% in participants	Reduced children's problem behaviors and improved children's emotional
Measures & Sources	SHARP data	SHARP data	Anecdotal findings of The Refuge Group and opinion of community leaders and elders	Estimate by The Refuge Group	SFP data analysis	SFP retrospective post-test survey	SHARP data

Intervention Name				Cost of Intervention		Evidence Based: Yes or No Name Registry	
Keepin' it REAL (kiR) and Protecting You/Protecting Me (PY/PM)				SLCoHD Grant Funds: $49,097.53 Other Funds: $0.00 Total: $49,097.53		Yes, both programs are evidence-based. Registry is: Pew Results First	
Applicant: Boys and Girls Clubs of Greater Salt Lake				Tier Level Keepin' it REAL: Promising (NRPP) and PY/PM: Effective (NRPP)			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being addressed happening here? Why now?	U/S/I? (Specialized) Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	a) Reduce underage e-cigarette/vaping, alcohol, marijuana, and inhalant use b) Reduce underage e-cigarette/vaping, alcohol, marijuana, and inhalant use among Hispanic and Black youth	Risk factors a) Perceived risk of drugs b) Youth attitudes towards anti-social behavior c) Perceived frequency of peer drug use	Youth with increased perceived risk of drugs and attitudes toward anti-social behavior, as well as perceived frequency of peer drug use are more susceptible to use	The Focus Population is Specialized. School age youth, ages 6–12 (PY/PM) and 13–18 (KiR), who are members, or recruited as members, of Salt Lake City	a) Deliver PY/PM for 60 min 1x per week for 10 weeks, 1x per year at 5 Salt Lake County	a) Percentage of kids who have previously used drugs reporting current	a) Percentage of kids reporting abstention from drug use at all Clubs will
Measures & Sources	2021 SHARP Survey	2021 SHARP Survey, 2021 NYOI	2021 SHARP Survey, 2021 NYOI	Membership forms, program attendance sheets	Program attendance sheets, staff training attendance sheets, parent night attendance sheets, 2022	2022 NYOI, pre- and post-tests	2022 NYOI

Intervention Name:				Cost of Intervention: $67,414		Evidence Based: Yes Yes or No: Yes Name Registry:	
SPORT© Program				SLCoHD Grant Funds: $67,414 Other Funds: $ N/A Total: $67,414		Blueprints	
Applicant: Neighborhood Action Coalition at the University of Utah				Tier Level: Promising			
	Goal	Factors and Root Causes	Local Conditions	Focus Population	Strategies	Outcomes (Results)	
	Problem Behavior you are addressing	Risk factors, protective factors, CADCA root causes	Why is the problem being address happening here? Why now?	U/S/I? Estimated # served / reached?	Key activities, topics covered, etc.	Short	Long
Logic	Reduce substance abuse among Midvale City's youth	Risk Factors: 1. Early initiation of drug use; 2. Attitudes favorable to drug use; 3. low commitment to school; 4. rewards for antisocial behavior; 5. interaction with antisocial peers	Midvale City youth and their parents are considered "higher risk" for substance abuse than most other areas in Salt Lake County. Midvale has a high rate of renters (55.7%) when compared to the overall rate of renters in the State of Utah (29.9%) (US Census, 2017). This discrepancy may lead to the risk factors of high transition and mobility as well as low community attachment. Also, the Midvale per capita income is $25,895, an amount significantly lower than the county average (US Census, 2017). Midvale has a high number of youth (residents under 18 years old) at 25.7%, which is greater than the national average (US Census, 2017). Unfortunately, 17% of these	200 Midvale youth 12-18 years at the Boys and Girls Club of Midvale, Midvale Middle School and Community Building Community center	SPORT Curriculum and physical activity program: promotes an active lifestyle, positive images, and achieving goals, along with activities designed by Exercise and Sport Science Professionals; 250 hours of instruction delivered approximatel y 2-4 times a week for 35 weeks. If the youth	Risk Factors: 1. Decrease risk factor early initiation of drug use from 15.1% to 13.6% by 2023; 2. Decrease number of youth who have favorable attitudes toward drug use from 24.5% – 22% by 2023; 3. Decrease low commitment to school from 51.4% to 43% by 2023; 4.Decrease	Reduction of substance abuse among Midvale City's youth: 1. Decrease alcohol use in past 30-days from 4.8% to 3.3% in the next 10 years; 2. Decrease marijuana use in past 30-days from 5.2% to 3.9% in the next 10 years; 3. Decrease binge drinking (5 or more drinks in a row in past 2 weeks) from 3.2% to

		Protective Factors: 1. Increase frequency of moderate physical activity; 2. Increase frequency of	youth live below the poverty line (US Census, 2017). Midvale City has a very diverse population compared to the rest of the state. Persons reporting Hispanic or Latino ethnicity is 22.8% compared to the state average of 14%2. Midvale also has higher percentages of Native American, Pacific Islander, and persons reporting “some other race.” However, with greater diversity come greater challenges. 15.7 percent of Midvale residents are foreign born, with 24.2% of individuals reporting speaking a language other than English at home (US Census, 2017). This diversity translates into an increased need for social services, special educational programs, and multi-lingual agencies in this small city. Further, SHARP Data (2017) for the Hillcrest Cone show that Midvale students have lifetime use rates and 30-day			Protective Factors: 1. Increased levels of moderate physical activity from 86% to 88% based on individual pre-test levels by 2023; 2. Higher levels of vigorous activity from 59% to 63% based on individual pre-test levels by 2023; 3. Increase knowledge of healthy stress management techniques	

Measures & Sources	SHARP Data	SHARP Data	US Census Data	Attendance Sheets	1. Staff Reports; 2. Curriculum checklist/lesson plans Worksheet completion checklist; 3. Pre-Post tests provided in SPORT curriculum; 4. Follow-up phone calls with parents	1. Completion of Fitness Feedback Sheet; 2. Pre- and Post-consultation interviews/surveys; 3. SHARP Survey	SHARP Data

FY26 Mental Health Area Plan & Budget **Local Authority:** Salt Lake County **Form A**

	State General Fund		County Funds										
FY2026 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other OSUMH State/Federal Revenues	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Revenue	TOTAL FY2026 Revenue	
JRI/JRC	$0	$1,806,921										$1,806,921	
Local Treatment Services	$1,654,920	$23,319,922	$2,637,595	$6,734,982	$55,116,999	$2,345,755	$0	$472,431	$1,059,348		$6,397,371	$99,739,323	
FY2026 Mental Health Revenue by Source	$1,654,920	$25,126,843	$2,637,595	$6,734,982	$55,116,999	$2,345,755	$0	$472,431	$1,059,348	$0	$6,397,371	$101,546,244	$29,599,949
		$26,781,763					$2,345,755						

	State General Fund		County Funds											
FY2026 Mental Health Expenditures Budge	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2026 Expenditures Budget	Total Clients Served	TOTAL FY2026 Cost/Client Served
Inpatient Services (170)		$2,937,641		$787,403	$6,443,863				$157,599		$1,000,000	$11,326,506	500	$22,653.01
Residential Care (171 & 173)		$4,049,195		$1,085,344	$8,882,109							$14,016,648	2,065	$6,787.72
Outpatient Care (22-24 and 30-50)		$10,440,336	$116,138	$2,798,418	$22,901,416	$995,324		$214,995	$800,544		$384,837	$38,652,008	11,170	$3,460.34
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	$780,121	$154,245		$41,343	$338,345						$4,871,419	$6,185,473	515	$12,010.63
Psychotropic Medication Management (61 & 62)		$1,108,379		$297,089	$2,431,285	$234,782		$35,833	$101,205			$4,208,573	4,700	$895.44
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	$38,440	$1,362,509		$365,206	$2,988,731	$327,219		$114,105				$5,196,210	1,490	$3,487.39
Case Management (120 & 130)		$2,139,845		$573,563	$4,693,858	$270,403		$107,498				$7,785,167	4,400	$1,769.36
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	$98,000	$485,552	$1,696,612	$130,147	$1,065,084							$3,475,395	475	$7,316.62
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	$151,494	$119,874	$59,034	$32,131	$262,950	$518,027						$1,143,510	895	$1,277.66
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		$517,378		$138,677	$1,134,895							$1,790,950		
Services to persons incarcerated in a county jail or other county correctional facility	$105,580		$220,656									$326,236	1,300	$250.95
Adult Outplacement (USH Liaison)	$481,285	$128,080	$0	$34,330	$280,939							$924,634	200	$4,623.17
Other Non-mandated MH Services		$1,683,809	$545,155	$451,331	$3,693,524						$141,115	$6,514,934	640	$10,179.58
FY2026 Mental Health Expenditures Budget	$1,654,920	$25,126,843	$2,637,595	$6,734,982	$55,116,999	$2,345,755	$0	$472,431	$1,059,348	$0	$6,397,371	$101,546,244	28,350	$3,519
	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		

	State General Fund		County Funds											
FY2026 Mental Health Expenditures Budge	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2026 Expenditures Budget	Total FY2026 Unique Clients Served	TOTAL FY2026 Cost/Client Served
ADULT	$1,464,986	$15,132,237	$2,578,561	$4,056,035	$33,193,318	$1,451,111		$472,431	$782,705		$5,199,803	$64,331,187	8,500	$7,568.37
YOUTH/CHILDREN	$189,934	$9,994,606	$59,034	$2,678,947	$21,923,681	$894,644			$276,643		$1,197,568	$37,215,057	4,800	$7,753.14
Total FY2026 Mental Health Expenditures	$1,654,920	$25,126,843	$2,637,595	$6,734,982	$55,116,999	$2,345,755	$0	$472,431	$1,059,348	$0	$6,397,371	$101,546,244	13,300	$7,635.06
	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		

FY25 Proposed Cost & Clients Served by Population **Local Authority:** Salt Lake County **Form A1**

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2026 Expected Cost/Client Served
Inpatient Servies Budget			
$6,024,682	ADULT	310	19434
$5,301,824	CHILD/YOUTH	190	27904
$11,326,506		500	
Residential Care Budget			
$11,787,979	ADULT	2,010	$5,865
$2,228,669	CHILD/YOUTH	55	$40,521
$14,016,648		2,065	
Outpatient Care Budget			
$19,716,418	ADULT	6,430	3066
$18,935,590	CHILD/YOUTH	4,740	3995
$38,652,008		11,170	
24-Hour Crisis Care Budget			
$5,265,378	ADULT	375	14041
$920,095	CHILD/YOUTH	140	6572
$6,185,473		515	
Psychotropic Medication Management Budget			
$3,054,371	ADULT	4,000	764
$1,154,202	CHILD/YOUTH	700	1649
$4,208,573		4,700	
Psychoeducation and Psychosocial Rehabilitation Budget			
$1,364,694	ADULT	890	1533
$3,831,516	CHILD/YOUTH	600	6386
$5,196,210		1,490	
Case Management Budget			
$6,883,773	ADULT	3,300	2086
$901,394	CHILD/YOUTH	1,100	819
$7,785,167		4,400	
Community Supports Budget (including Respite)			
$1,794,612	ADULT (Housing)	150	11964
$1,680,783	CHILD/YOUTH (Respite)	325	5172
$3,475,395		475	
Peer Support Services Budget			
$315,932	ADULT	720	439
$827,578	CHILD/YOUTH (includes FRF)	175	4729
$1,143,510		895	
Consultation & Education Services Budget			
$890,871	ADULT		
$900,079	CHILD/YOUTH		
$1,790,950			
Services to Incarcerated Persons Budget			
$326,236	ADULT Jail Services	1,300	251
Outplacement Budget			
$924,634	ADULT	200	4623
Other Non-mandated Services Budget			
$5,981,607	ADULT	600	$9,969
$533,326	CHILD/YOUTH	40	$13,333
$6,514,933		640	

Summary

Totals			
$64,331,187	Total Adult	20,285	$3,171
$37,215,056	Total Children/Youth	8,065	$4,614
$101,546,243		28,350	

FY26 Mental Health Early Intervention Plan & Budget **Local Authority:** Salt Lake County **Form A2**

	State General Fund		County Funds						
FY2026 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2026 Revenue
FY2026 Mental Health Revenue by Source	$1,050,016	$184,527		$49,461	$404,770			$966,380	$2,655,154

	State General Fund		County Funds								
FY2026 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2026 Expenditures Budget	Total Clients Served	TOTAL FY2026 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL								$769,777	$769,777	130	$5,921.36
MCOT 24-Hour Crisis Care-ADMIN								$42,954	$42,954		
FRF-CLINICAL	$544,522							$145,528	$690,050	350	$1,971.57
FRF-ADMIN	$30,384							$8,121	$38,505		
School Based Behavioral Health-CLINICAL	$450,000	$174,775		$46,847	$383,378				$1,055,000	510	$2,068.63
School Based Behavioral Health-ADMIN	$25,110	$9,752		$2,614	$21,392				$58,868		
FY2026 Mental Health Expenditures Budget	$1,050,016	$184,527	$0	$49,461	$404,770	$0	$0	$966,380	$2,655,154	990	$9,961.56

* Data reported on this worksheet is a breakdown of data reported on Form A.

FY26 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Salt Lake County **Form B**

FY2026 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other OSUMH State/Federal Revenues	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Revenue (gifts, donations, reserves etc)	TOTAL FY2026 Revenue	
Drug Court	$680,801	$284,245	$1,800,000	$0	$462,491	$285,849	$0	$0	$0	$0	$0	$3,513,386	
JRI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
Local Treatment Services	$3,886,248	$3,991,289	$2,256,550	$110,000	$6,673,147	$6,512,227	$0	$452,500	$14,946	$159,820	$900,000	$24,956,727	
Total FY2026 Substance Use Disorder Treatment Revenue	$4,567,049	$4,275,534	$4,056,550	$110,000	$7,135,638	$6,798,076	$0	$452,500	$14,946	$159,820	$900,000	$28,470,113	$16,093,159
		$8,842,583					$6,798,076						

FY2026 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other OSUMH State/Federal Expenditures	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures (gifts, donations, reserves etc)	TOTAL FY2026 Expenditures	Total FY2026 Client Served	Total FY2026 Cost/ Client Served
Early Intervention - 1	$165,263	$59,321	$233,518	$1,516	$98,946	$544,557	$0	$0	$1,299	$33,340	$0	$1,137,760	922	$1,234
Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D) - 2	$162,708	$579,324	$221,102	$15,163	$967,272	$515,604	$0	$0	$0	$626	$626,907	$3,088,706	3,079	$1,003
Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1) - 3	$772,818	$2,688,223	$1,015,350	$69,060	$4,486,280	$2,367,776	$0	$0	$11,393	$86,643	$0	$11,497,543	1,809	$6,356
Treatment for Opioid Use Disorder (OTP-Methadone) - 4	$60,957	$63,308	$84,166	$1,654	$105,597	$196,276	$0	$293,232	$0	$4,004	$0	$809,194	384	$2,107
Medications for Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine) - 5	$200,430	$0	$0	$0	$0	$0	$0	$114,814	$0	$0	$0	$315,244	360	$876
Outpatient: Non-Methadone (ASAM I) - 6	$322,459	$500,116	$447,695	$12,820	$834,833	$1,044,015	$0	$36,141	$1,999	$28,416	$0	$3,228,494	1,858	$1,738
Intensive Outpatient (ASAM II.5 or II.1) - 7	$189,422	$385,242	$254,719	$9,787	$642,710	$593,999	$0	$8,313	$255	$6,791	$273,093	$2,364,331	1,265	$1,869
Recovery Support (includes housing, peer support, case management and other non-clinical) - 8+9	$2,692,992	$0	$1,800,000	$0	$0	$1,535,849	$0	$0	$0	$0	$0	$6,028,841	1,860	$3,241
FY2026 Substance Use Disorder Treatment Expenditures Budget	$4,567,049	$4,275,534	$4,056,550	$110,000	$7,135,638	$6,798,076	$0	$452,500	$14,946	$159,820	$900,000	$28,470,113	11,537	$2,468
	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		

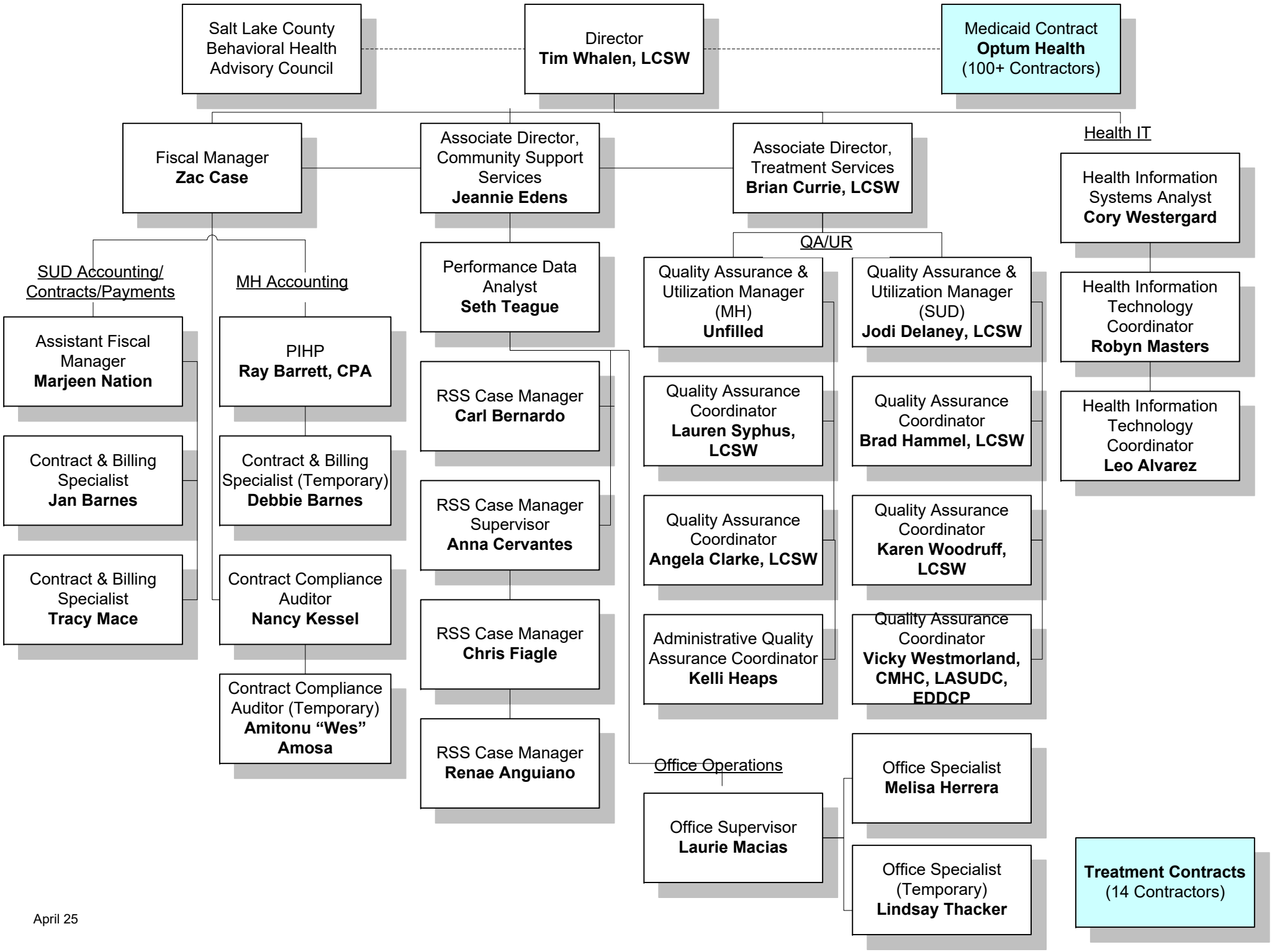
FY2026 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other OSUMH State/Federal Expenditures	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures (gifts, donations, reserves etc)	TOTAL FY2026 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	$501,080	$2,182,487	$715,074	$54,311	$3,639,509	$1,388,375	$0	$103,771	$6,301	$95,523	$156,332	$8,842,763
All Other Women (18+)	$469,167	$582,461	$443,014	$15,714	$973,395	$690,363	$0	$49,990	$3,639	$30,076	$78,166	$3,335,985
Men (18+)	$3,443,891	$1,326,502	$2,761,006	$34,875	$2,214,959	$4,398,792	$0	$298,739	$4,890	$34,221	$665,502	$15,183,377
Youth (12- 17) (Not Including pregnant women or women with dependent children)	$152,911	$184,084	$137,456	$5,100	$307,775	$320,546	$0	$0	$116	$0	$0	$1,107,988
Total FY2026 Substance Use Disorder Expenditures Budget by Population Served	$4,567,049	$4,275,534	$4,056,550	$110,000	$7,135,638	$6,798,076	$0	$452,500	$14,946	$159,820	$900,000	$28,470,113
	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

FY26 Drug Offender Reform Act & Drug Court Expenditures **Local Authority:** Salt Lake County **Form B1**

FY2026 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2026 Expenditures
Screening and Assessment Only	$0	$2,998	$12,813	$0	$0	$15,811
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	$0	$30,496	$55,160	$0	$0	$85,656
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$0	$138,887	$406,091	$0	$0	$544,978
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	$0	$3,200	$13,603	$0	$0	$16,803
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non- Methadone	$0	$0	$0	$0	$0	$0
Outpatient: Non-Methadone (ASAM I)	$0	$26,095	$60,885	$0	$0	$86,980
Intensive Outpatient (ASAM II.5 or II.1)	$0	$19,643	$73,109	$0	$0	$92,752
Recovery Support (includes housing, peer support, case management and other non-clinical)	$0	$2,640,168	$30,238	$0	$0	$2,670,406
FY2026 DORA and Drug Court Expenditures Budget	$0	$2,861,487	$651,899	$0	$0	$3,513,386

FY26 Substance Abuse Prevention						Local Authority:	Salt Lake County				Form C					
			State Funds		County Funds											
FY2026 Substance Abuse Prevention Revenue			State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other OSUMH State & Federal Revenues (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Revenue (gifts, donations, reserves etc)	TOTAL FY2026 Revenue		
FY2026 Substance Abuse Prevention Revenue			$414,000		$486,251			$2,789,001	$24,250	$49,750				$3,763,252	$3,277,001	-$3,277,001
			State Funds		County Funds											
FY2026 Substance Abuse Prevention Expenditures Budget			State Funds NOT used for Medicaid Match	State	County	County Funds Used for	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other OSUMH State & Federal	3rd Party	Client	Other Non-	Projected number of clients served	TOTAL	TOTAL
Universal Direct								$ 1,305,165.66		$49,750					$1,354,916	
Universal Indirect			$250,000		$486,251			$978,588	$24,250						$1,739,089	
Selective Services								$423,588							$423,588	
Indicated Services			$164,000					$57,390							$221,390	
Unspecified								$24,270							$24,270	
FY2026 Substance Abuse Prevention Expenditures Budget			$414,000	$0	$486,251	$0	$0	$2,789,001	$24,250	$49,750	$0	$0	$0	$0	$3,763,252	$0
SAPT FY2026 Prevention Set Aside			Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Envrionmental	Total							
Primary Prevention Expenditures				$1,728,754		$57,390	$1,002,858		$2,789,001							
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect									
Total by Expense Category	**$679,521.80**	**$ 356,890.99**	**$ 57,342.00**		$ -			$1,093,755	ERROR							

DIVISION OF BEHAVIORAL HEALTH SERVICES

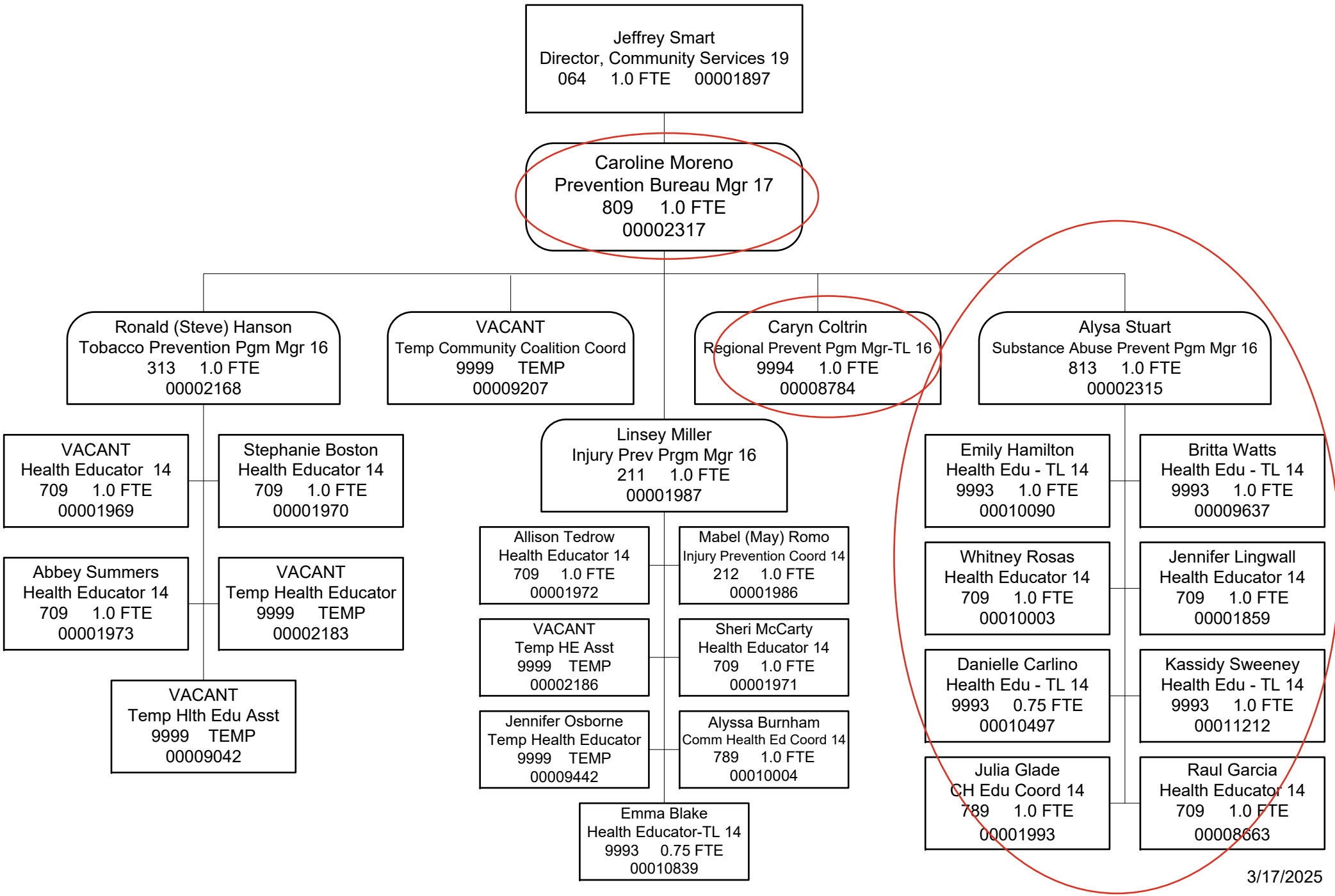


April 25

Salt Lake County Health Department
Community Health Division
Prevention Bureau

Department Code:
Behavioral Health - 2150002023

Location Code:
South Redwood - 1134



3/17/2025

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

FY26 Fee/Copay Schedule Documents

FY26 Fee/Copay Schedule (Effective July 1, 2025)

Family Size	Monthly Gross Income (based on the 2025 Federal Poverty Level)								
	0-25% FPL	25-50% FPL	50-150% FPL	150-200% FPL	200-250% FPL	250-300% FPL	300-350% FPL	350-400% FPL	>400% FPL
1	$0 - $326	$327 - $652	$653 - $1,956	$1,957 - $2,608	$2,609 - $3,260	$3,261 - $3,913	$3,914 - $4,565	$4,566 - $5,217	$5,218
2	$0 - $441	$442 - $881	$882 - $2,644	$2,645 - $3,525	$3,526 - $4,406	$4,407 - $5,288	$5,289 - $6,169	$6,170 - $7,050	$7,051
3	$0 - $555	$556 - $1,110	$1,111 - $3,331	$3,332 - $4,442	$4,443 - $5,552	$5,553 - $6,663	$6,664 - $7,773	$7,774 - $8,883	$8,884
4	$0 - $670	$671 - $1,340	$1,341 - $4,019	$4,020 - $5,358	$5,359 - $6,698	$6,699 - $8,038	$8,039 - $9,377	$9,378 - $10,717	$10,718
5	$0 - $784	$785 - $1,569	$1,570 - $4,706	$4,707 - $6,275	$6,276 - $7,844	$7,845 - $9,413	$9,414 - $10,981	$10,982 - $12,550	$12,551
6	$0 - $899	$900 - $1,798	$1,799 - $5,394	$5,395 - $7,192	$7,193 - $8,990	$8,991 - $10,788	$10,789 - $12,585	$12,586 - $14,383	$14,384
7	$0 - $1,014	$1,015 - $2,027	$2,028 - $6,081	$6,082 - $8,108	$8,109 - $10,135	$10,136 - $12,163	$12,164 - $14,190	$14,191 - $16,217	$16,218
8	$0 - $1,128	$1,129 - $2,256	$2,257 - $6,769	$6,770 - $9,025	$9,026 - $11,281	$11,282 - $13,538	$13,539 - $15,794	$15,795 - $18,050	$18,051
Fees/Copays									
Adult Residential (once/month)	No Copay			$ 200	$ 400	$ 600	$ 800	$ 1,000	No Subsidy (consumer pays full cost)
Adult Outpatient (weekly max)				$ 10	$ 20	$ 30	$ 40	$ 50	
Adult IOP (weekly max)				$ 20	$ 40	$ 60	$ 80	$ 100	
Youth Residential (once monthly)				No Copay				$ 50	
Youth Outpatient (weekly max)								$ 5	
DUI Assessment	No Copay	$50	$100	$150	$250	No Subsidy (consumer pays full cost)			

*Assertive Community Treatment (ACT) participants are exempt from this fee/copay schedule due the acuity requirements for program participation

FY26 Fee/Copay Schedule Methodology
Effective July 1, 2025

Overview

In applying treatment copays, much is left to the discretion of the service provider and attending clinician. Generally, the adult outpatient copay schedule is to be applied for low-intensity outpatient services or non-DUI assessments. The maximum Adult Outpatient copay rate of $50 was determined based approximately on the lowest cost service an individual might receive during a single visit, and with the intent to not far exceed a typical copay rate under an insurance plan. The Adult IOP rate generally willbe used for clients who are receiving more intensive outpatient services or day treatment and maxes out at twice the outpatient copay. The monthly Adult Residential copay rate is lower than the lowest residential provider rate in the Division of Behavioral Health Services (DBHS) network. The copay schedule increases the fees up to the maximum amount based on the 2025 Federal Poverty Level (FPL), which accounts for gross household income and family size. All copays are based upon one FPL framework and assume a greater ability to pay as income increases. For all adult services, at or above 400%of FPL, consumers are provided no County subsidy.

Fees for Services for Youth

Fees for youth services have been strategically reduced to ensure no barriers to service exist. Copays arenot to be assessed until monthly gross income exceeds 350% of the FPL. The Youth Residential schedule maxes out at $50 per month, while the Youth Outpatient schedule maxes out at $5 per week. If a youth is a dependent within the home, then any income the youth generates is not to be counted in determining the copay fee. However, if they are not dependents in the home, the income is to be counted when determining the copay fee.

DUI Fees

In the State Code, there is an expectation that individuals convicted of DUI are responsible for the cost of their treatment services. Often, these individuals require no additional treatment services beyond the initial assessment. For this reason, the sliding fee schedule more quickly reaches the full cost of the assessment service provided ($350 in FY26).

Drug Testing

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

Waiving Fees

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

Alternative Fee Schedules

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

SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES

Agency Referrals

Huntsman Mental Health Institute Crisis Services
Crisis Line (24/7) phone: 988
Suicide Prevention (24/7) phone: 988
Mobile Crisis Outreach Teams phone: 988
Warm Line 1-833-773-2588 (8am-11pm)
Crisis Care Center (24/7) phone: 988
Location: 955 West 3300 South
South Salt Lake, UT 84119
Website: healthcare.utah.edu/hmhi/programs/crisis-diversion

ARS - Assessment and Referral Services
525 E 100 S Ste 3100 SLC UT 84102
Website: medicine.utah.edu/psychiatry/assessment-referral-services
Phone: 801-587-2770
Fax: 801-587-2316

Substance Use Disorder & Mental Health* Services for Adults and Juveniles

- Assessments and Treatment Recommendations/Referrals

**When co-occurring with a substance use disorder.*
ARS does not offer domestic violence assessments or psychiatric evaluations.

Asian Association Refugee & Immigrant Center (For All Nationalities)
155 S 300 W SLC UT 84101
Website: aau-slc.org
801-467-6060
Fax 801-486-3007

Mental Health and Substance Use Disorder Services for All Ages

- Outpatient mental health and substance use disorder services
- Medication Management
- Domestic Violence Services
- Interpreting & Translation

Behavioral Health providers accept Medicaid, utilize a sliding scale fee structure (no fee in certain circumstances) & may accept some private insurance plans. Some providers may provide assistance to uninsured or underinsured populations. Please contact the provider for more information.
Updated April 2025

Clinical Consultants
7601 So. Redwood Rd. Bldg. E
West Jordan, UT 84084
Website: clinicalconsultants.org
Phone: 801-233-8670
Fax: 801-233-8682

Mental Health and Substance Use Disorder Services for Adults and Youth

- Walk-in assessments for adults (Monday through Friday at 8:00 am and Saturdays at 8:30 am)
- Substance Use/Co-occurring and Mental Health treatment for adults (assessments, general, and intensive outpatient)
- Mental Health treatment for youth ages 10+ (assessments, individual, and family therapy)
- Substance Use treatment for youth ages 13+ (assessments, individual, family, and group therapy)
- Family Medical Clinic
- Medication Assisted Treatment
- Domestic Violence evaluations and treatment (survivor and offender)

First Step House
Admissions: 434 S 500 E, Salt Lake City, UT 84102
Website: firststephouse.org
Phone: 801-359-8862
Fax: 801-359-8510

Substance Use & Mental Health Services for Adults

- Assessments
- Adult residential substance use disorder treatment for men
- Outpatient substance use disorder treatment for men
- Outpatient mental health treatment for adults (men and women)
- Recovery Residences (sober living)
- Veteran's services
- Homelessness services
- Supportive living
- Peer support services
- Cognitive Behavioral Therapy
- MRT Classes

Behavioral Health providers accept Medicaid, utilize a sliding scale fee structure (no fee in certain circumstances) & may accept some private insurance plans. Some providers may provide assistance to uninsured or underinsured populations. Please contact the provider for more information.
Updated April 2025

Fourth Street Clinic
409 W 400 S, SLC, UT 84101
Website: fourthstreetclinic.org/services/
Phone: 801-364-0058
Fax: 801-364-0161

Serving Utah's Homeless Population

Main Clinic:

- Primary Medical Care
- Behavioral Health Services
- Dental Care
- Specialty Care
- Pharmacy Services
- Wellness Classes
- Case Management
- Enrollment Services
- Referral Coordination

Outreach (Mobile Medical Clinic, Medical Street Team, Medical Outreach HRC Team, Health and Housing Care Services):

- Primary Medical Care
- Behavioral Health Care
- Pharmaceutical Delivery
- Case Management
- Enrollment Services
- Referral Coordination

House of Hope
857 E 200 S, SLC, UT 84102
Website: houseofhopeut.org
Phone: 801-487-3276
Fax 801-355-9543

Substance Use Disorder Treatment for Women and Mothers and Their Children

- Assessments
- Outpatient
- Residential
- Hope Center for Children -developmental and therapeutic childcare for women receiving treatment, parent/child counseling, parenting coaching & supervised visitation for mothers working to be reunited with their children in DCFS custody.

Behavioral Health providers accept Medicaid, utilize a sliding scale fee structure (no fee in certain circumstances) & may accept some private insurance plans. Some providers may provide assistance to uninsured or underinsured populations. Please contact the provider for more information.

Updated April 2025

Odyssey House

Address: Salt Lake County (multiple locations)
Admissions: 344 E 100 S, Salt Lake City, UT 84111
801-322-3222 Option 1
Martindale Clinic: 743 E 300 S, Salt Lake City, UT 84102
801-428-3500
Website: odysseyhouse.org

Substance Use Disorder and Mental Health Services

- Substance use treatment for all ages 12 and up
- Mental health treatment for all ages
- Assessments
- Outpatient
- Day Treatment
- Residential
- Housing
- Medical and Psychiatric Services
- Medication Assisted Treatment
- Harm Reduction and Syringe Exchange
- Jail Substance Use Disorder Programming (e.g., CATS, DOGS & Prime for Life)

Project Reality

Certified Community Behavioral Health Center
667 South 700 East, Salt Lake City, Utah, 84102
(801) 364-8080
5282 South Commerce Drive, Suite D110, Murray, Utah, 84107
(385) 881-0170
Website: projectreality.net

Substance Use Disorder Services for adults

- Medication Assisted Treatment, including Methadone, Suboxone, Sublocade, & Vivitrol, for opioid use, alcohol, & other substance use disorders
- Comprehensive Bio-Psycho-Social Assessments
- Chronic Disease Management for hypertension, diabetes, asthma, and other primary care conditions
- Infectious Disease Management for conditions such as hepatitis, sexually transmitted infections, and respiratory disease
- Preventive Healthcare, including recommended screenings
- Family Planning, including birth control options

Behavioral Health providers accept Medicaid, utilize a sliding scale fee structure (no fee in certain circumstances) & may accept some private insurance plans. Some providers may provide assistance to uninsured or underinsured populations. Please contact the provider for more information.

Updated April 2025

True North Recovery & Wellness Center
339 E 3900 S #155, SLC, UT 84107
Website: www.truenorthutah.com/
Phone: 801-263-1056
Fax: 801-261-3701

Mental Health and Substance Use Disorder Services for Adults

- Outpatient
- Medication Assisted Treatment

Valley Behavioral Health
Salt Lake County, Utah (multiple locations)
Website: www.valleycares.com
Main #: Toll Free: 888-949-4864
Admissions: (801) 273-6430 or Access@ValleyCares.com
Walk-in outpatient assessment hours Monday-Friday 8:30am-3:00pm
1020 S Main St. Salt Lake City UT 84101

Mental Health & Substance Use Disorder Services for Adults & Youth

Adult Services: Mental Health and Substance Use Disorder Treatment

- Assessment and Treatment Planning
- Outpatient Treatment
- Residential Treatment
- Domestic Violence/Anger Management
- Case Management
- Medication Management (if engaged in services)
- Peer Support

Children, Youth, and Family Services: Mental Health and Behavioral Health Services

- Assessment and Treatment Planning
- Outpatient Treatment
- Day Treatment and School-Based Options
- Case Management

Seniors Services: Mental Health and Substance Use Disorder Treatment

- Individual & Group Therapy
- Case Management
- Peer Support
- Domestic Violence

Behavioral Health providers accept Medicaid, utilize a sliding scale fee structure (no fee in certain circumstances) & may accept some private insurance plans. Some providers may provide assistance to uninsured or underinsured populations. Please contact the provider for more information.
Updated April 2025

- Elder Abuse
- Medication Management & Education
- Independent Living Skills Development
- Relationship Development

Volunteers of America Utah (VOA)
1875 S Redwood Rd, Salt Lake City, UT 84104
Website: voaut.org
Phone: 801-363-9414

Substance Use Disorder & Mental Health Services for All Ages

Adult Detoxification Center (VOA)
1875 S Redwood Rd, Salt Lake City, UT 84104
Phone: 801-363-9400

Center for Women and Children Detoxification Center (VOA)
697 W 4170 S, Murray, UT 84123
Phone: 801-261-9177
Note: Children up to age 10 may admit with their mother

Homeless Outreach Team (VOA)
Phone: 801-631-7583

Cornerstone Counseling Center (VOA)
1875 S Redwood Rd, Salt Lake City, UT 84104
Website: voaut.org/cornerstone
Phone: 801-355-2846
Fax: 801-359-3244
Services:
- Substance use & mental health treatment for all ages
- Domestic Violence Evals and Treatment
- All levels of outpatient treatment including Day Treatment for SUD

Family Counseling Center (VOA)
650 E 4500 S STE 300 Murray UT 84107
Website: www.voaut.org/get-help/family-counseling-center
Phone: 801-261-3500
Fax: 801-261-2111
Services:
- Substance use & mental health treatment for all ages
- Outpatient
- Domestic Violence Evals & Treatment

White Tree Medical
10437 S Jordan Gateway, South Jordan, UT 84095
801-503-9211
Website: whitetreemedical.com

Substance Use Disorder & Mental Health Services

- Outpatient Detox
- Supportive Counseling
- Long-term Care
- Medically Assisted Treatment
- Pain Management
- Mental Health Care
- Family Practice Care

Youth Services
Main office: 177 W Price Ave., SLC, UT 84115
West Jordan office: 8781 South Redwood Rd., Bldg #3 West Jordan, UT 84088
Website: saltlakecounty.gov/youth/
Main # 385-468-4500
Fax 385-468-4461
South office # 385-468-4610
Fax 385-468-4611

Mental Health and Substance Use Disorder Services for Youth to 18 years

- Outpatient

Optum Medicaid Plan
1-877-370-8953
Website: optumhealthslco.com

In addition to the providers listed above, Optum contracts with ~100 providers for mental health and substance use disorder services for individuals of all ages and genders. Please contact them for additional information.

If you have a different form of Medicaid, please contact the Medicaid Plan you are enrolled in for additional providers.

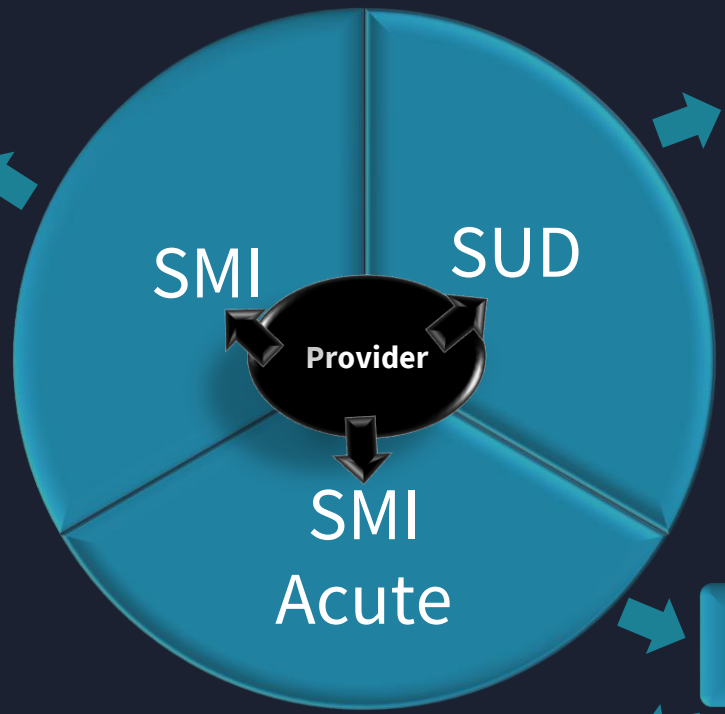
Notes:

Behavioral Health providers accept Medicaid, utilize a sliding scale fee structure (no fee in certain circumstances) & may accept some private insurance plans. Some providers may provide assistance to uninsured or underinsured populations. Please contact the provider for more information.
Updated April 2025

Housing

Additional Community Programs

- Palmer Court
- Sunrise Metro
- Pamela's Place
- Grace Mary Manor
- Kelly Benson
- Section 8 Housing
- VA Housing
- HOPWA
- Refugee Support Housing
- Housing Choice Voucher
- Family Reunification Program
- Others



- Master Leased Apartments (55 units)
- Central City (75 units)
- Denver Apartments (22 units)
- MH Network Provider
- MHC Housing
  - Fisher House (6 units)
- VBH Housing
  - Valley Woods, Plaza, Safe Haven, etc. (100's)
- SUD Network Provider
  - HARP Housing (60 vouchers)
  - Sober Living Programs (~300 individuals served monthly)
  - Additional Sober Living Housing Units in the Provider Network
- **ACT Team**
- Boarding/Group Homes
  - Featherstone (30 units)
  - Sunstone (10 units)
  - Jasper (18 units)
  - Canyon Rim (43 units)
  - Valley Oaks (29 units)
  - Theodora (14 units)

An ACT Team Expansion and Featherstone Renovations

~$700K HOME Court Funding and ~$1.6M - $1.7M additional funding through SL Co BHS

Behavioral Health Services
HOME Court Housing Presentation

January 29, 2025

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Salt Lake County Behavioral Health Housing Continuum

Independent
Less Supportive

Dependent
More Supportive

HARP Housing

At Risk of Homeless
Independent Apartments

- SUD Residential Transitions
- SUD Outpatient Clients
- Drug Court Participants
- CATS Transitions
- Potential ACT Clients
- Vouchers are provided, but clients largely self-sustaining

Sober Living:

At Risk of Homeless
Shared spaces

- SUD Residential Transitions
- SUD Outpatient
- Drug Court Participants
- CATS Transitions
- 6-month vouchers
- Clients Test weekly
- Work towards employment/ sustainability during stay

Project RIO

At Risk, Literally, or Chronically Homeless
Master Lease Units

- MH Residential Transitions
- Independent with Tx Support
- Client may or may not work.
- Rent rates negotiated in contract between Housing Connect and Landlord
- Longer term stay

Denver and Central City Apartments—PSH

At Risk, Literally, or Chronically Homeless

- ACT Team Participants who can live independently
- MH Residential Transitions
- MH Court Participants
- Medicaid Supportive Living
- Larger on-site staff or case management presence
- Subsidies

Boarding Homes

At Risk, Literally, or Chronically Homeless

- ACT Team Participants
- MH Residential Transitions
- State Hospital Discharges
- MH Court Participants
- Round-the-clock support
- Medicaid Supportive Living
- Subsidies

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Housing Connect Partnerships

Over 330 Current Units
Approaching 370 by 2025

Homeless Assistance Rental Program

Tenant-based rental assistance for ~60 vouchers

Project Rio

~55 master leased units

Central City

First Step House

75 permanent housing units supported by Medicaid

Denver Apartments

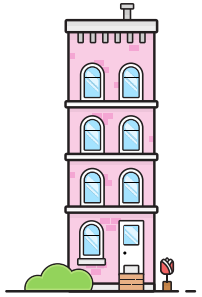
Volunteers of America

22 permanent housing units supported by Medicaid

Fisher House

First Step House

6 units of project-based assistance



State Hospital Diversion

~114 project-based placements

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

State Hospital Diversion

Various project-based placements

Valley Oaks

Valley Behavioral Health

29 units of Medicaid-supported housing

Sunstone

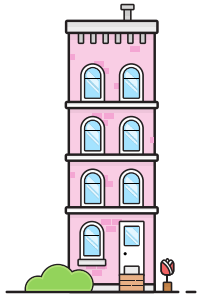
Odyssey House

10 units of Medicaid-supported housing

Canyon Rim

Switchpoint

41 units of Medicaid-supported housing



The Theodora

Volunteers of America

14 units of Medicaid-supported housing

Jasper

Odyssey House

18 units of Medicaid-supported housing

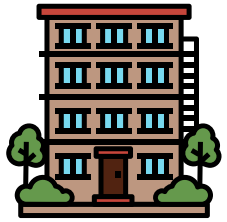
Featherstone

TBD

40 units of Medicaid-supported housing

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Partnerships with Housing Connect



Project Rio
~55 master leased units

Referral Partners:

- Valley Behavioral Health - CORE 1 & 2, ACT Team, and the Jail Diversion Outreach Team
- Volunteers of America's ACT Teams
- Odyssey House's FACT and ACT Teams and Mental Health Residential Programs

Specifics:

- Rental assistance, security deposits, and renter's insurance
- 50% or more criminal justice involvement focusing on the Seriously Mentally Ill population.
- Clients are required to pay up to 30% of income toward rent.

Homeless Assistance Rental Program Program
Tenant based rental assistance for ~60 vouchers

Referral partners:

- SLCo Behavioral Health Services Substance Use Disorder Network
- Network Assertive Community Treatment Teams
- Optum

Specifics:

- Rental assistance, deposits, and holding fees
- 50% or more must be criminal justice-involved
- Clients are required to pay up to 30% of income towards rent

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Partnerships with Housing Connect

State Hospital Diversion

~90 facility-based placements

Referral Partners:

- Volunteers of America's ACT Teams
- Valley Behavioral Health's ACT and the HOST teams.
- Odyssey House's FACT and ACT Teams
- Optum

Specifics

- Rental assistance and security deposits
- Clients transitioning from Utah State Hospital or other inpatient hospitalization, or at risk of hospitalization
- Focus on the Seriously Mentally Ill population
- Clients are required to pay up to 45% of income toward rent
- Boarding Homes and smaller residential settings

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Fisher House (First Step House)

6 units of project-based assistance

Referral Partners:

- Mental Health Court
  - Network Providers

Specifics

- Rental assistance and security deposits
- Focus on the Seriously Mentally Ill population
- Clients are required to pay up to 30% of income toward rent

Partnerships with Housing Connect

The Theodora (Volunteers of America)

14 units of Medicaid-supported housing

Referral Partners:

- Optum: ACT teams from Valley Behavioral Health, Odyssey House, and Volunteers of America

Specifics

- Boarding home-style living
- Population: Adult Females
- Monthly rental subsidy supported by the County
- Clients required to pay up to 45% of income toward rent
- Project bills program-specific supportive living rate (Medicaid)
- Focus on the Seriously Mentally Ill population

Sunstone and Jasper (Odyssey House)

28 units of Medicaid-supported housing

Referral Partners:

- Optum: ACT teams from Valley Behavioral Health, Odyssey House, and Volunteers of America

Specifics

- Boarding home-style living
- Population: Adult Males
- Monthly rental subsidy supported by the County
- Clients are required to pay up to 45% of income toward rent
- Project bills program-specific supportive living rate (Medicaid)
- Focus on the Seriously Mentally Ill population

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Partnerships with Housing Connect

Valley Oaks (Valley Behavioral Health)

29 units of Medicaid-supported housing

Referral Partners:

- Optum: ACT teams from Valley Behavioral Health, Odyssey House, and Volunteers of America

Specifics

- Boarding home-style living
- Population: Adult Males
- Monthly rental subsidy supported by the County
- Clients are required to pay 45% of income toward rent
- Project bills program-specific supportive living rate (Medicaid)
- Focus on the Seriously Mentally Ill population

Canyon Rim (Switchpoint)

41 units of Medicaid-supported housing

Referral Partners:

- Optum: ACT teams from Valley Behavioral Health, Odyssey House, and Volunteers of America

Specifics

- Boarding home-style living
- Population: Adult Females
- Monthly rental subsidy supported by the County
- Clients are required to pay up to 45% of income toward rent
- Project bills program-specific supportive living rate (Medicaid)
- Focus on the Seriously Mentally Ill population

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Thriving in a Boarding Home (Group Home, Congregate Facility)

What to Expect: Support

- Meals and Snacks
- Medication Support
- Cleaning
- Laundry
- ADLs Supported
- Pest control
- 24/7 Support Staff
- Coordination
- ACT/Treatment there

What Not to Expect: Perfection

- Drug Testing
- Medication Management
- Locked doors/Facility
- Most Often Pets
- Unlimited Visitors especially Overnight
- Substance Use On-site
- Immediate Evictions: Last Stop

Partnerships with Housing Connect

Featherstone (Clinical Consultants)

40 units of Medicaid-supported housing

In Progress

Scheduled to open:
February 2025

Referral Partners:

- Optum: ACT teams from Valley Behavioral Health, Odyssey House, and Volunteers of America

Specifics

- Boarding home-style living
- Population: Adult Males
- Completely remodeled in 2024, with completion in early 2025
- Clients are required to pay 45% of income toward rent
- Project bills program-specific supportive living rate (Medicaid)
- Focus on the Seriously Mentally Ill population

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

HOME Court

Healing Opportunities to Mentally Excel

HB 421

Subject to appropriations, the Third District Court of Salt Lake County shall establish and administer a HOME Court Pilot Program beginning October 1, 2024, and ending June 30, 2029, that provides for comprehensive and individualized, court-supervised treatment and services to individuals with mental illness.

Requires the local mental health authority to submit a proposal for implementation of the pilot.

Application:

- 30 Group Home Units
- Expansion of ACT Teams

Costs of all services provided under the pilot program, including the costs incurred by the multidisciplinary team shall be paid by Salt Lake County.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

The Pilot Program Shall

Allow a person to petition the court for an order requiring an individual's participation in the pilot program.

Require the court to substitute the local mental health authority as the petitioner if the initial petitioner is not the local mental health authority.

Conduct a hearing to determine whether an individual qualifies.

Order an individual to participate in the pilot program if the court finds by clear and convincing evidence that:

- The individual resides or may be presently found within Salt Lake County
- The individual has a mental illness
- Because of the individual's mental illness, the individual:
    - Is unlikely to survive or remain safe without supervision, assistance, or services
    - There is no appropriate less-restrictive alternative
    - The individual is likely to benefit from participation in the pilot program and
    - There is adequate capacity within the pilot program

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Upon the Court's Order

It requires the local mental health authority to prepare a comprehensive and individualized treatment plan, for approval by the court, that includes:

- Mental health services
- Housing resources
- Social services
- Case management;
- Peer support
- Exit or transition services and
- Individualized goals for the successful completion of the pilot program

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Upon the Court's Approval of the Treatment Plan

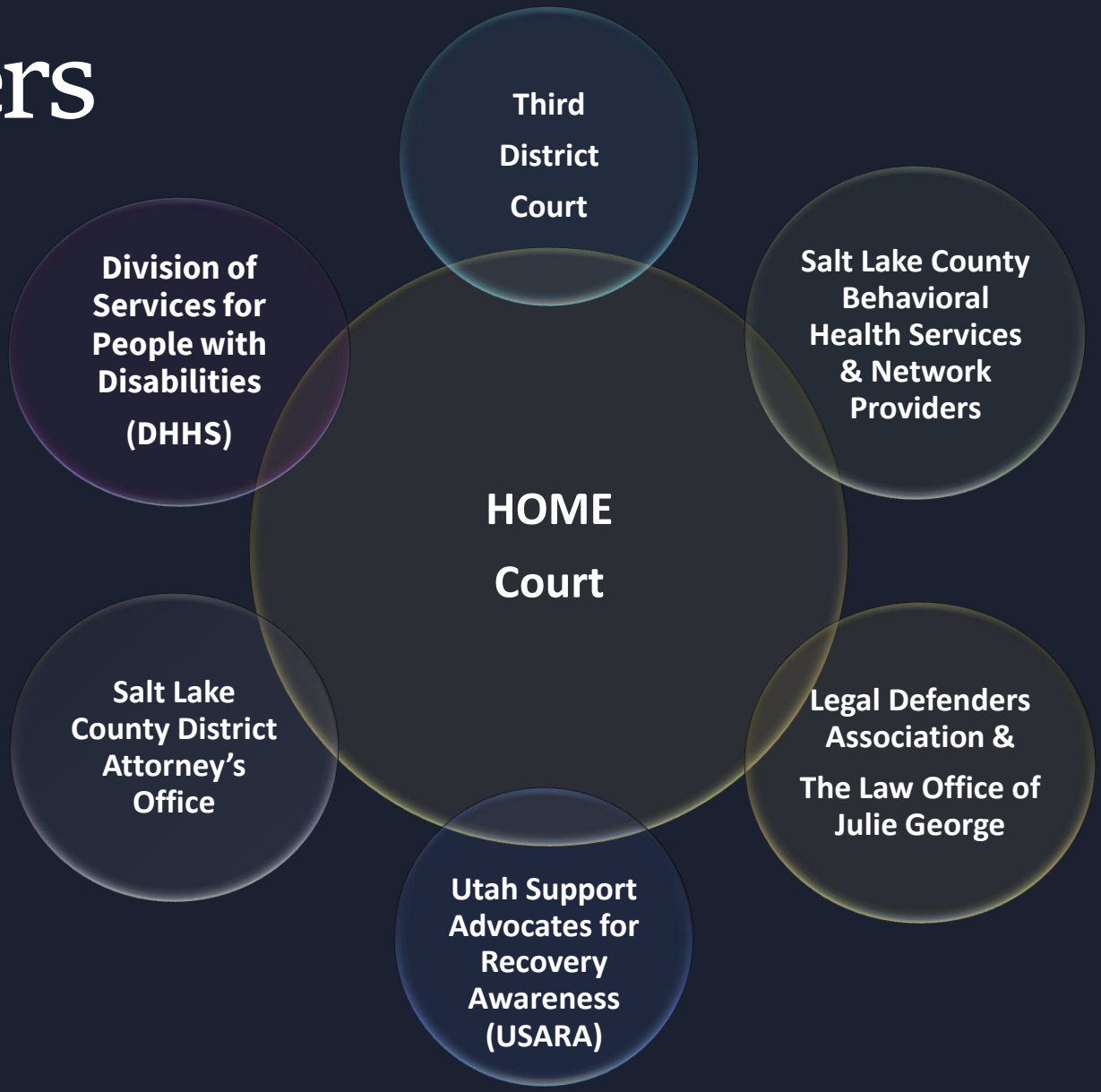
It Requires:

- The local mental health authority to coordinate services
- The court to conduct regular review hearings as deemed necessary to evaluate the individual's progress in completing the treatment plan, and
- Operate in a manner that is consistent with the procedures for ordering assisted outpatient treatment

If an individual participating in the pilot program has an outstanding warrant or pending criminal matter in another Utah court, the Third District Court of Salt Lake County may notify the other court in which the individual has an outstanding warrant or pending criminal matter regarding the individual's participation in the pilot program.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Stakeholders



SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

HOME Court Criteria & Pipelines

The individual resides or may be presently found within Salt Lake County.
The individual has a mental illness.
Because of the individual's mental illness, the individual:

- Is unlikely to survive or remain safe without supervision, assistance, or services
- There is no appropriate less-restrictive alternative
- The individual is likely to benefit from participation in the pilot program, and
- There is adequate capacity within the pilot program

HOME Court is not:

- Immediate access to housing

HOME Court is:

- An effort to engage individuals into treatment and through that, assist with housing options within the community

An additional group home was brought online but is accessed through ACT teams for their clients. A person does not have to be in HOME Court to be on an ACT team or to access one of these group homes.

Pipelines

Approved (20 Clients)

Involuntary Commitment Court

- Those not quite meeting eligibility for Civil Commitment Court, or
- Those that do, but haven't entered CCC yet, and choose to voluntarily enter HOME Court instead; or
- Other Petitions from the Community

Future Opportunity (20 Clients)

Eviction Court

- Those at risk of losing their housing due to a mental illness.

Future Opportunity (20 Clients)

Criminal Diversions

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Client Pathway

HOME Court Team

In-Court

Judge/Commissioner
DBHS Services Coordinator
USARA Representative
Attorney/s
Treatment representatives as needed

Remote

Legal Defender Case Manager
Division of Services for People with Disabilities (DSPD)

Client Appears In Court

HOME Court Intake Team

(DBHS Services Coordinator (SC) & USARA Representative)

Meets with the client to conduct an intake. The SC conducts a MH/SUD screen, a needs assessment (housing, etc.), a treatment provider referral process & requests the client's signature on an ROI that allows information to be shared between team stakeholders. The USARA representative exchanges contact info, establishes a rapport, and shares resources as needed.

The intake team attempts to remain in contact with the client in the interim, to assist the client in connecting to the treatment provider they were referred to and other resources (such as Medicaid enrollment assistance, USARA Classes, etc.).

Stakeholder data will forward to the DBHS Services Coordinator for state required reporting efforts

DBHS Services Coordinator

Sends client info, the treatment agency to which the client was referred, and a copy of the ROI, to the HOME Court Team.

LDA Case Manager

Remotely supports and begins work on identifying additional court cases and past treatment history; and begins the process of notifying the appropriate criminal case attorneys (if any) of their client's status with HOME Court; and sending an email to the HOME Court Team with these cases and treatment history. The DBHS SC, USARA Representative and clients will reach out if additional assistance is needed.

DSPD Representative

Remotely screens the individual for prior DSPD involvement, shares known history in an email to the HOME Court Team, and remains ready to assist the DBHS Services Coordinator, USARA Representative, or Tx Provider, if additional assistance is needed.

Clients

Begin treatment with their designated treatment provider (ACT team or other designated level of care). These providers begin the process of assessments, treatment planning, enrollment into Medicaid, housing placements, food resources, supporting the client in attendance at court, and providing treatment updates to the court and team.

Tx reports sent to the DBHS SC to forward on to the team.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Client Pathway

HOME Court Team

In-Court

Judge/Commissioner
DBHS Services Coordinator
USARA Representative
Attorney/s
Treatment representatives as needed

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The intake team attempts to remain in contact with the client in the interim, to assist the[illegible]cting to the treatment provider they were referred to and [illegible] Medicaid enrollment assistance, USARA Classes, etc.).

Stakeholder data will forward to the DBHS Services Coordinator for state required reporting efforts

[illegible] ROI, to the HOME Court

Housing is determined by a client's mental health acuity to enhance success once housed.

Remotely supports and begins work on id[illegible] additional court cases and past treatment history; and begins the process of notifying the appropriate criminal case attorneys (if any) of their client's status with HOME Court; and sending an email to the HOME Court Team with these cases and treatment history. The DBHS SC, USARA Representative and clients will reach out if additional assistance is needed.

DSPD Representative

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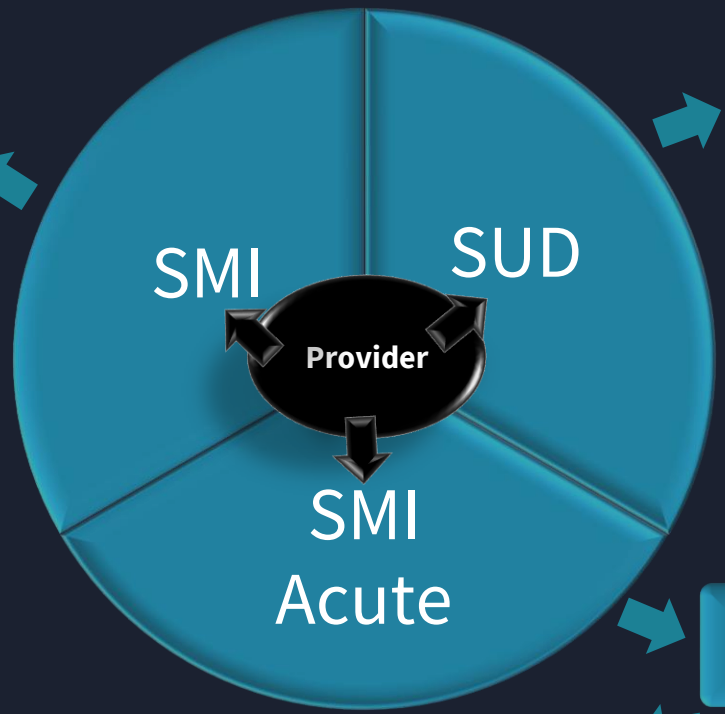
SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

Housing

Additional Community Programs

- Palmer Court
- Sunrise Metro
- Pamela's Place
- Grace Mary Manor
- Kelly Benson
- Section 8 Housing
- VA Housing
- HOPWA
- Refugee Support Housing
- Housing Choice Voucher
- Family Reunification Program
- Others

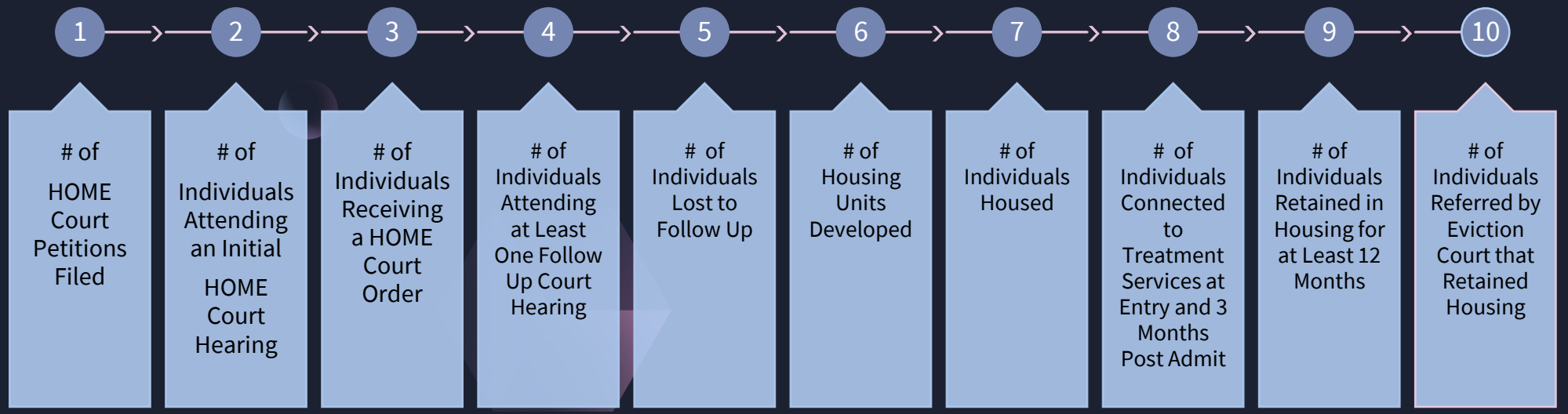


- Master Leased Apartments (55 units)
- Central City (75 units)
- Denver Apartments (22 units)
- MH Network Provider
- MHC Housing
  - Fisher House (6 units)
- VBH Housing
  - Valley Woods, Plaza, Safe Haven, etc. (100's)
- SUD Network Provider
  - HARP Housing (60 vouchers)
  - Sober Living Programs (~300 individuals served monthly)
  - Additional Sober Living Housing Units in the Provider Network
- **ACT Team**
- Boarding/Group Homes
  - Featherstone (30 units)
  - Sunstone (10 units)
  - Jasper (18 units)
  - Canyon Rim (43 units)
  - Valley Oaks (29 units)
  - Theodora (14 units)

An ACT Team Expansion and Featherstone Renovations

~$700K HOME Court Funding and ~$1.6M - $1.7M additional funding through SL Co BHS

Draft HOME Court Reporting Metrics



The department shall, in collaboration with the LA, submit to the Health and Human Services Interim Committee, a report on or before June 30 of each year, beginning in calendar year 2025, regarding the outcomes of the pilot program.

SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES


Questions?
SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

SALT LAKE COUNTY

Addressing the Behavioral Health Workforce Capacity Crisis in Salt Lake County

SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES

Updated April, 2024

Addressing the Behavioral Health Workforce Crisis in Salt Lake County

Executive Summary

The expansions of Medicaid in 2017 – 2020, brought an unprecedented opportunity to expand mental health and substance use disorder services for individuals suffering from behavioral health conditions. In Salt Lake County, this opportunity more than tripled the capacity of some services and led to "openings as needed" rather than long wait lists in certain areas such as residential treatment in substance use disorder (SUD) settings.

While the advent of these expansions was incredibly exciting, providing a payor for all those who fall under 133%FPL (and are documented), a new bottleneck emerged statewide, in the form of workforce capacity, that will take years to resolve.

Marry that with the severe impacts of COVID-19 beginning in 2020, we now find ourselves in a workforce crisis. Some providers have buildings and/or beds available for our residents with funding streams identified, but they go unused due to the lack of staff to serve these clients.

Although the shortfall in workforce capacity was identified and highlighted with stakeholders early on by Salt Lake County, and aggressive actions taken, the gap in the behavioral health workforce was too great to solve on its own. Thanks to advocacy from the Utah Substance Use and Mental Health Advisory Council and other stakeholders, numerous legislative actions have contributed to addressing this problem, yet substantial gaps still exist, as evidenced by the Utah State Hospital closing beds in 2022 and delaying a previously funded expansion of beds.

This paper serves to highlight some of these measures.

Background

2018 Efforts

Although elated at the new funding streams through the 2017 Targeted Adult Medicaid expansion, and the dramatic substance use disorder (SUD) residential expansion that followed, it became obvious early on providers would struggle to meet the staffing needs of these programs. Soon thereafter, the director of Salt Lake County Human Services convened a group to begin conversations around this problem, a group that included the University of Utah School of Social Work, the Salt Lake County Division of Behavioral Health Services (DBHS), Criminal Justice Services, and others.

Many conversations began, igniting advocacy and ideas to address the problem, all of course requiring funding.

2020 General Session

Through the advocacy and work of the Utah Substance Use and Mental Health Advisory Council (USAAV+), and support from many stakeholders, the following initiatives were passed during the 2020 General Session.

- Utah Behavioral Health Workforce Reinvestment Initiative

  This Department of Health initiative funded an effort to award grant funds to behavioral health professionals to repay education loans, in exchange for serving in a publicly funded facility in the state of Utah, through a one-time $2M appropriation.

  Provider types included:

• Psychiatrists	Up to $50,000
• Psychiatric Pharmacists	Up to $50,000
• Psychologists	Up to $30,000
• Psychiatric/Mental Health Nurse Practitioners	Up to $30,000
• Counselors, Clinicians, Therapists	Up to $20,000
• Social Workers	Up to $20,000
• Certified Peer Specialists	Up to $500

  Since launching in FY21, the Behavioral Health Workforce Loan Repayment Program (LRP) has made 75 awards worth $1,513,438. In FY22, the Health Care Workforce LRP made 13 awards for $419,850. Approved sites were required to match 10-20% of the award, which further extended the state's funding.[1]

[1] Investing in Utah's Health Workforce Flyer, Utah Department of Human Services & Department of Health, 2022

- University Expansions

  An ongoing appropriation was funded for an expansion of Master of Social Work (MSW) student slots at the Utah State University and the University of Utah.

  During the Fall 2021 Academic Year:

  - The University of Utah MSW program increased by 30 additional, on-going student slots and increased qualified applicants by 100%.
  - The Utah State University MSW program increased by 40 additional on-going student slots (with statewide satellite campuses).
  - The University of Utah College of Nursing expanded its Mental Health Nurse Practitioner Program, which includes access to an expanded tele-health component for state-wide consultation.

2020 COVID-19 Impacts & Efforts

Early in the pandemic, as stress and concerns for safety impacted providers and their staff, DBHS worked to provide support, and thereby continue to serve our residents. Contributing to staff safety, easing the burden on workload, and continuous funding for programs was paramount. In addition to the immense efforts of separating residents in congregate settings, acquiring additional space when able; referring to the county's quarantine and isolation facility as needed; and deploying rapid testing kits provided by the county; they faced the additional struggle of maintaining workforce as staff became ill, too high risk to remain in certain positions or redeployed to work on ordering and disseminating personal protective equipment and rapid test kits.

As a funder, DBHS actions included:

- Pivoting quickly to telehealth services. Within the first two weeks of March, we quickly pivoted to the ability to provide and bill for telehealth services. This occurred through coordination between our office, the state Medicaid office, our Medicaid Managed Care Organization, and our Health Information Systems Manager.
- Modifying utilization management policies. From March 1st, through May 31st, all authorizations were extended (other than inpatient).
- Modifying audit requirements to allow providers to focus on the tasks at hand. DBHS ceased site visits immediately, March 1st, and did not require any additional documentation to be sent in unless it was crucial to the operation (e.g., verify insurance coverage). A shared electronic health record was very beneficial in this process.
- Modifying drug testing requirements to keep everyone safe. With the support of drug court stakeholders, this included limiting observed testing when needed.
- Keeping providers "whole" fiscally when unable to perform services in the same quantity and manner. DBHS did an analysis from March – June, to compare provider's billings to their average of the 3 months prior and allowed them to bill for the shortfall. In addition, we targeted certain

programs more greatly impacted (social detox and jail programming), that were fee for service and billing far under what is typical, allowing them to reconcile back to cost to ensure they were able to sustain their programs.

- Funding the purchase of iPads for telehealth and court hearings for use in the county quarantine and isolation facilities and residential settings.
- Assisting with access to Personal Protective Equipment (PPE)/Rapid Test kits, and later vaccination planning and resources through the Salt Lake County Department of Health.
- Funding transportation and support for staff and client vaccinations.
- Modifying sober living requirements for those experiencing barriers to employment and housing, allowing them to stay longer periods of time if needed.
- Working with the state to utilize CARES Act funds to assist with retrofitting the VOA detox facilities with physical barriers including visqueen and plexiglass for client and staff safety.
- Utilizing CARES Act/Covid funding from April – June 2020, to help cover the additional cost of hazard pay for essential providers.

2021 Efforts

- Working with the State Department of Health and Optum, DBHS increased provider Medicaid rates by approximately 9% on July 1, 2021.
- The State Division of Substance Abuse and Mental Health (DSAMH) with federal SAMHSA approval awarded DBHS federal block grant funds to provide retention bonuses for essential provider staff. DBHS received this funding in December 2021 and is actively distributing the funds as prescribed by DSAMH to its network providers in 2022.

2022 Efforts

It became clear that provider rates were still inadequate to fund inflation and the sharp increases in licensed therapist salaries.

- DBHS worked to further increase these rates in March 2022 by approximately 10%.

It was evident that even the state hospital was experiencing workforce capacity problems, as they presented concerns during the interim session, later closing beds as the problem became a crisis within their facility.

2022 General Session

Please find below some of the legislative actions we are aware of that could directly or indirectly affect workforce capacity:

Appropriations:

- **Alignment of Behavioral Health Service Codes for Medicaid Reimbursement** – this appropriation will provide a 30% increase in behavioral health residential programs.

- **Behavioral Health Amendments (H.B. 236)** – This appropriation allows for behavioral health services to be included in the Medicaid Consensus process, receiving annual inflationary increases.
- **Targeted Increases to State Hospital and Developmental Center Front Line Staff** - This appropriation assists with the workforce capacity crisis at the state hospital.

HB 48 - Utah Substance Use and Mental Health Advisory Council Sunset Extension. This council works diligently on many issues related to behavioral health and will further efforts on improving workforce capacity for these providers. Signed by the Governor.

HB 49 - Study on State Hospital Capacity Sunset Amendments – This bill is important in addressing workforce and capacity within the state hospital and impacts us in a large way. Signed by the Governor.

HB 176 - Utah Health Workforce Act - creates the Utah Health Workforce Advisory Council (council); requires the council to provide information and recommendations to government entities regarding policy decisions that affect Utah's health workforce; creates the Utah Health Workforce Information Center (information center); requires the information center to conduct research and analyze data regarding Utah's health workforce; moves oversight of the Utah Medical Education Council to the council; modifies the Utah Medical Education Council's duties, including removing data analysis duties; and requires the Department of Commerce to work with the council and the information center to collect data regarding Utah's health workforce. Signed by the Governor.

HB 236 - Behavioral Health Amendments – This bill requires the base budget to include certain appropriations to the Department of Health for behavioral health services; requires the Office of the Legislative Fiscal Analyst to include an estimate of the cost of behavioral health services in certain Medicaid funding forecasts; and other provisions. Signed by the Governor.

HB 283 - Mental Health Professional Licensing Amendments – This bill reduces the number of clinical hours required for licensure as: a social worker; a marriage and family therapist; or a clinical mental health counselor. It doesn't appear that the benefit outweighs the reduction in quality of training. Signed by the Governor.

H.B. 295 Physician Workforce Amendments – This bill creates a grant program to create new medical residency programs or expand current residency programs; creates a grant program to establish a new forensic psychiatrist fellowship program, and other provisions. Signed by the Governor.

HB 365 - Telehealth Amendments - This bill would have amended the Telehealth Act and the Online Prescribing, Dispensing, and Facilitation Licensing Act. This bill did not pass.

HB 413 - Medicaid Amendments – This bill modifies provisions related to the Medicaid program, but also contains an appropriation to pass through to local substance abuse and

mental health authorities to pay for the local substance abuse and mental health authorities' increased match requirement associated with the request for appropriation in the 2022 General Session entitled Alignment of Behavioral Health Service Codes for Medicaid Reimbursement. Signed by the Governor.

HB 451 - Opioid Use Prevention and Treatment Amendments - This bill would have enacted requirements for the use of funds deposited into the Opioid Litigation Settlement Restricted Account. This bill did not pass.

SB 44 - Mental Health Professional Practice Act Amendments - This bill: increases the maximum amount of time that an individual may practice as an associate clinical mental health counselor or associate marriage and family therapist; and other provisions. Signed by the Governor.

SB 177 - Behavioral Health Crisis Response Amendments - This bill would have appropriated in fiscal year 2023: to General Fund Restricted Behavioral Health Crisis Response Account, as an ongoing appropriation: from General Fund, $14,863,200; and to Department of Health and Human Services -- Integrated Health Care Services Non-Medicaid Behavioral Health Treatment and Crisis Response, as an ongoing appropriation: from General Fund, $14,863,200. This bill did not pass.

SB 131 - Clinical Mental Health Counselor Licensing Sunset Extension - extends the sunset date and reporting requirements for an alternate route to licensure for individuals seeking licensure as a clinical mental health counselor by one year until July 1, 2024. This bill did not pass.

SB 237 - Counseling State Compact - The purpose of this Compact is to facilitate the interstate practice of Licensed Professional Counselors with the goal of improving public access to professional counseling services. The practice of Professional Counseling occurs in the State where the client is located at the time of the counseling services. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure. Signed by the Governor.

SB 247 - Accountable Care Organization Funding Amendments - specifies how a Medicaid accountable care organization must use an increase in funding from the Medicaid program; sets a minimum reimbursement rate for certain services provided by a Medicaid accountable care organization; requires a Medicaid accountable organization to annually report changes in the amounts the Medicaid accountable care organization pays to providers of services and benefits for Medicaid enrollees, and other provisions. This bill did not pass.

Two retirement bills were proposed but will be studied over interim. The bill sponsored by Rep Wilcox, was planned to include ongoing funding for the loan repayment program, this funding was lost.

SB 253 - Licensed Clinical Therapist Retirement Amendments – Sen Mayne - provided the circumstances under which a Utah Retirement Systems retiree may be reemployed as a licensed clinical therapist within the one-year separation requirement without cancellation of the retiree's retirement allowance. This bill did not pass and will likely be studied during interim.

HB 370 - Mental Health Professional Amendments – Rep Wilcox - modified state postretirement reemployment restrictions for a retiree who was a mental health therapist or substance use disorder counselor; and expanded the Utah Health Care Workforce Financial Assistance Program to apply to certain mental health professionals. This bill did not pass and will likely be studied during interim.

USAAV+ workforce goals that were not possible this session:

- Expanding the capacity of other universities in Utah to increase the student slots for MSW candidates (UVU, WSU, etc.)
    - University of Utah MSW program turned away 30 qualified students for Fall of 2021 Academic Year.
- Expanding the capacity of universities in Utah to increase the student slots for MFT, CMHC, and SUDC candidates.
- Gaining on-going funding for the Office of Primary Care and Rural Health (OPCRH) for the student loan repayment program funded with one-time funds in 2020. Although this was not accomplished, there was a provision that saved some lapsing funds.
- Funding to increase student recruitment through financial assistance program for Utah's universities with emphasis on recruiting in under-served areas, multicultural, and ESL populations.

2023 Efforts

A great advocate during the legislative session was the USAAV+ Council. They worked to support efforts to expand the number of behavioral health professionals entering the workforce and to address inequities that might prevent qualified professionals from entering or remaining in the workforce. The Council opposed bills they felt might cause safety concerns for consumers. Below is a list of bills addressing these topics, the stances USAAV+ took, and the outcome of the bills.

HB 166 - Mental Health Professional Licensing Amendments - amends the requirements for the provision of remote, transitional mental health therapy and substance use disorder counseling; allows for the provision of remote mental health therapy and substance use disorder counseling, subject to certain conditions; modifies requirements related to the training hours required for licensure as a: clinical social worker; marriage and family therapist; or clinical mental health counselor; and makes technical and conforming changes

A provision of this bill reduces the number of supervision hours from 100 to 75 hours for licensed clinical social workers, marriage and family therapists, and clinical mental health counselors. USAAV+ Opposed this bill, but it passed, and has been signed by the Governor.

HB 278 – First Responder Mental Health Services Grant - creates the First Responder Mental Health Services Grant Program to be administered by the Utah Board of Higher Education to provide grants for specific individuals who are studying at certain educational institutions to become mental health therapists. USAAV+ Supported this bill, it passed, and has been signed by the Governor.

SB 182 - Mental Health Professional Licensing Modifications – would have created licenses for a clinical master's substance use disorder counselor and associate master's substance use disorder counselor; described the qualifications for licensure under the new licenses; described the scope of practice under the new licenses; and would have made technical and conforming changes. USAAV+ Supported this bill, but it did not pass.

HB 250 – Social Worker Licensing Amendments Removes an examination requirement for licensure as a certified social worker or social service worker; repeals provisions creating and related to the position of certified social worker intern. USAAV+ Supported this bill ***in concept***, it passed and was Signed by the Governor

Appropriations that will impact workforce in a positive way include:

Higher Education Appropriations

- In 2020, the Higher Education Appropriations Committee funded approximately 150 additional MSW students at the University of Utah and Utah State University.

  In 2023, USAAV+ advocated for additional funds, stating: "Nationally, there are between 140-200 licensed social workers (LCSW) per 100,000. However, in Utah there are only 98 LCSWs per 100,000. Further, approximately 18% of the Utah workforce is over 65, possibly increasing the shortage with looming retirement and hour reductions."

  During the session, USAAV+ proposed expanding the capacity of multiple universities. This appropriation was approved and is estimated to support 175 additional student slots. Focus will be given to both rural and urban areas, and to supporting individuals of underserved populations. These efforts may include the development of an online Spanish MSW program, and a licensure preparation course.

Social Services Appropriations

- In the 2023 General Session, Social Services Appropriations appropriated $1.7 million towards a Medical Loan Repayment Incentives Program, to incentivize behavioral health professionals working within the public sector. USAAV+ proposed this effort, with funding directed to the Health Care Workforce Financial Assistance Program within the Office of Primary Care and Rural Health. They stated this funding "…will support and offer higher education loan repayment to physical and behavioral health professionals who commit to work in Utah for three years at a public facility or program and individuals would receive a variable tuition loan repayment ranging from $750 to $75,000 (dependent on licensure) for qualifying loans."

- Additional appropriations were made to increase rates within 5 community mental health codes (a 29.2% increase), a Medically Assisted Treatment Administration Fee Increase (for Methadone), and funds were found through the Office of Substance Use and Mental Health to fund a substantial rate increase for social detox services. These increases support providers with the funding needed to recruit and retain workforce.

- At the very end of the session, the Utah State Hospital recovered funds needed to address their staffing crisis and avoid the closure of hospital beds.

- There was hope during the legislative session, that a post-retirement bill would emerge for individuals formerly in behavioral health professions, but this did not occur.

During the interim session, the Office of Professional Licensure Review (OPLR) recognized the shortage of BH workforce and prioritized these positions as their first to review. Please find their recommendations here. These recommendations were incorporated into SB 26 Behavioral Health Licensing Amendments, for the 2024 general session.

2024 Efforts

The following workforce related bills flowed through the 2024 General Session.

HB 44 – Social Work Licensure Compact Enacts the Social Work Licensure Compact. Lowers barriers for an eligible and licensed social worker in a participating state to practice in another participating state. USAAV Supported this bill, it passed, and has been signed by the Governor.

HB 58 - International Licensing Amendments - Broadens DOPL's discretion to accept substantially similar education or experience in satisfaction of standard licensing requirements; and permits them to issue a temporary license to an applicant seeking licensure by endorsement under certain circumstances. USAAV Supported this bill, it passed, and has been signed by the Governor.

HB 67 - First Responder Mental Health Services Grant Program Amendment – Expands a program that supports first responders that wish to become MH professionals. Expands eligibility for the program; expands institutions at which a recipient may use a grant under the program, etc. USAAV Supported this bill, it passed, and has been signed by the Governor.

HB 216 - Eliminating Minimum Time Requirements For Professional Training - Eliminates the requirement that an applicant complete certain educational or experience requirements within a certain time. This includes psychologists. It currently says: "in not less than two years and ", this would remove this. USAAV+ Hold – it has been signed by the Governor.

HB 251 - Postretirement Reemployment Restrictions Amendments - Creates an alternative method for a retiree within the Utah Retirement Systems (URS) to be eligible to return to work

with a URS participating employer and receive a retirement allowance. USAAV Supported this bill, it passed, and has been signed by the Governor.

SB 26 - Behavioral Health Licensing Amendments - Implements OPLR Recommendations for changes with licensing and other workforce related initiatives. USAAV Supported this bill, it passed, and has been signed by the Governor.

Appropriations impacting the workforce included:

A Higher Ed Behavioral Health Expansion RFA – Sen Bramble sought $2.85 M ongoing to fund 20 additional teaching positions at colleges/universities in Utah to teach 500 more mental health students annually, including 160 bachelors, 280 masters, and 60 PhD students. This was last seen on the Higher Ed Prioritization list at $2M, #5 on the list. However, it was NOT FUNDED in the Executive Appropriations process.

Behavioral Health Internships & Tuition Loan Repayments SSA RFA - This was originally a $3.3M dollar request, eventually funded at $2.3 million one-time, but documents in SSA state that it was designated as a resource for state employees only. Not only will this not help counties and those that they contract with for services, but has the potential to reduce workforce as some individuals may be drawn instead to state positions.

In addition to state legislative efforts, Salt Lake County also embarked on efforts to help in this realm through a Systemic Coordination Workforce Subgroup. Considerable time and effort was dedicated to supporting helpful legislation and appropriations throughout the session, and also dedicated to researching career paths and recruitment and retention options at the county level for BH positions.

2025 Efforts

General Session

Appropriations with a positive impact included:

- An ongoing appropriation increasing MCOT Medicaid rates by 26%.
- An ongoing appropriation increasing Peer Support Medicaid rates by 35%.
- Ongoing and onetime operational/inflationary costs for the USH (preventing the **closure** of beds)

Appropriations **not** funded:

- Maintaining the 5% ARPA BH Provider Rate Increase (this will end at the end of FY25)
- Funding for an additional MCOT
- Funding to expand the Utah State Hospital (we continue to have a shortage of beds there)

Passed Bills:

H.B. 347 Sub 4 Social Services Program Amendments - Rep Dunnigan

Among other things, this bill would amend provisions related to substance use and mental health program licensure. If a program is accredited by a national organization (and meets other standards), it would still have to pay the state licensing fees but can have its license approved (if in good standing and is serving adults), without onsite inspections. This positively impacts workforce by lessening administrative burdens. Signed by the Governor.

HB 365 Mental Health Care Study Amendments (Rep Barlow)

Among other things, this bill would require DHHS to issue a request for proposals to conduct a study on wait times and barriers for a child to see a therapist. The results of this study could positively impact efforts in the future to address workforce. Signed by the Governor.

Bills impacting licensure, included:

S.B. 44 Professional Licensure Background Checks (Sen Vickers)

This bill would, among other things, standardize the requirements for a criminal background check for licensure in certain professions; and clarifies the circumstances under which DOPL revokes a license, as that revocation applies to a criminal background check. Signed by the Governor.

S.B. 48 Behavioral Health Amendments (Sen McKell)

This bill would expand the scope of practice for mental health therapists and create the Mental Health Professionals Education and Enforcement Fund. This is the bill that addresses guidelines for Life Coaches. Signed by the Governor.

Bill that did not pass:

H.B. 531 Division of Professional Licensing Amendments (Rep Miller)

This bill would have removed the completion of an associate's degree or equivalent, and 2,000 hours of supervised experience for a substance use disorder counselor.

Legislative Audit of Utah's Behavioral Health Workforce

This audit provided the following recommendations:

- The Health Workforce Advisory Council, with input from the Behavioral Health Commission, should develop a strategic plan for behavioral health workforce efforts and determine the effectiveness of these measures.
    - State entities should better evaluate behavioral health efforts to provide policymakers with data driven strategies for effective workforce development. Without strategies, resources may be allocated to ineffective efforts.
- The Office of Substance Use and Mental Health should require local authorities to indicate if service deficiencies are related to workforce challenges as part of their annual audit process.
- The Legislature should consider requiring the Utah Behavioral Health Commission to create a framework for school-based mental health services, with the input of the Office

of Substance Use and Mental Health, the Utah State Board of Education, and Local Education Agencies.
    - USBE's School-Based Mental Health Qualifying Grant Program lacks a focus on mental health outcomes and does not define roles for school-based mental health staff and services. The increase of school-based mental health professionals—without required coordination between community-based services—may have further siloed the public behavioral health workforce.
- The Legislature should consider updating ***Utah Code*** for online provider directories, including accuracy requirements and the role of state oversight.
    - There are numerous inaccuracies in Utah's commercial insurance directories, making it difficult for residents to contact providers or set up appointments. These inaccuracies may delay care and may even cause individuals to forgo care altogether, even with insurance.

USAAV+

USAAV+, in their April meeting, voted to create a strategy, in collaboration with universities/colleges, to increase BH related slots, scholarships, and to address the problem of ghost providers in private health plans mentioned in the legislative audit above.

Once a plan, with budgets and recommendations has been put together, they will take it to the BH Commission for their approval, and if approved, then it would likely be shared with the state's Health Workforce Advisory Council.

Reports Utilized for Performance Evaluation

Our annual audit reports of our contracted providers are one way we use data to evaluate performance, in the sense that we are evaluating the network's adherence to our standards.

DBHS creates and utilizes many reports, some of which have been uploaded via the google docs link which was provided. This list is not exhaustive, but some examples of reports we create or utilize are:

- **Level of Care Outcomes Report (sample included)**
  - The report replicates the state scorecard by provider.
  - This report is distributed monthly to providers.
  - Please note that the sample report is for Q2 of FY24 and has been included in the uploaded document.
- **Data Audit Report (sample included)**
  - The report provides agencies with information on data inconsistencies (i.e., mismatched gender, DOB, etc.), along with open enrollments based on last documented service. It also includes the outcomes report of completed episodes, as well as criminogenic risk scores for those identified as justice involved.
  - This report is distributed monthly to individual providers.
  - Please note that the sample report is a point in time look at an unidentified network agency.
- **MHSIPs Tracking Table (sample included)**
  - Updated weekly with completed survey accounts in the three survey categories (adult, youth and parent/caregiver)
  - Can be utilized to compare their survey submission to previous years.
  - A completion tracking report for SUD surveys (see attachment) is currently being provided weekly to providers with targets, to encourage participation in gathering these surveys.
- **MHSIPs Adult Summary Report (sample included)**
  - This is a table of performance ratings in half a dozen domains by agency.
  - This allows agencies to track their performance as evaluated by their clients within these domains.
  - A sample of this report for aggregated for Salt Lake County overall has been included.
- **Report 5 (sample included)**
  - This report is provided by Optum to DBHS monthly
  - It includes a master table of all services provided to Medicaid consumers through Optum.
  - From this table, various reports are delivered that allow the division to review services provided by rate category, the penetration of consumers receiving services, etc. Snapshots of the report interface and the penetration report are provided.
- **Sober Living Quarterly Report (sample included)**
  - This report is sent to OSUMH upon request
  - It includes outcomes related to census, UA results, and discharge disposition
  - It provides program management a look into program trends, strengths and weaknesses
- **Sober Living UA Report (sample included)**
  - This report is for internal use and is collected monthly from providers back to DBHS. These results are then compiled.
  - The report includes UA results by gender and agency

    - It provides program management greater insight into where challenges and UA oversight may occur, allowing for interventions to take place.
- **Sherpa Budget Report (sample included)**
    - This report provides data to the Mayor's Office and the Office of Data and Innovation monthly regarding various significant programs within the division.
    - Metrics in this report track the Sober Living Program, Intensive Supervision Probation, the Jail MAT Program, Residential Mental Health Programs, Supportive Living benefits, and ACT Teams (VOA, VBH and Odyssey House Forensic ACT Team).
    - It is used to evaluate high priority initiatives tied to our division's budget with county leadership. Reviewing these monthly and quarterly help keep the division aligned with its goals during the year, and to remain accountable to the County budget.
    - The sample report includes non-actual data.
- **MAT MTS Report (sample included)**
    - This report is utilized to track the performance of MTS funds appropriated to DBHS.
    - These funds are utilized in the community through Project Reality and Clinical Consultants, as well as to supplement the Jail MAT Program.
    - The report is submitted quarterly to OSUMH and tracks clients served and services provided, thus helping program management identify program challenges (i.e., when fewer services are rendered, typically this is a result of staffing issues).
- **Housing Connect Monthly Utilization Report (sample included)**
    - This report provides a monthly view into the operation of housing programs funded through DBHS in contract with Housing Connect.
    - Metrics include housing capacity and utilization, applications in progress, exit status of discharged clients, percentage homeless or criminal justice involved, and other financial metrics, by housing program.
    - It is used to gauge the community housing needs of our contracted treatment partners, and to identify how well the division is addressing these needs.
- **ACT Team Monthly Report (sample included)**
    - This report is created monthly from data submitted to DBHS by Volunteers of America (VOA), Valley Behavioral Health (VBH), and Odyssey House's Forensic ACT Team (FACT).
    - All agencies have separate reports that provide metrics including monthly census, discharges, new admissions, discharge dispositions, and referral data.
    - DBHS utilizes this report to identify gaps in services for the seriously mentally ill population in SLCo, and to monitor the ACT teams that are deployed to address these gaps.
    - The sample report is for the VOA ACT Team.
- **ISP Program Quarterly Report (sample included)**
    - This report is a collection of data collected through the DBHS UWITS electronic health record, Salt Lake County Jail booking data, and data collected through the Salt Lake County Division of Criminal Justice Services.
    - Information is collected, reviewed, and submitted quarterly to Department-level staff in Salt Lake County.

    - Metrics include demographics, program-based outcomes (including successful completions and time to intake/assessment/treatment), treatment outcomes (including changes in employment, frequency of use, and housing), and criminal recidivism.
    - Data from this report allows stakeholders to identify areas of improvement in treatment programming and the probation process. The report is also utilized to garner additional budgetary considerations from program needs.
    - The sample included is from a previous report.
- **Data Corrections report**
    - This report is produced monthly, per agency, addressing issues or inaccuracies in data in UWITS. Examples are client name, DOB, gender, dates of admission, discharge, last contact, duplicate substance check, and codependent/collateral verification check.
    - A sample of this report has not been attached due to the PHI contained within it.
- **Open Client Report**
    - This report is sent to eight agencies every two weeks.
    - It includes 18 fields with PHI.
    - It allows agencies to check for clients that are currently open in UWITS.
        - It assures that clients records are closed/completed in a timely manner
    - A sample of this report has not been attached due to the PHI contained within it.
- **Staff Certification Report**
    - This report is sent to three agencies every three months (agencies that have requested this report).
    - It includes nine fields without PHI.
    - It allows agencies to track when clinicians' certifications/licensures expire.
    - A sample of this report has not been included due to the names and information for specific staff members contained within it.
- **Utah Criminal Justice Center (UCJC) Report**
    - This report was sent to UCJC to track a pay-for-success program for people experiencing homelessness.
    - Mental health data with 22 de-identified fields was sent.
    - SUD data with 21 de-identified fields was sent.
    - This report allowed UCJC to track the performance of their multi-year program.
    - A copy of this report has not been included, as it was raw de-identified data sent to them for further analysis by UCJC.
- **Group Co-lead Report**
    - This is a report that is sent currently to one agency but will be expanded to at least three agencies.
    - This report should not have PHI, but the nature of a free text notes field, means PHI could be entered by clinicians.
    - This report allows agencies to evaluate performance of the co-lead clinicians during group therapy sessions.
    - A sample of this report has not been attached due to the potential for PHI to be contained within it.

Level of Care Outcomes Report
(Replicating State Scorecard

TEDS Outcomes Report for completed episodes during FY25 per Agency

Data reported as of
12/9/2024

Row Labels	Discharge client Count	Change in Alcohol Abstinence (Increase)	Change in Drug Abstinence (increase)	Change in Housing (increase)	Change in Employment (increase)	Change in Arrests (Decrease)	Change in Social Support (Increase)	Change in Nicotine (decrease)
Asian Association	8	75.00 %	0.00 %	0.00 %	40.00 %	0.00 %	-100.00 %	0.00 %
Clinical Consultants	88	11.27 %	10.91 %	1.22 %	15.79 %	60.00 %	68.75 %	-8.93 %
Family Counseling Center	13	44.44 %	0.00 %	0.00 %	-8.33 %	0.00 %	100.00 %	-14.29 %
First Step House	73	29.79 %	338.46 %	34.15 %	525.00 %	100.00 %	64.29 %	0.00 %
House of Hope	34	22.22 %	170.00 %	-4.35 %	650.00 %	0.00 %	366.67 %	20.00 %
Odyssey House of Utah	430	38.71 %	336.25 %	40.82 %	48.98 %	77.01 %	146.34 %	27.56 %
Project Reality	2	0.00 %	50.00 %	0.00 %	50.00 %	100.00 %	50.00 %	0.00 %
Salt Lake County Youth Services	56	0.00 %	14.81 %	0.00 %	-1.85 %	100.00 %	1.79 %	0.00 %
Valley Mental Health	46	15.79 %	80.00 %	0.00 %	0.00 %	16.67 %	-50.00 %	-35.71 %
VOA_Cornerstone	29	4.00 %	7.14 %	7.69 %	21.43 %	0.00 %	66.67 %	-15.79 %
Grand Total	**779**	**27.17 %**	**151.69 %**	**22.32 %**	**33.18 %**	**73.15 %**	**109.68 %**	**13.55 %**

State Urban Average/Total 2024	**13.90%**	**59.80%**	**5.10%**	**32.40%**	**78.00%**	**49.70%**	**4.40%**
National Average/Benchmark 2024	**9.40%**	**14.20%**	**2.90%**	**11.40%**	**46.80%**	**42.80%**	**NA**

Calculations for SA Outcomes:

All outcomes are percent increase or decrease. Percentages are calculated using final discharges, excluding detox-only clients. Percents at admission and discharge are calculated by dividing the number of clients reporting the outcome divided by the total number of discharged clients with valid, non-missing, data for that measure.

Abstinence (Percent Increase):

(Percent abstinent at discharge minus percent abstinent at admission) divided by percent abstinent at admission

Housing (Percent Increase):

(Percent not homeless at discharge minus percent not homeless at admission) divided by percent not homeless at admission.

Employment/School (Percent Increase):

(Percent employed/student at discharge minus percent employed/student at admission) divided by percent employed/student at admission.

Arrests (Percent Decrease):

(Percent arrested at 30-days prior to admission minus percent arrested 30-days prior to discharge) divided by percent arrested 30-days prior to admission.

Social Support (Percent Increase):

(Percent attending Social Support groups at discharge minus percent attending Social Support groups at admission) divided by percent attending Social Support groups at admission.

Nicotine Use (Percent Decrease):

(Percent using nicotine prior to admission minus percent using nicotine 30-days prior to discharge) divided by percent using nicotine 30-days prior to admission.

SUD scorecard color coding:

Green = 90% or greater of the National Average or meets/exceeds division standards.
Yellow = Greater than or equal to 75% to less than 90% of the National Average.
Red = Less than 75% of the National Average or not meeting division standards.

TEDS Outcomes Report for completed episodes during FY25 per Agency and ASAM

Data reported as of
12/9/2024

Row Labels	Discharge client Count	Change in Alcohol Abstinence (Increase)	Change in Drug Abstinence (increase)	Change in Housing (increase)	Change in Employment (increase)	Change in Arrests (Decrease)	Change in Social Support (Increase)	Change in Nicotine (decrease)
Asian Association	**8**	**75.00 %**	**0.00 %**	**0.00 %**	**40.00 %**	**0.00 %**	**-100.00 %**	**0.00 %**
1.0	8	75.00 %	0.00 %	0.00 %	40.00 %	0.00 %	-100.00 %	0.00 %
Clinical Consultants	**88**	**11.27 %**	**10.91 %**	**1.22 %**	**15.79 %**	**60.00 %**	**68.75 %**	**-8.93 %**
1.0	67	6.78 %	12.00 %	1.56 %	11.54 %	80.00 %	108.33 %	-10.00 %
2.5 or 2.1	21	33.33 %	0.00 %	0.00 %	60.00 %	-4.76 %	-50.00 %	-6.25 %
Family Counseling Center	**13**	**44.44 %**	**0.00 %**	**0.00 %**	**-8.33 %**	**0.00 %**	**100.00 %**	**-14.29 %**
1.0	13	44.44 %	0.00 %	0.00 %	-8.33 %	0.00 %	100.00 %	-14.29 %
First Step House	**73**	**29.79 %**	**338.46 %**	**34.15 %**	**525.00 %**	**100.00 %**	**64.29 %**	**0.00 %**
1.0	23	53.85 %	233.33 %	33.33 %	400.00 %	100.00 %	166.67 %	10.53 %
2.5 or 2.1	5	25.00 %	100.00 %	150.00 %	60.00 %	0.00 %	40.00 %	0.00 %
3.3 or 3.1	39	19.23 %	300.00 %	30.43 %	600.00 %	100.00 %	18.18 %	-7.14 %
3.5	6	25.00 %	66.67 %	-100.00 %	0.00 %	100.00 %	0.00 %	0.00 %
House of Hope	**34**	**22.22 %**	**170.00 %**	**-4.35 %**	**650.00 %**	**0.00 %**	**366.67 %**	**20.00 %**
2.5 or 2.1	18	28.57 %	87.50 %	0.00 %	650.00 %	0.00 %	325.00 %	-44.44 %
3.5	16	15.38 %	500.00 %	-12.50 %	0.00 %	0.00 %	450.00 %	72.73 %
Odyssey House of Utah	**430**	**38.71 %**	**336.25 %**	**40.82 %**	**48.98 %**	**77.01 %**	**146.34 %**	**27.56 %**
1.0	53	55.17 %	61.54 %	11.36 %	73.91 %	-50.00 %	37.50 %	6.25 %
2.5 or 2.1	193	39.84 %	579.17 %	30.28 %	44.44 %	87.72 %	275.00 %	7.59 %
3.3 or 3.1	69	60.98 %	257.89 %	81.82 %	-66.67 %	100.00 %	228.57 %	63.83 %
3.5	115	19.75 %	590.91 %	70.83 %	20.00 %	52.38 %	57.14 %	48.86 %
Project Reality	**2**	**0.00 %**	**50.00 %**	**0.00 %**	**50.00 %**	**100.00 %**	**50.00 %**	**0.00 %**
1.0	2	0.00 %	50.00 %	0.00 %	50.00 %	100.00 %	50.00 %	0.00 %
Salt Lake County Youth Services	**56**	**0.00 %**	**14.81 %**	**0.00 %**	**-1.85 %**	**100.00 %**	**1.79 %**	**0.00 %**
1.0	56	0.00 %	14.81 %	0.00 %	-1.85 %	100.00 %	1.79 %	0.00 %
Valley Mental Health	**46**	**15.79 %**	**80.00 %**	**0.00 %**	**0.00 %**	**16.67 %**	**-50.00 %**	**-35.71 %**
1.0	30	12.00 %	35.29 %	0.00 %	0.00 %	33.33 %	-85.71 %	-46.67 %
2.5 or 2.1	5	25.00 %	200.00 %	0.00 %	0.00 %	0.00 %	20.00 %	-66.67 %
3.3 or 3.1	11	22.22 %	400.00 %	0.00 %	0.00 %	0.00 %	0.00 %	-10.00 %
VOA_Cornerstone	**29**	**4.00 %**	**7.14 %**	**7.69 %**	**21.43 %**	**0.00 %**	**66.67 %**	**-15.79 %**
1.0	20	0.00 %	0.00 %	0.00 %	36.36 %	0.00 %	33.33 %	-18.18 %
2.5 or 2.1	9	12.50 %	50.00 %	28.57 %	-33.33 %	0.00 %	11.11 %	-12.50 %
Grand Total	**779**	**27.17 %**	**151.69 %**	**22.32 %**	**33.18 %**	**73.15 %**	**109.68 %**	**13.55 %**

State Urban Average/Total 2024	**13.90%**	**59.80%**	**5.10%**	**32.40%**	**78.00%**	**49.70%**	**4.40%**
National Average/Benchmark 2024	**9.40%**	**14.20%**	**2.90%**	**11.40%**	**46.80%**	**42.80%**	**NA**

Calculations for SA Outcomes:

Abstinence (Percent Increase):
(Percent abstinent at discharge minus percent abstinent at admission) divided by percent abstinent at admission

Housing (Percent Increase):

(Percent not homeless at discharge minus percent not homeless at admission) divided by percent not homeless at admission.

Employment/School (Percent Increase):
(Percent employed/student at discharge minus percent employed/student at admission) divided by percent employed/student at admission.

Arrests (Percent Decrease):
(Percent arrested at 30-days prior to admission minus percent arrested 30-days prior to discharge) divided by percent arrested 30-days prior to admission.

Social Support (Percent Increase):

(Percent attending Social Support groups at discharge minus percent attending Social Support groups at admission) divided by percent attending Social Support groups at admission.

Nicotine Use (Percent Decrease):

(Percent using nicotine prior to admission minus percent using nicotine 30-days prior to discharge) divided by percent using nicotine 30-days prior to admission.

TEDS Discharge Report for completed episodes during FY25 per Agency and ASAM

TEDS data is submitted to SAMHIS within 30 days of the reporting month, and 30 days must elapse from the end of the reporting month before episode can be considered complete & outcomes determined.

MostRecentDate
12/9/2024

	Column Labels															
	Admin Terminated		Died		Incarcerated		Left against		Trans to diff Payor		Transferred		TX Complete		Total Count Discharged	Total Percent Discharged
Row Labels	Count Discharged	Percent Discharged	Count Discharged	Percent Discharged	Count Discharged	Percent Discharged	Count Discharged	Percent Discharged	Count Discharged	Percent Discharged	Count Discharged	Percent Discharged	Count Discharged	Percent Discharged		
Asian Association		**0.00%**		**0.00%**		**0.00%**	**1**	**12.50%**		**0.00%**	**1**	**12.50%**	**6**	**75.00%**	**8**	**100.00%**
1.0		0.00%		0.00%		0.00%	1	12.50%		0.00%	1	12.50%	6	75.00%	8	100.00%
Clinical Consultants	**3**	**3.41%**		**0.00%**	**2**	**2.27%**	**26**	**29.55%**	**2**	**2.27%**	**15**	**17.05%**	**40**	**45.45%**	**88**	**100.00%**
1.0	3	4.48%		0.00%	1	1.49%	15	22.39%	2	2.99%	7	10.45%	39	58.21%	67	100.00%
2.5 or 2.1		0.00%		0.00%	1	4.76%	11	52.38%		0.00%	8	38.10%	1	4.76%	21	100.00%
Family Counseling Center	**1**	**7.69%**		**0.00%**		**0.00%**	**3**	**23.08%**	**1**	**7.69%**	**1**	**7.69%**	**7**	**53.85%**	**13**	**100.00%**
1.0	1	7.69%		0.00%		0.00%	3	23.08%	1	7.69%	1	7.69%	7	53.85%	13	100.00%
First Step House	**13**	**17.81%**		**0.00%**	**1**	**1.37%**	**29**	**39.73%**		**0.00%**	**6**	**8.22%**	**24**	**32.88%**	**73**	**100.00%**
1.0	2	8.70%		0.00%		0.00%	3	13.04%		0.00%	1	4.35%	17	73.91%	23	100.00%
2.5 or 2.1		0.00%		0.00%		0.00%	2	40.00%		0.00%	1	20.00%	2	40.00%	5	100.00%
3.3 or 3.1	10	25.64%		0.00%	1	2.56%	19	48.72%		0.00%	4	10.26%	5	12.82%	39	100.00%
3.5	1	16.67%		0.00%		0.00%	5	83.33%		0.00%		0.00%		0.00%	6	100.00%
House of Hope		**0.00%**		**0.00%**		**0.00%**	**19**	**55.88%**	**1**	**2.94%**	**2**	**5.88%**	**12**	**35.29%**	**34**	**100.00%**
2.5 or 2.1		0.00%		0.00%		0.00%	6	33.33%		0.00%	1	5.56%	11	61.11%	18	100.00%
3.5		0.00%		0.00%		0.00%	13	81.25%	1	6.25%	1	6.25%	1	6.25%	16	100.00%
Odyssey House of Utah	**25**	**5.81%**		**0.00%**	**10**	**2.33%**	**163**	**37.91%**	**3**	**0.70%**	**17**	**3.95%**	**212**	**49.30%**	**430**	**100.00%**
1.0	2	3.77%		0.00%	1	1.89%	20	37.74%	3	5.66%	1	1.89%	26	49.06%	53	100.00%
2.5 or 2.1	14	7.25%		0.00%	7	3.63%	51	26.42%		0.00%	9	4.66%	112	58.03%	193	100.00%
3.3 or 3.1	4	5.80%		0.00%		0.00%	15	21.74%		0.00%	1	1.45%	49	71.01%	69	100.00%
3.5	5	4.35%		0.00%	2	1.74%	77	66.96%		0.00%	6	5.22%	25	21.74%	115	100.00%
Project Reality		**0.00%**		**0.00%**		**0.00%**	**1**	**50.00%**		**0.00%**		**0.00%**	**1**	**50.00%**	**2**	**100.00%**
1.0		0.00%		0.00%		0.00%	1	50.00%		0.00%		0.00%	1	50.00%	2	100.00%
Salt Lake County Youth Services	**10**	**17.86%**	**1**	**1.79%**		**0.00%**	**12**	**21.43%**		**0.00%**	**1**	**1.79%**	**32**	**57.14%**	**56**	**100.00%**
1.0	10	17.86%	1	1.79%		0.00%	12	21.43%		0.00%	1	1.79%	32	57.14%	56	100.00%
Valley Mental Health	**9**	**19.57%**		**0.00%**		**0.00%**	**12**	**26.09%**	**1**	**2.17%**	**2**	**4.35%**	**22**	**47.83%**	**46**	**100.00%**
1.0	6	20.00%		0.00%		0.00%	6	20.00%	1	3.33%	2	6.67%	15	50.00%	30	100.00%
2.5 or 2.1	1	20.00%		0.00%		0.00%	2	40.00%		0.00%		0.00%	2	40.00%	5	100.00%
3.3 or 3.1	2	18.18%		0.00%		0.00%	4	36.36%		0.00%		0.00%	5	45.45%	11	100.00%
VOA_Cornerstone	**3**	**10.34%**		**0.00%**		**0.00%**	**9**	**31.03%**	**2**	**6.90%**	**3**	**10.34%**	**12**	**41.38%**	**29**	**100.00%**
1.0	3	15.00%		0.00%		0.00%	3	15.00%	2	10.00%	1	5.00%	11	55.00%	20	100.00%
2.5 or 2.1		0.00%		0.00%		0.00%	6	66.67%		0.00%	2	22.22%	1	11.11%	9	100.00%
Grand Total	**64**	**8.22%**	**1**	**0.13%**	**13**	**1.67%**	**275**	**35.30%**	**10**	**1.28%**	**48**	**6.16%**	**368**	**47.24%**	**779**	**100.00%**

> Data reported is based on first enrollment and final discharge of an episode of care. An episode may span multiple levels of care or multiple agencies.
> Agency data is reported only from a final episode discharge. A client that continues services from one agency to another is not consider final and will not show on this report.
> Data may include counts for client cases recently discharged, but not recently served.

Data Audit Report

FY2025 Agency Responsiveness to Data Corrections

Reported outcomes are calculated from data reported and collected for Salt Lake County Clients Only.

Quick Overview	
N/A	2
✓	7
!	0
✗	1

DRAFT

No response required.

As of 11/28/2024

Agency Audit Expectations: Each Overall Score noted with a yellow or red indicator must be addressed individually in the Agency Audit Response. Be specific.

UWITS Data Corrections	FY2025 (5 months)	FY2024 (12 months)	Narrative
Overall Issue Count	56	227	Average of 11.2 errors per month this FY and an average of 18.9 errors per month last FY.
Returned	5	12	Corrections have been returned 5 out of 5 months this fiscal year. (100% complete).
Accurate	5	12	Corrections have been accurate 5 out of 5 months this fiscal year. (100% complete).
On Time	5	12	Corrections have been on time 5 out of 5 months this fiscal year. (100% complete).
Overall Score	**100%** ✓	**100%**	**As an agency, the overall score for FY2022 is 100%.**
	Meets/Exceeds Standards. No response required.		✓ Green = 90% or greater meets/exceeds agency standards.
			! Yellow = Greater than or equal to 75% to less than 90% needs improvement.
			✗ Red = Less than 75% does not meet agency standards.

Open SUD SLCo Enrollments	Less than 60	60-90	90+	No Service	Subtotals
1	54	4	7	0	65
2.1	8	0	2	0	10
2.5	7	0	1	0	8
3	0	0	0	0	0
3.2D	60	0	0	0	60
3.3	0	0	0	0	0
3.5	0	0	0	0	0
Subtotals	129	4	10	0	143
NA	0	0	0	0	0
Overall Score					**91%** ✓

Meets/Exceeds Standards. No response required.

As an agency, clients receiving services within the last 60 days is 91%.

✓ Green = 90% or greater meets/exceeds agency standards.

! Yellow = Greater than or equal to 75% to less than 90% needs improvement.

✗ Red = Less than 75% does not meet agency standards.

Outcomes Report as of 11/08/2024	Discharge Client Count	Clients Abstinent of Alcohol at Admission	Clients Abstinent of Alcohol at Discharge	Change in Alcohol Abstinence (Increase)	Clients Abstinent of Drugs at Admission	Clients Abstinent of Drugs at Discharge	Change in Drug Abstinence (increase)	Clients with Housing at Admission	Clients with Housing at Discharge	Change in Housing (increase)	Clients Employed at Admission	Clients Employed at Discharge	Change in Employment (increase)	Clients with Arrests at Admission	Clients with Arrests At Discharge	Change in Arrests (Decrease)	Clients with Social Support at Admission	Clients with Social Support at Discharge	Change in Social Support (Increase)	Change in Nicotine (decrease)
1.0	31	25	29	16.00%	21	21	0.00%	30	30	0.00%	20	23	15.00%	0	0	N/A	5	7	40.00%	-17.65%
2.5 or 2.1	7	6	7	16.67%	1	2	100.00%	5	7	40.00%	2	2	0.00%	0	0	N/A	0	1	14.29%	0.00%
3.3 or 3.1	0	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0.00%
3.5	0	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0.00%
Overall Score	**38**	**31**	**36**	**16.13%** ✓	**22**	**23**	**4.55%** ✗	**35**	**37**	**5.71%** ✓	**22**	**25**	**13.64%** ✓	**0**	**0**	**N/A**	**5**	**8**	**60.00%** ✓	**-12.50%**
						Response Required														
National Average/ Benchmark 2023 (% change)		9.40%			14.20%			2.90%			11.40%			46.80%			42.80%			N/A

✓ Green = 90% or greater of the National Average or meets/exceeds division standards.

! Yellow = Greater than or equal to 75% to less than 90% of the National Average.

✗ Red = Less than 75% of the National Average or not meeting division standards.

None = Not applicable.

Criminogenic Risk	FY2025 (5 months)	FY2024 (12 months)
Enrollments for Justice Involved Clients	3	34
Not Low Risk (Moderate/High Risk)	0	9
Low Risk	3	25
Overall Score: Not Collected	**0 N/A**	**0**
	Insufficient total count to display an outcome.	

Insufficient total count to display an outcome.

✓ Green = Less than 5% meets/exceeds division standards.

! Yellow = Greater than or equal to 5% to less than 10% needs improvement.

✗ Red = Greater than 10% does not meet agency standards.

Additional UWITS Vendor Data Interventions*	FY2025	FY2024
Overall Score	**0** ✓	**0**
	Meets/Exceeds Standards. No response required.	

No Vendor Interventions were required during fiscal year 2023.

✓ Green = No UWITS Vendor interventions meets agency standards.

! Yellow = Greater than 0 to less than or equal to 3 needs improvement.

✗ Red = Greater than 3 does not meet agency standards.

* Excludes Client ID data corrections.

Reported outcomes are calculated from data reported and collected for Salt Lake County Clients Only.

DRAFT

No response required.

Agency Audit Expectations: Each Overall Score noted with a yellow or red indicator must be addressed individually in the Agency Audit Response. Be specific.

Agency Audit Expectations Checklist

The following specifies which responses are required:

• UWITS Data Corrections	No response needed
• Open SUD SLCo Enrollments	No response needed
• Change in Alcohol Abstinence (Increase)	No response needed
• Change in Drug Abstinence (increase)	**Response Required**
• Change in Housing (increase)	No response needed
• Change in Employment (increase)	No response needed
• Change in Arrests (Decrease)	No response needed
• Change in Social Support (Increase)	No response needed
• Criminogenic Risk	No response needed
• UWITS Vendor Data Interventions	No response needed

Agency Audit Response

DRAFT

No response required.

MHSIPs Tracking Table

2024 Satisfaction Survey Tracking

As of 04/26/2024

MHSIP	FY23 SUD Adults Served	MHSIP 2024 Minimum Target	Completed Surveys (SUD)	Percentage of Target Complete
Asian Association	39	8	10	125%
Clinical Consultants	453	91	129	142%
Family Counseling Center	163	33	35	106%
First Step House	351	70	80	114%
House of Hope	152	30	57	190%
Odyssey House of Utah	793	159	491	309%
Project Reality	838	168	168	100%
Valley	862	172	54	31%
Volunteers of America, Utah	280	56	56	100%
YSS-Youth	**FY23 SUD Youth Served**	**MHSIP 2024 Minimum Target**	**Completed Surveys**	**Percentage of Target Complete**
Asian Association	2	0	0	N/A
Odyssey House of Utah	71	14	17	121%
Salt Lake County Youth Services	199	40	35	88%
Volunteers of America, Utah	5	1	1	100%
YSS-Family	**FY23 SUD Youth Served**	**MHSIP 2024 Minimum Target**	**Completed Surveys**	**Percentage of Target Complete**
Asian Association	2	0	0	N/A
Odyssey House of Utah	71	14	5	36%
Salt Lake County Youth Services	199	40	10	25%
Volunteers of America, Utah	5	1	0	0%

MHSIPs Adult Summary Report

2024 Adult MHSIP Summary

Summary of Adult MHSIP Results

Statewide, combined 7,354 adults responded to the 2024 survey for a response rate of 16.3%, 5,175 in mental health and 2,179 in substance use disorder.

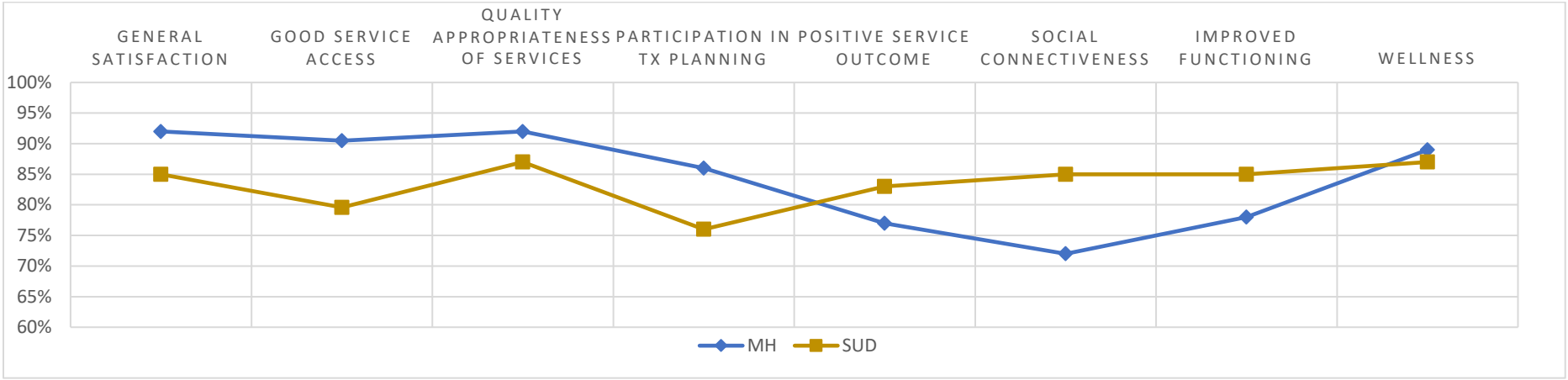
Survey rates

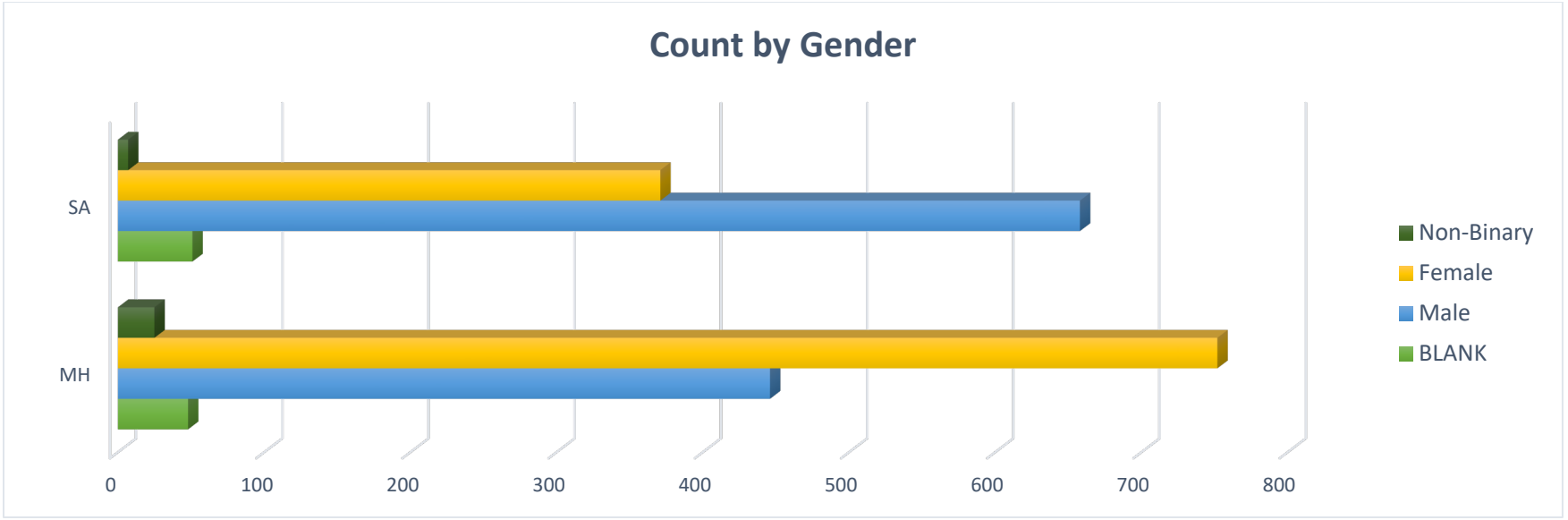
Salt Lake County	Survey Count	Percent of clients sampled*	Percent of SLCo Total	Percent of Statewide Total
MH	1,272	14.20%	53.9%	24.6%
SUD	1,087	20.70%	46.1%	49.9%
TOTAL	**2,359**	**17.80%**	**100%**	**23.1%**

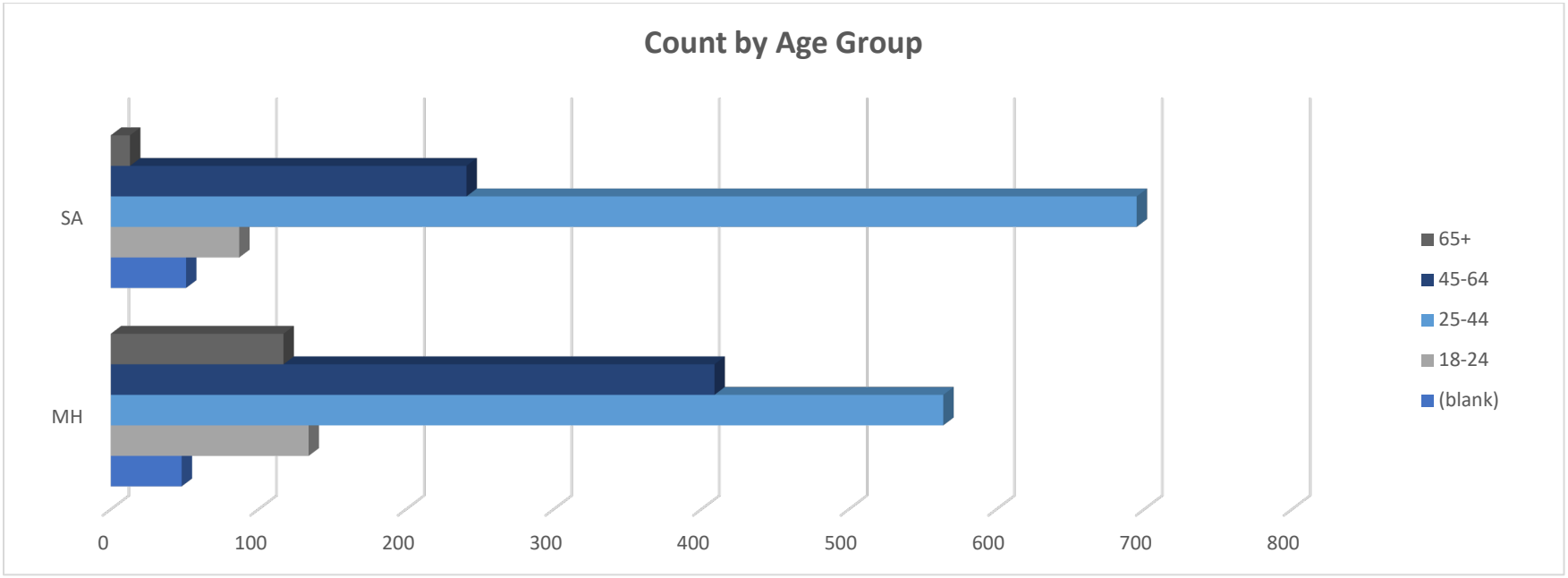
*Based on the number of clients served in the prior year 2023.

Adult MHSIP

Row Labels	Total Count	General Satisfaction	Good Service Access	Quality Appropriateness of Services	Participation in TX Planning	Positive Service Outcome	Social Connectiveness	Improved Functioning	Wellness
MH	**1,272**	**92%**	**90.5%**	**92%**	**86%**	**77%**	**72%**	**78%**	**89%**
SUD	**1,087**	**85%**	**79.6%**	**87%**	**76%**	**83%**	**85%**	**85%**	**87%**
Grand Total	**2,359**	**89%**	**86%**	**89%**	**82%**	**80%**	**78%**	**81%**	**88%**
Statewide	**7,354**	**89%**	**86%**	**90%**	**81%**	**75%**	**73%**	**67%**	**88%**
National Average		**89%**	**88%**	**90%**	**86%**	**77%**	**78%**	**80%**	**NA**




Count by Gender
SA
MH
0
100
200
300
400
500
600
700
800
Non-Binary
Female
Male
BLANK


Count by Age Group
SA
MH
0
100
200
300
400
500
600
700
800
65+
45-64
25-44
18-24
(blank)

Report 5

Report 5 Database

Penetration Report (3)	Penetration Report (3) (MH)	Penetration Report (3) (SUD)
Svc Util YTD by Prov and Month (7a-7b)	Svc Util YTD by Prov and Month (7a-7b) (MH)	Svc Util YTD by Prov and Month (7a-7b) (SUD)
Svc Util YTD by Prov and Svc Code (7c-7d)	Svc Util YTD by Prov and Svc Code (7c-7d) (MH)	Svc Util YTD by Prov and Svc Code (7c-7d) (SUD)
Svc Util YTD by Svc Code (8a)	Svc Util YTD by Svc Code (8a) (MH)	Svc Util YTD by Svc Code (8a) (SUD)
Svc Util YTD by Rate Code (8b)	Svc Util YTD by Rate Code (8b) (MH)	Svc Util YTD by Rate Code (8b) (SUD)
Svc Util YTD by Month (9a-9b)	Svc Util YTD by Month (9a-9b) (MH)	Svc Util YTD by Month (9a-9b) (SUD)
Unduplicated Services by Client Counts YTD (10a-10f)	Unduplicated Services by Client Counts YTD (10a-10f) (MH)	Unduplicated Services by Client Counts YTD (10a-10f) (SUD)

Quarter 1 FY25

RATE CODE	P2024 07	E2024 07	PEN. 07	P2024 08	E2024 08	PEN. 08	P2024 09	E2024 09	PEN. 09
A	176	24558	0.72%	180	23331	0.77%	178	21880	0.81%
B	1872	45029	4.16%	1933	43555	4.44%	1884	41064	4.59%
C	774	12273	6.31%	855	11861	7.21%	766	11101	6.90%
D	197	6194	3.18%	198	6003	3.30%	175	5779	3.03%
F	1328	8131	16.33%	1348	7901	17.06%	1231	7553	16.30%
G	1312	8230	15.94%	1357	8052	16.85%	1213	7787	15.58%
H	82	2531	3.24%	87	2376	3.66%	76	2136	3.56%
I	1	191	0.52%	3	184	1.63%	1	144	0.69%
J	197	1451	13.58%	177	1320	13.41%	140	1115	12.56%
K	23	1300	1.77%	14	1257	1.11%	17	1194	1.42%
NONE									

Sober Living Quarterly Report

Q4 FY24 Report

Intakes
Total: 193
1st Intake: 154 2nd Intake: 29 3rd Intake: 10 4th Intake: 0
Q4 Residential Beds Gained: 154 (51.3 per month) Total Since December 2017: 1,882
Q4 Placements: 193 (64.3 per month) Total Since December 2017: 2,300

Average Monthly Participants including CATS 264.7

UA Results—monthly results aggregated for the quarter

Q4 Urinalysis Results	With CATS Clients
Total Client Tests	794
Positive Tests	67
Negative Tests	727
Percent Positive	8.4%

Exits—monthly results aggregated for the quarter

Q4 Overall	Total Exits	1st Exit	2nd Exit	3rd Exit	4th Exit
Positive	113	84	24	5	0
Negative	54	41	8	5	0
Neutral	24	19	5	0	0
Totals	191	144	37	10	0

Average Monthly Participants without CATS 260

UA Results—monthly results aggregated for the quarter

Q4 Urinalysis Results	Without CATS Clients
Total Client Tests	780
Positive Tests	65
Negative Tests	715
Percent Positive	8.3%

Exits—monthly results aggregated for the quarter

Q4 w/o CATS	Total Exits	1st Exit	2nd Exit	3rd Exit	4th Exit
Positive	110	83	22	5	0
Negative	53	40	8	5	0
Neutral	24	19	5	0	0
Totals	187	142	35	10	0

Sober Living UA Report

December 2024 UA Report by Provider

Provider	Clients Tested	Clients Positive	Clients % Positive	Males Tested	Males Positive	Male % Positive	Females Tested	Females Positive	Female % Postive
7th Street	19	1	5.3%	13	1	7.7%	6		
Collective Recovery	15	2	13.3%	13	1	7.7%	2	1	50.0%
First Step House	23	3	13.0%	23	3	13.0%			
Haven	43	6	14.0%	28	4	14.3%	15	2	13.3%
House of Hope									
Legacy	1	0	0.0%	1	0	0.0%			
Lifestart Village	7	1	14.3%				7	1	14.3%
Mentor Works	8	1	12.5%	8	1	12.5%			
Odyssey House	66	5	7.6%	47	4	8.5%	19	1	5.3%
Papilion									
Phoenix Rising	21	1	4.8%	21	1	4.8%			
Pivot Point	33	5	15.2%	26	4	15.4%	7	1	14.3%
Recovery First	2	0	0.0%	2	0	0.0%			
Sober Living Properties	67	5	7.5%	60	4	6.7%	7	1	14.3%
Steps	11	1	9.1%	7	0	0.0%	4	1	25.0%
Turning Point	6	1	16.7%	4	1	25.0%	2	0	0.0%
Totals	322	32	9.9%	253	24	9.5%	69	8	11.6%

SHERPA Budget Report

Indicator ID	Indicator Name	2024 OI Target	YTD Actuals Nov	YTD Actuals Dec
OI_2250000007	Increase Assertive Community Treatment (ACT) Teams census numbers.	250.00	249.00	249.00
OI_2250000005	Increase the number of bed nights funded for individuals served in permanent supportive housing programs with mental health conditions receiving a Medicaid Supportive Living benefit.	90,000.00	79,798.00	87,049.00
OI_2250000006	Increase the numbers of individuals served in co-occurring residential programs for individuals with mental illness.	252.00	34.00	44.00
OI_2250000008	Maintain the monthly number of individuals served in the SLCo Sober Living Program.	280.00	313.00	302.00
OI_2250000010	Maintain a positive drug testing rate of less than 10% for Sober Living Program participants.	10.00	6.10	7.30
OI_2250000011	Maintain the number of Intensive Supervision Probation program graduates.	80.00	52.00	53.00
OI_2250000013	Maintain reductions in risk scores of Intensive Supervision Probation program graduates.	30.00	29.15	29.14

MAT MTS Report

FY24	Vivitrol Program				Jail Expanded MAT Program*			
Quarter	Clients	% Change	Services	% Change	Clients	% Change	Services	% Change
1	9	-75.70%	17	-74.20%	120	16.50%	436	135.70%
2	10	-64.30%	16	-68.6%	132	0.80%	442	126.70%
3								
4								
Totals	14		33		214		878	

*Program funded through a combination of Federal (SSOR) and State (MTS) resources.

Housing Connect Monthly Utilization Report

Reporting Month:
November 2024

Contract # AL21504C

	Capacity	Utilized	# Shopping	Exits (pos/neut/neg)*	CJ involved/Homeless	% Utilization	Grant Total	Spent	Available Funds	Burn Rate	% Grant Year
General Fund 7/01/2024-6/30/2025											
HARP/TBRA	28	21	5	2/0/2	1/21	75%	$ 287,000.00	$ 99,987.00	$ 187,013.00	34.8%	42%
Project RIO/PM	57	54	7	1/1/2	42/54	95%	$ 734,668.00	$ 326,354.28	$ 408,313.72	44.4%	42%
SHD	72	75	3	0/0/4	Not Required	104%	$ 770,000.00	$ 378,558.70	$ 391,441.30	49.2%	42%
Denver Street	22	22	0	0/0/1	NA/22	100%	$ 136,430.00	$ 58,450.00	$ 77,980.00	42.8%	42%
Central City	25	24	0	1/0/0	NA/24	96%	$ 256,660.00	$ 107,478.00	$ 149,182.00	41.9%	42%
Admin 1	N/A	-	N/A	N/A	N/A	N/A	$ 256,672.00	$ 110,888.73	$ 145,783.27	43.2%	42%
Fisher House	6	6	0	0/0/4	1/6	100%	$ 78,795.00	$ 32,830.00	$ 45,965.00	41.7%	42%
Congregate Site	-	-	-	-	-	-	$ 500,000.00	$ 56,500.00	$ 443,500.00	11.3%	42%
Congregate Site Admin	-	-	-	-	-	-	$ 55,000.00	$ -	$ 55,000.00	0.0%	42%
Theodora	14	14	0	0/0/0	N/A	100%	$ 69,828.00	$ 25,897.60	$ 43,930.40	37.1%	42%
Sub Total (County Total)											
	224	216	15		N/A	96%	$ 3,145,053.00	$ 1,196,944.31	$ 1,948,108.69	38.1%	33%
Federal 7/1/2024-6/30/2025											
HARP HOME	30	19	0	0/0/1	3/19	63%	$ 181,822.00	$ 87,548.00	$ 94,274.00	48.2%	33%
Grand Total						Average %					
	254	235	15		N/A	93%	$ 3,326,875.00		$ 2,042,382.69		

Billing	Billed	Available Monthly Rate	Allotted Monthly Rate	Over(negative)/Under	Forecast & Plan
General Fund 7/01/2024-6/30/2025					
HARP/TBRA	$ 20,573.00	$ 26,716.14	$ 23,916.67	$ 6,143.14	
Project RIO	$ 64,701.77	$ 58,330.53	$ 61,222.33	$ (6,371.24)	
SHD	$ 68,306.00	$ 55,920.19	$ 64,166.67	$ (12,385.81)	
Denver Street	$ 10,734.00	$ 11,140.00	$ 11,369.17	$ 406.00	
Central City	$ 21,404.00	$ 21,311.71	$ 21,388.33	$ (92.29)	
Admin 1	$ 11,948.55	$ 20,826.18	$ 21,389.33	$ 8,877.63	
Fisher House	$ 6,566.00	$ 6,566.43	$ 6,566.25	$ 0.43	
Congregate Site	$ -	$ 63,357.14	$ -	$ 63,357.14	
Congregate Site Admin	$ -	$ 7,857.14		$ 7,857.14	
Theodora	$ 5,738.00	$ 6,275.77	$ 5,819.00	$ 537.77	
Federal 7/1/2024-6/30/2025					
HARP HOME	$ 11,762.00	$ 13,467.71	$ 15,151.83	$ 1,705.71	

ACT Team Monthly Report

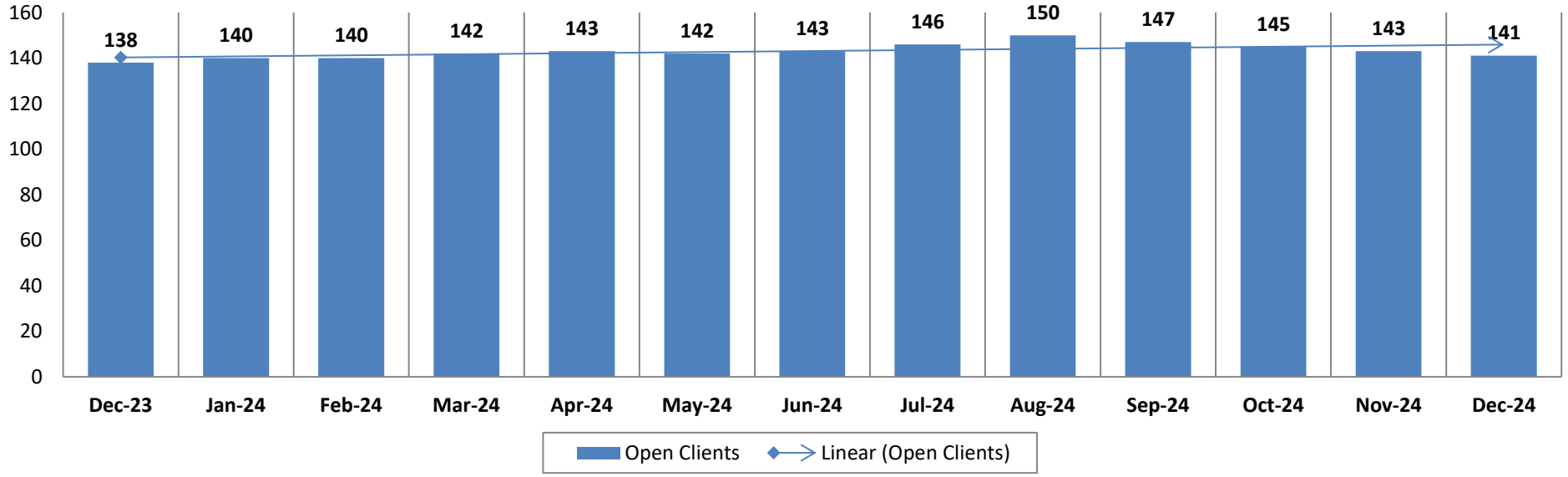
VOA – Assertive Community Treatment (ACT) Team

December 2024 Report

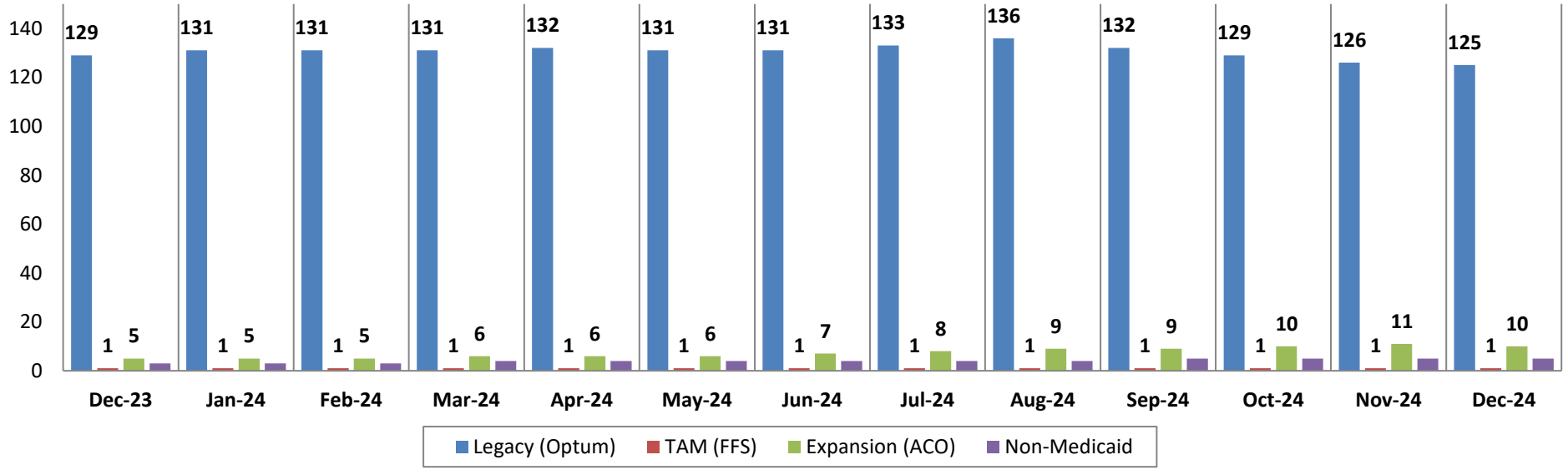
Report Prepared By:
Salt Lake County Division of Behavioral Health Services

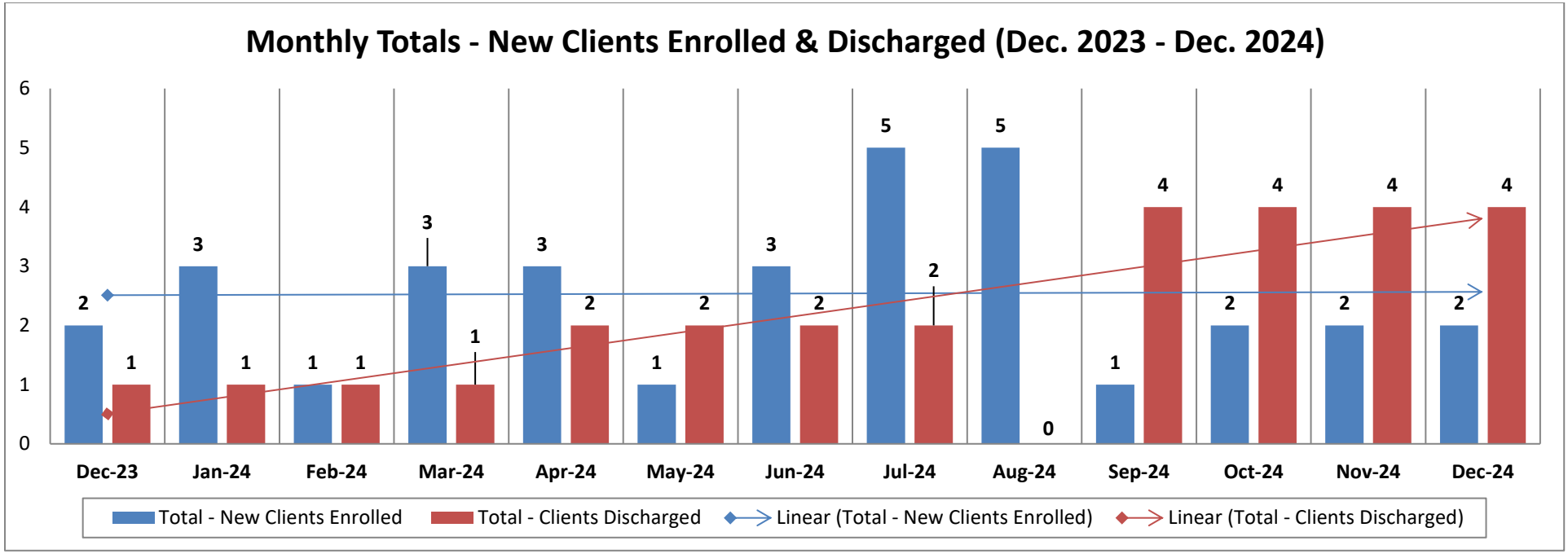
SALT LAKE COUNTY
BEHAVIORAL HEALTH SERVICES

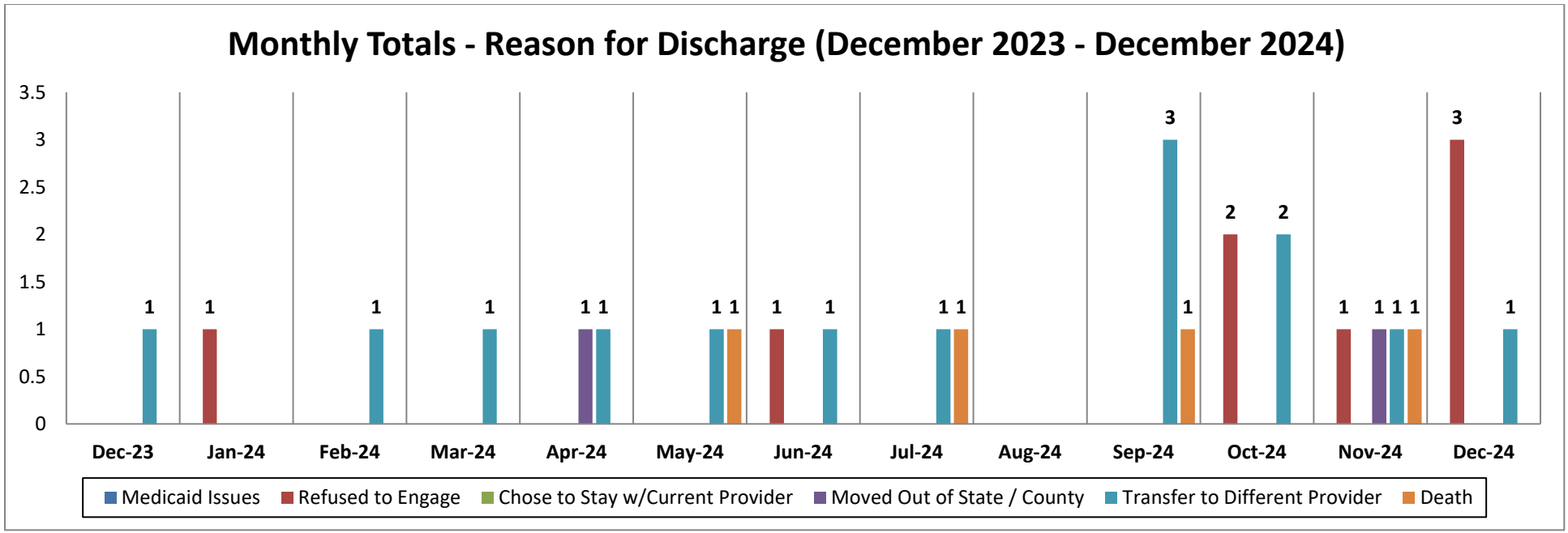
Monthly Totals - Open Clients (December 2023 - December 2024)

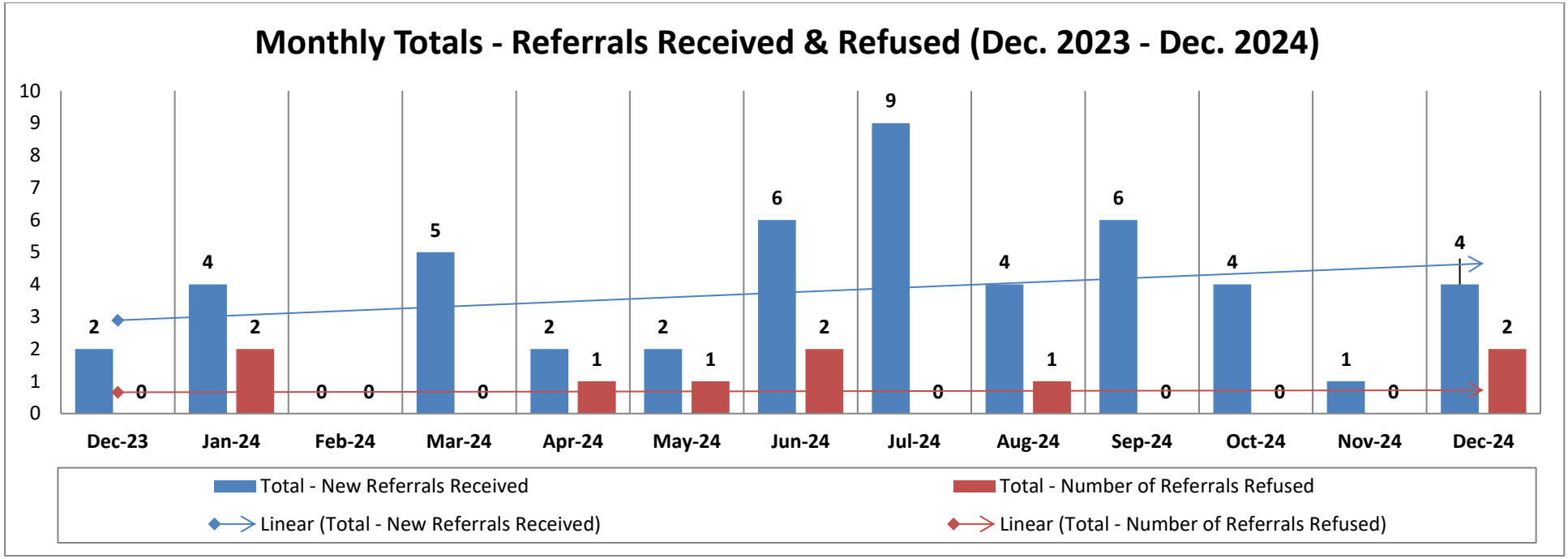


Monthly Totals - Open Clients by Medicaid Type (December 2023 - December 2024)

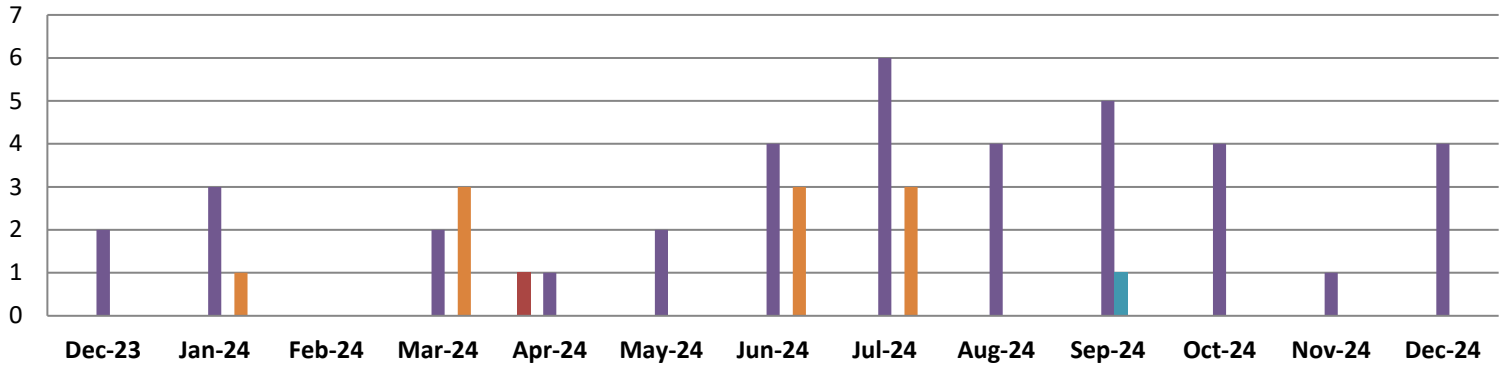



Monthly Totals - New Clients Enrolled & Discharged (Dec. 2023 - Dec. 2024)
6
5
4
3
2
1
0
2
1
3
1
1
1
3
1
3
2
1
2
3
2
5
2
5
0
1
4
2
4
2
4
2
4
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Total - New Clients Enrolled
Total - Clients Discharged
Linear (Total - New Clients Enrolled)
Linear (Total - Clients Discharged)


Monthly Totals - Reason for Discharge (December 2023 - December 2024)
3.5
3
2.5
2
1.5
1
0.5
0
1
1
1
1
1 1
1 1
1
1
1 1
3
1
2
2
1
1 1 1
3
1
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Medicaid Issues
Refused to Engage
Chose to Stay w/Current Provider
Moved Out of State / County
Transfer to Different Provider
Death

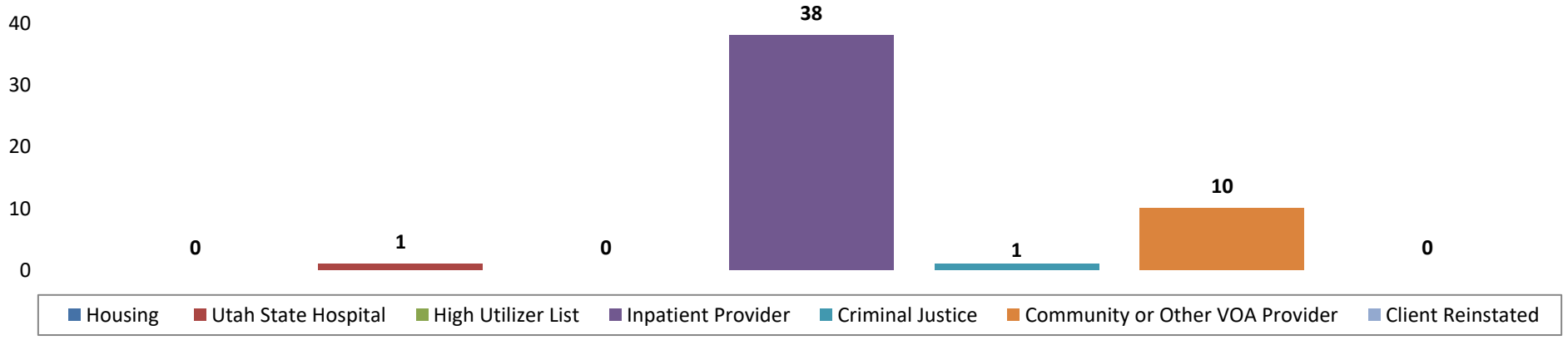

Monthly Totals - Referrals Received & Refused (Dec. 2023 - Dec. 2024)
10
9
8
7
6
5
4
3
2
1
0
2
0
4
2
0
0
5
0
2
1
2
1
6
2
9
0
4
1
6
0
4
0
1
0
4
2
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Total - New Referrals Received
Total - Number of Referrals Refused
Linear (Total - New Referrals Received)
Linear (Total - Number of Referrals Refused)

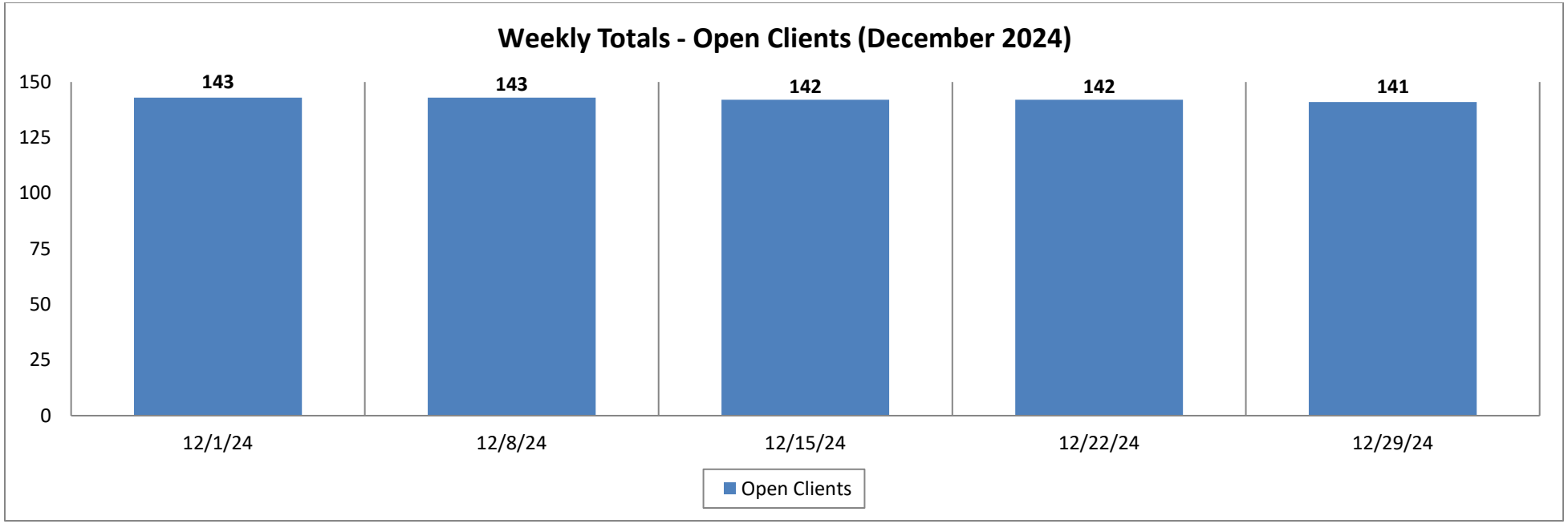
Monthly Totals - Referrals by Source (December 2023 - December 2024)

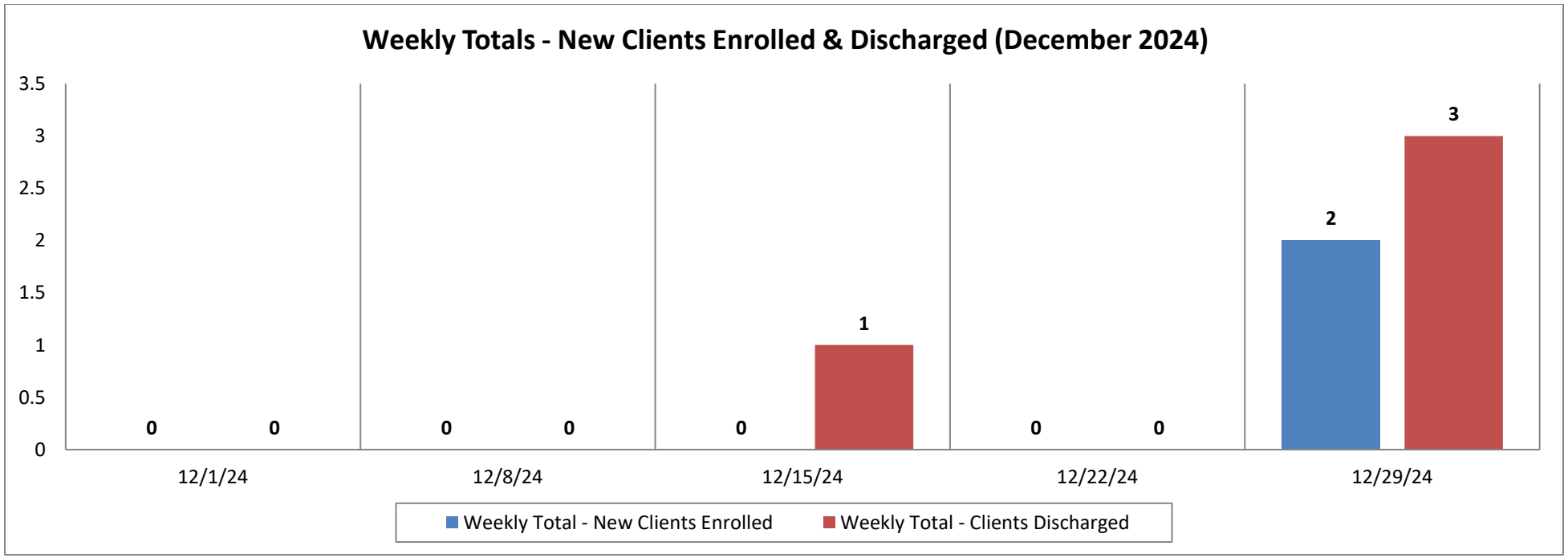


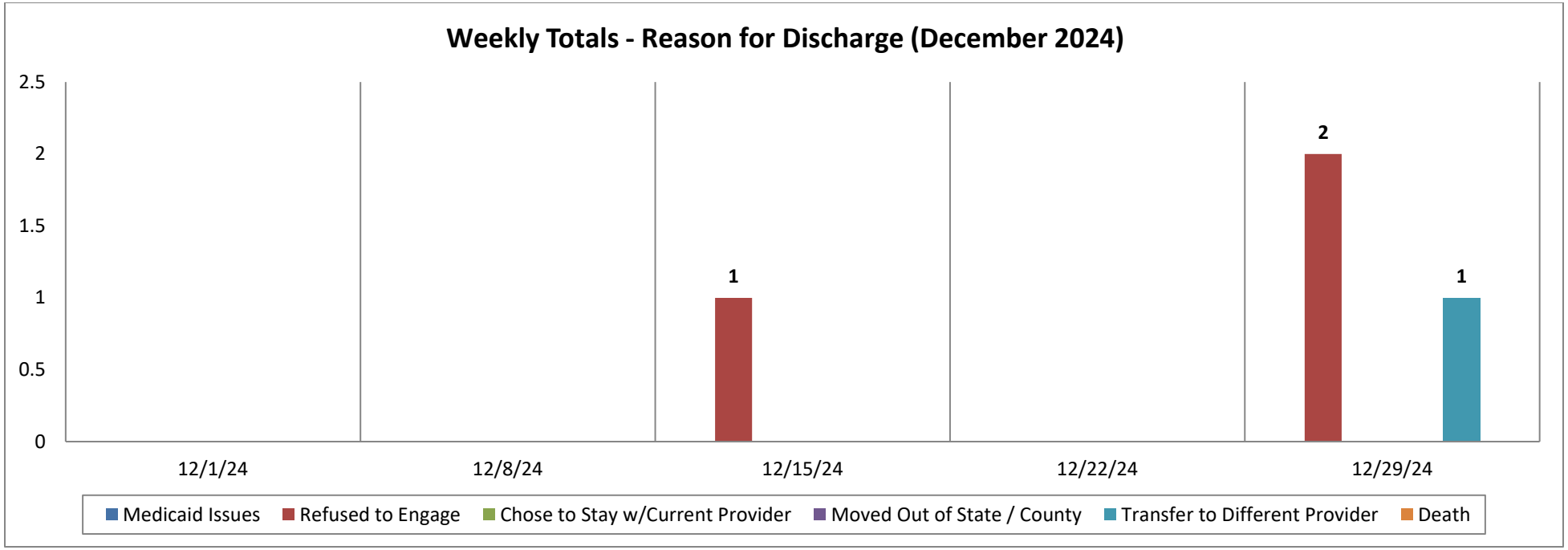
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Housing	0	0	0	0	0	0	0	0	0	0	0	0	0
Utah State Hospital	0	0	0	0	1	0	0	0	0	0	0	0	0
High Utilizer List	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient Provider	2	3	0	2	1	2	4	6	4	5	4	1	4
Criminal Justice	0	0	0	0	0	0	0	0	0	1	0	0	0
Community or Other VOA Provider	0	1	0	3	0	0	3	3	0	0	0	0	0
Client Reinstated	0	0	0	0	0	0	0	0	0	0	0	0	0

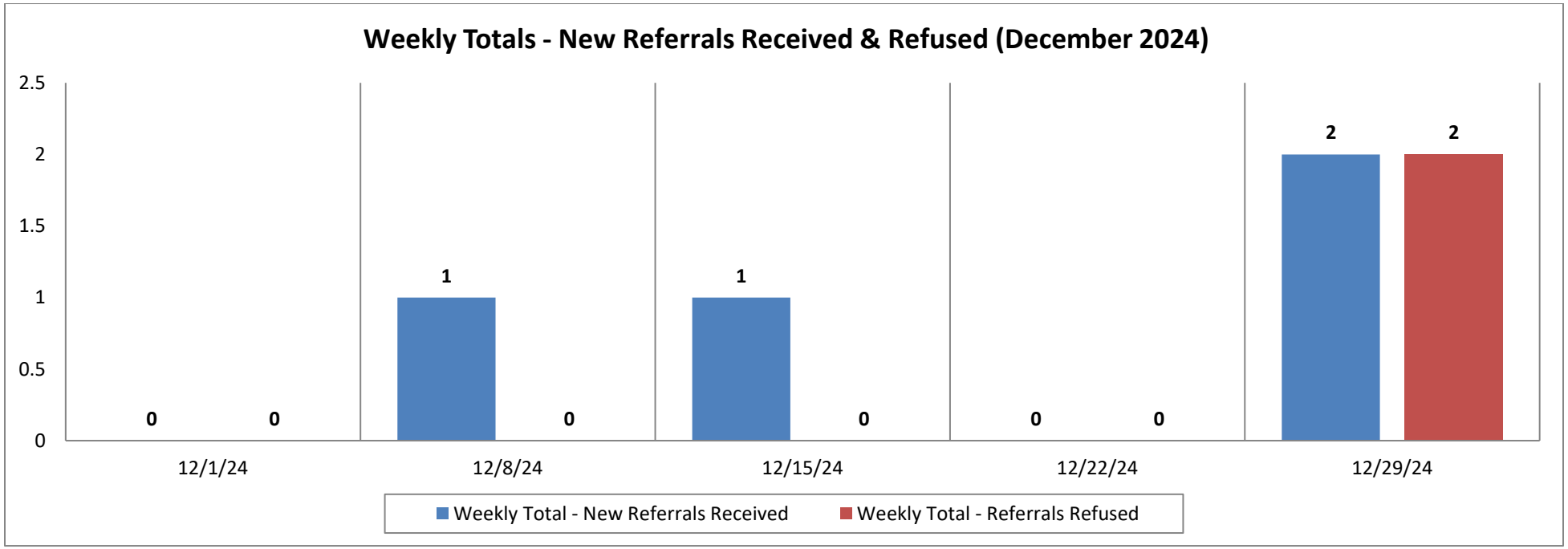
Total Number of Referrals - Listed by Referral Source (December 2023 - December 2024)



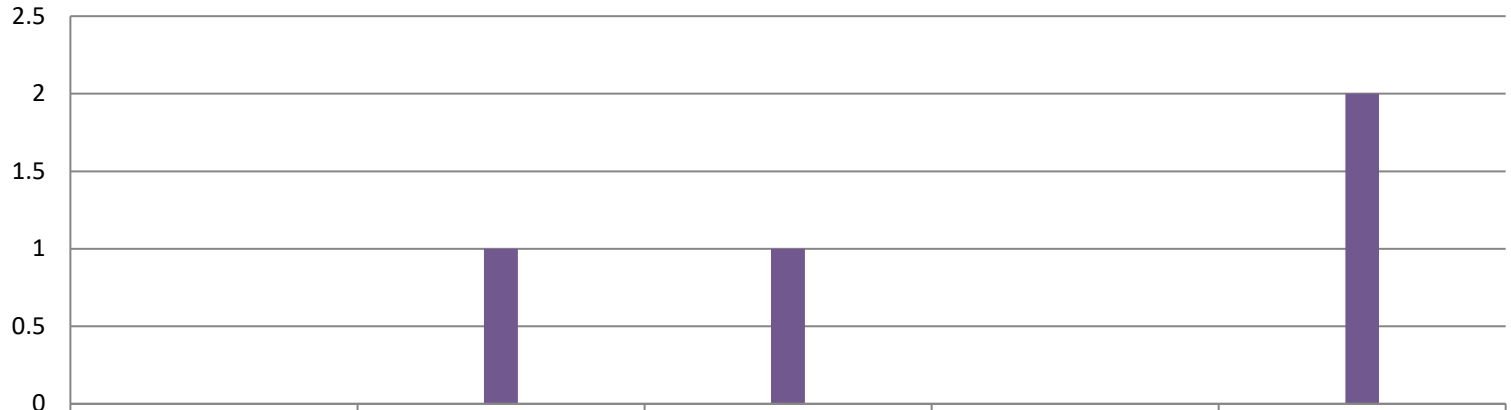

Weekly Totals - Open Clients (December 2024)
150
125
100
75
50
25
0
143
143
142
142
141
12/1/24
12/8/24
12/15/24
12/22/24
12/29/24
Open Clients


Weekly Totals - New Clients Enrolled & Discharged (December 2024)
3.5
3
2.5
2
1.5
1
0.5
0
0
0
0
0
0
1
0
0
2
3
12/1/24
12/8/24
12/15/24
12/22/24
12/29/24
Weekly Total - New Clients Enrolled
Weekly Total - Clients Discharged


Weekly Totals - Reason for Discharge (December 2024)
2.5
2
1.5
1
0.5
0
1
2
1
12/1/24
12/8/24
12/15/24
12/22/24
12/29/24
Medicaid Issues
Refused to Engage
Chose to Stay w/Current Provider
Moved Out of State / County
Transfer to Different Provider
Death

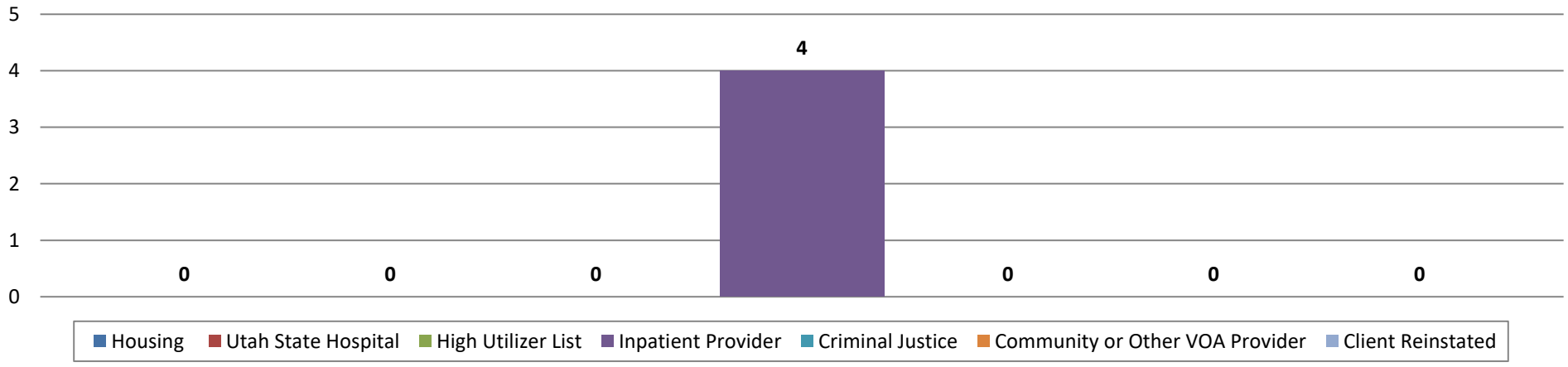

Weekly Totals - New Referrals Received & Refused (December 2024)
2.5
2
1.5
1
0.5
0
0
0
1
0
1
0
0
0
2
2
12/1/24
12/8/24
12/15/24
12/22/24
12/29/24
Weekly Total - New Referrals Received
Weekly Total - Referrals Refused

Weekly Totals - Referrals by Source (December 2024)



	12/1/24	12/8/24	12/15/24	12/22/24	12/29/24
Housing	0	0	0	0	0
Utah State Hospital	0	0	0	0	0
High Utilizer List	0	0	0	0	0
Inpatient Provider	0	1	1	0	2
Criminal Justice	0	0	0	0	0
Community or Other VOA Provider	0	0	0	0	0
Client Reinstated	0	0	0	0	0

Total Number of Referrals - Listed by Referral Source (December 2024)



ISP Program Quarterly Report

Intensive Supervision Probation (ISP) Program Report
July 2017-December 2023

Demographics:

966 total clients referred to ISP;
Average age of participants 33 for both male and female;
62.4% Male and 37.6% Female;
66.3% on ISP for drug charges with many more on charges related to use (i.e., criminal trespass, forgery, burglary, etc.);
74.8% on Misdemeanor A charges, with rest a mix of Misdemeanor B and C charges;
14.3% identified as homeless during ISP intake;
30.3% have a primary substance of heroin or opiates, with 33% meth;

Program Outcomes:

233 total graduates;
71% receiving ISP intake within two weeks;
86.5% getting to clinical assessment within two weeks of intake;
73.8% getting into treatment within two weeks of assessment (historically six+ months not uncommon);
43.7% of high risk clients beginning program have completed successfully (56.3% have been revoked);
Average LS/CMI score at intake 26 for successful clients, 17 at discharge: 9 point or 34.6% reduction;

Program Outcomes from Treatment Record:

Improvements in employment and living arrangements, along with reductions in frequency of drug use:
-Successful clients seeing 80.6% increase in those employed, and a 42.7% decrease in those unemployed.
-Successful clients seeing 16.4% improvement in privately housed clients and 60% reduction in those who were homeless.
-Successful clients seeing 97.5% decrease in those using daily and 106% increase in those with no use at all.

Criminal Recidivism:

Recidivism looking at changes in New Charge Bookings in the Salt Lake County Jail one, two, three and four years pre- and post-program:

One Year New Charge Bookings (NCB)	
Disposition	% Change in NCB
Successful	86% Reduction
Overall	71.1% Reduction

Two Year New Charge Bookings (NCB)	
Disposition	% Change in NCB
Successful	77.8% Reduction
Overall	63.5% Reduction

Three Year New Charge Bookings (NCB)	
Disposition	% Change in NCB
Successful	77.4% Reduction
Overall	60.2% Reduction

Four Year New Charge Bookings (NCB)	
Disposition	% Change in NCB
Successful	79.4% Reduction
Overall	52% Reduction

Optum Salt Lake County

FY2025 Cultural Responsiveness Plan

"Salt Lake County treats all groups – minority and majority – with civility and respect, regardless of race, ethnicity, national origin, gender, religion, age, sexual orientation, or disability. Our managers and staff have been trained in promoting respect and inclusion for all county residents and visitors." *Salt Lake County Inclusion Campaign*

I. Introduction

Optum Salt Lake County (SLCo) recognizes that a person's cultural norms, values and beliefs shape how they approach and utilize behavioral health care services. Numerous cultural variables including, but not limited to, ethnicity, race, sexual orientation, gender, age, socioeconomic status, primary language, English proficiency, spirituality and religion, country of origin, literacy level, employment status, geographic location, cognitive and physical ability level, immigration status and criminal justice involvement influence the way in which a person seeks and utilizes behavioral health services and the manner in which a person approaches and manages recovery.

Group differences are vast and include variations in values, behavior styles and health risk indicators. Similarly, individuals differ widely in how they participate and respond to mainstream American institutional settings and service delivery models. Our employees and providers must not only recognize the cultural groups and shared heritage relevant to Salt Lake County, but also understand that culture can be highly individualized. This consists of understanding the unique interplay of many factors in the individual and their family's life that contribute to strengths, resources, values, perceptions and interests that impact the understanding of needs, goals, resources and interventions for that individual. Such factors may include mixed heritage, generational influences, family experiences, religion and faith traditions, refugee and immigrant experiences, lifestyle, economics, and urban/rural orientation.

Optum SLCo recognizes that cultural responsiveness plays a vital part in realizing our goal of supporting member recovery and resiliency in ways that are meaningful for individuals in their communities, and appropriate and relevant to their unique cultural experiences. Our role as an organization is to give our employees and providers the key skills they need to support each person in their individualized recovery and to engage and support them in a way that is culturally and linguistically appropriate. Accordingly, we ensure that all aspects of our hiring, training, services, and quality improvement emphasize cultural responsiveness.

This Cultural Responsiveness Plan was developed to document the methods we use to promote culturally responsive care and to track our level of success in achieving goals related to cultural responsiveness.

II. Authority, Structure and Responsibility for the Integration and Coordination of the Cultural Responsiveness Plan

Optum SLCo Executive Director has the authority and responsibility to integrate cultural responsiveness throughout Optum SLCo's operations. The Executive Director has delegated the development and oversight of the plan to the Quality Assurance and Performance Improvement Committee, chaired by the Optum Medical Director and Deputy Director

III. Goals & Objectives

The following seven goals document the methods we use to promote culturally responsive care. The corresponding objectives assist us in developing, monitoring and evaluating our level of success in achieving goals related to cultural responsiveness. The methods used to achieve the goals of the Cultural Responsiveness Plan shall serve as the *Methods of Administration Plan,* a means of assuring that Optum SLCo's programs, activities, services and benefits are equally available to all persons without regard to race, color, national origin, disability, age, religion, gender, sexual orientation, or socio-economic status.

Goal 1: Identify policies and procedures that ensure cultural responsiveness is integrated and reflected throughout Optum SLCo and the provider network.

- Monitor existing customer service, quality management, utilization management and provider relation policies and procedures for compliance with CLAS (Culturally and Linguistically Appropriate Services) requirements and recommendations.
- The Optum SLCo QAPI Committee will evaluate the Cultural Responsiveness Plan annually. In place of the committee, the Optum Leadership Team will be responsible for evaluation.

Goal 2: Ensure Optum SLCo actively recruits, retains and promotes a diverse staff at all levels of the organization.

- Ensure open communication and collaboration by encouraging the sharing of thoughts and ideas clearly and effectively with colleagues, leadership, and counterparts, as well as with consumers, family members, local and state agencies, providers, and community programs.
- Provide ongoing training, educational prospects, and promotion through tuition reimbursement plans, internship opportunities, professional development and a comprehensive training program.
- Provide a competitive hiring package from an Equal Opportunity Employer that includes above-average salaries and a strong benefit package that includes physical and behavioral health insurance, Employee Assistance Plan (EAP) services, short- and long-term disability and life insurance, paid vacation and sick leave, and an attractive employee stock purchase program.
- Advertise open positions through cultural organizations, culture-specific media outlets and cultural professional organizations.

Goal 3: Ensure network providers across all disciplines have ongoing education, training and clinical consultation in culturally and linguistically appropriate service delivery and dispute resolution.

- Providers will receive ongoing education, training and clinical consultation in culturally and linguistically (including deaf and hard of hearing) appropriate service delivery and dispute resolution. Training will be provided through a

and online training platform which will be accessible to providers whenever their schedule allows. At a minimum, training objectives will include the ability to:

1) Define cultural responsiveness and its importance to the behavioral health clinician providing care, services or treatment to a culturally diverse population;
2) Describe attributes of various cultures in Salt Lake County;
3) Describe some unique medical and behavioral health issues for these respective cultures;
4) Provide the framework necessary for more in-depth understanding that is required to establish a culturally competent practice and/or organization;
5) Emphasize the use of CLAS standards for cultural responsiveness.

Goal 4: Ensure Optum SLCo staff across all disciplines have ongoing education, training and clinical consultation in culturally and linguistically appropriate service delivery and dispute resolution.

- Training for staff will include initial and ongoing presentations on cultural responsiveness. Presentations will be provided in the following formats: MyLearning program, virtual and in-person.
- On-going Departmental and Supervisory training will be provided for clinical staff. Trainings will be provided in the following formats: MyLearning Program, virtual and in-person.

Goal 5: Implement quality improvement activities to monitor cultural responsiveness within the provider network, customer satisfaction, and identify service gaps in the system.

- Provide a quantitative and qualitative analysis of the population on which consumer focused quality improvement efforts are based, including, but not limited to: age, gender, sexual orientation, geographic location, languages spoken, presence of disability (i.e., intellectual, physical and/or visual/hearing).
- Assess the diversity of the provider network and Optum SLCo in representing and addressing the linguistic, cultural and ethnic demographic needs and preferences of consumers.
- Provide a summary analysis of the populations' clinical and risk characteristics for targeting current and future quality improvement efforts and to identify appropriate supportive education and prevention activities.
- Assist providers to integrate cultural and linguistically competent-related measures into their internal audits, performance improvement programs, consumer satisfaction assessments, and outcomes-based evaluations.

Goal 6: Identify diversity and inclusion best practices and promote these strategies and supports throughout Optum SLCo and the provider network.

- The Optum SLCo QAPI Committee will meet at least quarterly to identify best practices in serving the identified communities.
- The Optum Tactical Training Team meets at least twice monthly to consider data, demographics, policy and training recommendations that may need to be updated and/or shared with Salt Lake County.
- Cultural Responsiveness and diversity awareness will be integrated into the Optum SLCo website. The website will provide information for consumers, families, providers and community stakeholders.

Goal 7: Provide language assistance services that are relevant to the needs of all people in Salt Lake County including those who (a) speak a language other than English, (b) are deaf or having hearing impairments, (c) are blind or have visual impairments, and/or (d) have limited reading ability.

- Provide language assistance services to its consumers 24 hours a day, 365 days per year.
- Actively recruit and hire bilingual staff to assist consumers who have limited English proficiency.
- Employ a Language Line which provides live and immediate translation capabilities for 170 languages using interpreters trained in medical terminology.
- Offer Telephone Device for the Deaf (TDD) and Telecommunications Typewriter (TTY) services.
- Assure interpreter proficiency via a structured process for the initial and ongoing assessment of staff hired to provide language assistance to consumers.
- Provide all written materials and website information in English and Spanish and any other language spoken by 5% or greater of the population.
- Ensure all written member materials are worded at a 6th grade reading level.
- Make available all written materials in alternative formats to persons with special needs, including large print and audio.
- Ensure all required documentation includes information on free language assistance services as per Section 1557 of the Affordable Care Act.

IV. Population Analysis

Additional objectives are identified, and actions are implemented based on data review. At the beginning of each contract and annually thereafter, Optum SLCo performs or reviews a population analysis. As part of this analysis, we analyze the ethnic and cultural makeup of the consumers and geographic areas that we serve. The purpose of the population analysis is to:

1. Provide a quantitative and qualitative analysis of the population on which consumer focused quality improvement efforts are based, including recognition of groups within groups (such as multiple and diverse Native

American or Hispanic groups, age, religion, sexual orientation, mixed heritage, rural/urban, education, and other individualized factors).

2. Assess the diversity of the provider network and Optum SLCo in representing and meeting the linguistic, cultural / ethnic and demographic needs and preferences of consumers.
3. Provide a summary / analysis of the populations' clinical and risk characteristics for targeting of current and future quality improvement efforts and determine the education, prevention and promotion activities we need to undertake.

The information in this report is used for the development of training programs, quality improvement activities, network expansion efforts, and to determine prevalent non-English languages. It will further provide critical penetration data to focus any service gap analyses. This will inform our efforts to be sensitive to the needs of diverse cultural influences.

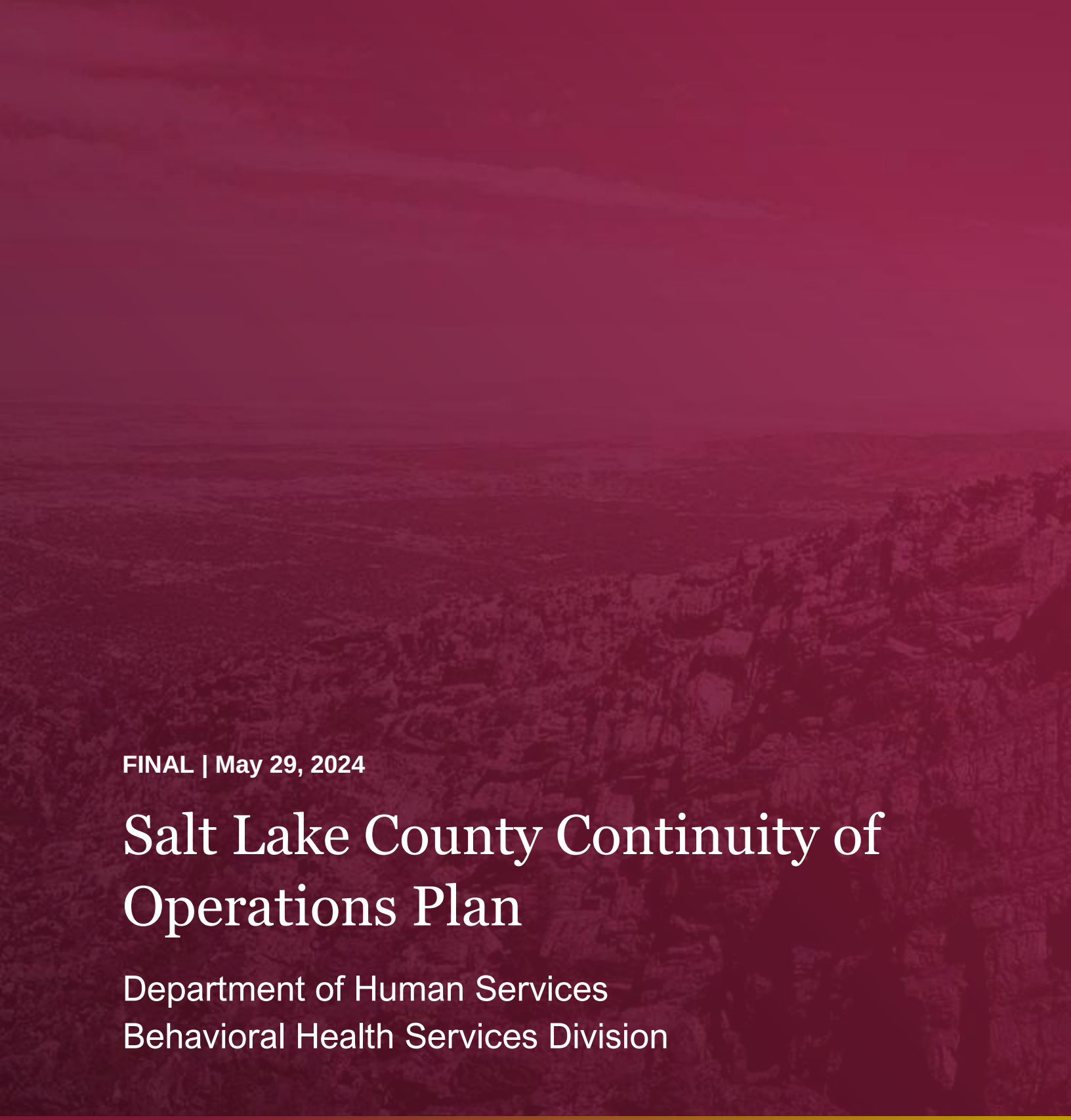
In assessing consumer and geographic characteristics, Optum SLCo considers factors such as gender, age, ethnic background, cultural identity and practices, clinical needs, risk characteristics and linguistic preferences. Sources of data identifying this information include:

- Claims Data
- US Census Bureau Data for Utah and Salt Lake County
- Consumer Eligibility and Assessment Data
- Provider Management Database and GeoAccess Reports
- Complaints & Grievances
- Consumer Satisfaction Survey Results
- The 834 Enrollment transaction report to identify prevalent non-English languages in the previous 6 months
- Any identified issues from the County, State or Mental Health Advisory Board

Optum SLCo relies upon interactions and interviews with local experts and groups to assist in interpreting what the data is telling us.

V. Non-Discrimination Coordinator

Optum and Salt Lake County DBHS will each designate a non-discrimination coordinator. Their purpose is to ensure that Optum SLCo and its providers comply with federal laws and regulations regarding non-discrimination and assure that their programs, activities, services and benefits are equally available to all persons.



FINAL | May 29, 2024

Salt Lake County Continuity of Operations Plan

Department of Human Services
Behavioral Health Services Division

SALT LAKE COUNTY

Table of Contents

Introduction

Plan Purpose

Continuity of operations planning allows for the continued performance of essential functions and ensures that essential services continue to be provided to the community whenever there is a disruption to normal operations. Disruptions to normal operations can occur as part of a larger disaster or crisis, such as an earthquake, cyber-security attack, wildfire, or pandemic. Or they could be the result of an event that only impacts the Department of Human Services Behavioral Health Services Division, such as a power outage, a problem with a supplier or vendor, or loss of internet access requiring that the department implement the following continuity of operations plan as part of a county-wide response or independently from external support.

Plan Scope

The following information is necessary for the Department of Human Services Behavioral Health Services Division to guide its response to disruptions in normal operations and its ability to perform essential functions and provide essential services to the community. Should the disruption to normal operations exceed what the organization can address, the department should request activation of its devolution organizations.

Concept of Operations

Activating the Continuity of Operations Plan

The goals of activating the Continuity of Operations plan are to:

- Notify all relevant stakeholders about the disruption so that they can begin their own planning and preparation to respond; and
- Assess the situation and develop an initial understanding about how the organization is impacted.

✓	Step Description	Assignment
☐	**Notify staff of an incident and gain accountability for the team.** Notification can include as much information as is available at the start of the response. Accountability can involve an assessment of a staff members' safety and their availability to support the organization's response efforts.	Director
☐	**Assess the situation and determine the impact of the incident on the organization's operations.**	Director

	☐	Review the Organizational Leadership and Succession table and identify any gaps.	
	☐	Review the Organization's Functions table and confirm that the essential functions column reflects the department's priorities.	
	☐	Identify which essential functions are at risk of disruption as a result of the incident and identify the cause of the disruption (people, facilities, or resources).	
☐	**Notify Department of Human Services, Director (Kelly Colopy) about the disruption and the impact on the organization's essential functions.**		Director
☐	**Notify Department of Human Resources (HR) Benefits Team (Elaine Schurter-Sullivan and Penny Sherman) about resources that HR can bring to the table.**		Director

Restoration of Essential Functions

The goals of the Restoration Phase of the Continuity of Operations response are to:

- Stabilize the situation by rapidly restoring any function that is down and maintain the continued performance of essential functions that are still online, even if it requires temporary solutions.
- Identify and employ the resources needed to first restore the function, then stabilize the continued performance of the function, even if it means reallocating organizational personnel and resources.
- Organize the response to ensure information is being received and communicated to all necessary stakeholders about the status of functions and how to engage with services.

✓	Step Description	Assignment
☐	**Assign a person to be responsible for the restoration and ongoing performance of all department essential functions.**	Director
☐	**Notify the department of the disruption and the immediate actions being taken to restore essential functions.** **Provide direction to staff members supporting important and non-essential functions to prepare to shift focus and support essential functions**. View the **Communications Considerations Appendix**.	Director

☐	**Assess the disruption to each essential function.**		Director
	☐	Identify the people, facilities, and resources needed to ensure the continued performance of all department essential functions for the next 24, 48, and 72 hours.	
	☐	Inform department leaders of the resources required to ensure continued performance in the near-term.	
☐	**Communicate the changes in services provided to all external stakeholders who may be affected by services not being offered and give instructions about how to engage with services being offered in a non-traditional method**. See the **Communications task list**.		Director
☐	**Establish a coordination structure for the department** to ensure the conditions, actions, and needs for the continued performance of each essential function are identified and communicated to department leadership.		Director
☐	**Assign a person to lead planning for the resumption of all department functions** (the next section).		Director
☐	**Develop the plan to continue a continuity of operations response for an extended timeframe** if the source of the disruption is not anticipated to be addressed.		Director
	☐	Identify the people, resources, and facilities needed for a sustainable response.	
	☐	Develop training materials to allow for the rapid integration of temporary staff members into the performance of essential functions.	

Reconstitution of All Organization Functions

The goals of the Reconstitution Phase of a Continuity of Operations plan are to:

- Develop a plan for the methodical resumption of all organizational functions, remembering that a return of all services can occur on a good day and doesn't have to be rushed.
- Monitor the performance of all functions to ensure that the organization is able to maintain its continued performance and prepare to return to a focus on essential functions if ongoing performance is not possible.
- Assess the continuity of operations response and identify methods to improve performance in response to future disruptions.

✓	Step Description		Assignment
☐	**Establish the priorities and objectives for the organization** to return to normal operations.		Director
☐	**Develop a re-opening/return-to-work plan for the resumption of all organization functions and validate the approach with organizational leadership, operational leadership, and key stakeholders.** See the **Reconstitution Checklist Appendix**.		Director
	☐	The plan should include the process to assess organization facilities and resources for suitability and ability to maintain operations (e.g., building structural assessments, IT capability assessments, and supplier assessments).	
	☐	The plan should include a description of the conditions or circumstances that would prevent a full resumption of services and how the organization will return to a continuity of operations response.	
☐	**Develop and distribute messaging to all stakeholder groups about the restoration of all organization functions.**		Director
☐	**Evaluate the organization's response to the disruption**, **assess the plan**, and **make improvements to the plan** to account for lessons learned in future continuity of operations incidents. See the **After-Action Review Form**.		Director

Organization Leadership and Succession

Organization Leadership

Orders of succession ensure that leadership of the organization is maintained when key personnel are unavailable during an emergency.

Position	Primary Contact	Alternate Contact
Director	**Name: Tim Whalen** Title: Director Email Address: twhalen@slco.org Personal Cell: 801-573-9850 Work Phone: 385-468-4727	**Name: Brian Currie** Title: Associate Director Email Address: bcurrie@slco.org Personal Cell: 801-927-7351 Work Phone: 385-468-4711

	Responsibilities: Activate the COOP plan and communicate any directions.	
Associate Director	Name: Brian Currie Title: Associate Director Email Address: bcurrie@slco.org Personal Cell: 801-927-7351 Work Phone: 385-468-4711	Name: Jeannie Edens Title: Associate Director Email Address: jedens@slco.org Work Cell: 801-703-8080 Work Phone: 385-468-4718
	Responsibilities: Communicate any directions.	
Associate Director	Name: Jeannie Edens Title: Associate Director Email Address: jedens@slco.org Work Cell: 801-703-8080 Work Phone: 385-468-4718	Name: Zac Case Title: Fiscal Manager Email Address: zcase@slco.org Personal Cell: 801-633-0122 Work Phone: 385-468-4729
	Responsibilities: Communicate any directions.	
Fiscal Manager	Name: Zac Case Title: Fiscal Manager Email Address: zcase@slco.org Personal Cell: 801-633-0122 Work Phone: 385-468-4729	Name: Cory Westergard Title: Health Information Systems Analyst Email Address: cwestergard@slco.org Work Cell: 801-573-2584 Work Phone: 385-468-4714
	Responsibilities: Communicate any directions.	

Health Information Systems Analyst	Name: Cory Westergard Title: Health Information Systems Analyst Email Address: cwestergard@slco.org Work Cell: 801-573-2584 Work Phone: 385-468-4714	Name: Marjeen Nation Title: Assistant Fiscal Manager Email Address: mnation@slco.org Work Cell: 385-418-3150 Work Phone: 385-468-4723
	Responsibilities: Communicate any directions.	

Organization Priorities

Mission

The Department of Human Services, Behavioral Health Services Division is responsible for the provision of behavioral health services (mental health and substance use disorder services) for low-income uninsured and underinsured non-Medicaid populations residing in Salt Lake County.

Organization Mission
We believe that behavioral health is an essential part of overall health and that together we can make a difference for those among us who suffer from the symptoms of mental health and substance-use disorders. We know that prevention is effective, treatment works, and that individuals with a behavioral health condition can and do recover. Salt Lake County Behavioral Health Services works to ensure access to evidence-based treatment practices throughout the community and appropriate community-based services that provide support along the road to recovery and healing. The results of our efforts are improved outcomes for individuals and families, and a stronger and healthier community. **Mental Health Outcome** 1. Individuals experiencing debilitating mental health conditions receive stabilizing and supportive services while remaining in their communities. **Substance Use Disorder Outcome** 2. Salt Lake County provides access to high quality programs and resources to assist individuals in their recovery from substance use disorders and to prevent costly incarceration. **Housing Outcome** 3. Salt Lake County supports stable and safe housing opportunities for individuals in behavioral health treatment, to allow them to recover in their communities.

Guidelines

Prioritizing organization activities during emergencies and disruptive events is necessary to allow the organization to ensure the Primary Essential Functions continue to be performed. An organization's activities, functions, and services can be categorized into three categories.

Function Category	Priority	Restoration Objective
Essential Functions The functions that allow the organization to preserve life, accomplish the organization's Primary Essential Functions, meet legal requirements, and ensure inclusion of the organization's values during an emergency.	High	Less than 24 hours
Important Functions The functions that can be delayed for a short period of time until essential functions are restored.	Medium	One day to one week
Non-Essential Functions The functions that can be delayed until the Essential and Important functions have been restored and the organization has the staff and resources to perform all functions.	Low	One week to one month

Organization Functions

Essential Functions	Important Functions	Non-Essential Functions
Communication and coordination with Mental Health and Substance Use Disorder Provider Networks and Community Partners	Coordinate with Managed Care/Authorizations	Contract Payments
*** Review Mental Health Appeals**	RSS/Client Services	Auditing

**These essential functions are legally mandated. Some legally mandated functions may be temporarily waived or delayed in the event of an emergency. The organization director should determine any delays to legally mandated functions and communicate those changes to the Department of Human Services Director.*

Essential Function & Service Leadership

The following staff members and their alternates are responsible for ensuring the continued performance of the organization's essential functions and services during a disruptive event.

Essential Functions	Primary Contact	Alternate Contact
Communication with Network Providers and Community Partners	Tim Whalen Director Email: twhalen@slco.org Personal Cell: 801-573-9850 Work Phone: 385-468-4727	Brian Currie Associate Director Email: bcurrie@slco.org Personal Cell: 801-927-7351 Work Phone: 385-468-4711
Mental Health Appeals	Brian Currie Associate Director Email: bcurrie@slco.org Personal Cell: 801-927-7351 Work Phone: 385-468-4711	Kelli Heaps Quality Assurance Manager Email: kheaps@slco.org Work Cell: 385-622-1013 Work Phone: 385-468-4747

Organization Resources

Essential Organization Facilities

The following locations have been identified as the primary and alternate locations where the essential function can be performed to ensure uninterrupted service or restoration within 24 hours during a disruptive event.

Essential Functions	Primary Location	Secondary Location	Tertiary Location
Communication with Network Providers and Community Partners	**2001 S State Street S2-300 Salt Lake City, UT 84114-4575**	**Mountain America Expo Center 9575 S State Street, Sandy, UT 84070** **Salt Palace Convention Center 100 S West Temple, Salt Lake City, UT 84101**	**Remote**
Mental Health Appeals	**2001 S State Street S2-300 Salt Lake City, UT 84114-4575**	**Mountain America Expo Center 9575 S State Street, Sandy, UT 84070** **Salt Palace Convention Center 100 S West Temple, Salt Lake City, UT 84101**	**Remote**

Essential Vital Records

Vital records are the documents and records that are necessary to carry out mission essential functions. Content, not media, determines their criticality. Vital records are records that, if damaged or destroyed, would disrupt operations and information flow, and, if destroyed, would pose a challenge to the organization's reconstitution to normal operations.

Essential Functions	Essential Vital Record	Storage Locations	IT Considerations
Paste all essential functions here	Record Name	• Digital? Where are these stored and who maintains them? • Hardcopy? Where are they stored? • Backups? Are these backups off-site?	• SOFTWARE • Access • Back up platforms
Communication with Network Providers and Community Partners	• **Contracted Network Providers' Contact Lists**	• County Network Drives (K & N) • County network backup • SharePoint	• Access to network K and N drives • SharePoint • County email system, encryption required • Internet access if at County owned facility • VPN/Remote Desktop access
Mental Health Appeals	• **Contracted Network Providers' Emergency and Business Continuity Plans**	• County Network Drives (K & N) • County network backup • SharePoint • Offices S2-309, S2-310, S2-311, S316 • File room: S2-326	• Access to network K and N drives • SharePoint • County email system including encryption • Internet access if at County owned facility • VPN/Remote Desktop access

Essential Technology Platforms

Critical technology platforms and software services that allow for the continued performance of essential functions.

The organization does not have a data center beyond the one at the Salt Lake County Government Center and the County's backup data storage site.

Essential Functions	Platform and Criticality	Responsibility
Communication with Network Providers	• WebEx • SharePoint • Microsoft 365 • Cisco Ironport or other County alternative encryption software • UWITS	• County IT • Behavioral Health IT (UWITS)
Mental Health Appeals	• Microsoft 365 • Cisco Ironport or other County alternative encryption software • UWITS	• County IT • Behavioral Health IT (UWITS)

Essential Supplies and Equipment

Essential supplies and equipment are the items that are required to perform essential functions. These items can include the perishable or non-perishable items necessary to perform the work.

Essential Functions	Required Supplies	IT Considerations
Paste all essential functions here	• Laptops, desktops, and phones • Radios • Vehicles • Office supplies • PPE	• SOFTWARE • Access • Back up platforms
Communication with Network Providers and Community Partners	• Cell phone (work issued) • Laptop • PPE	• Email • Internet access • Network access (K & N drives • Cell phone service
Mental Health Appeals	• Laptop • Fax machine • Mail & postage service • Cell phones • Misc office supplies • PPE	• Cell phone service • Fax machine • Internet access • Email and network access (K & N Drives)

Organization Devolution

In situations when the department is unable to ensure the continued performance of essential functions or continue to provide essential services, the department should transfer authority and responsibility from the organization's primary staff, facilities, and resources to another organization.

Devolution Agency	Devolution Contact
Optum Salt Lake County 12921 South Vista Station Blvd Draper, UT 84020	Anni Butterfield Executive Director anni_butterfield@optum.com 801-963-6061 – Work 801-573-0159 - Cell
Utah Department of Human Services Office of Substance Use and Mental Health 195 N 1950 W Salt Lake City, UT 84116	Brent Kelsey Director bkelsey@utah.gov 801-540-5242
It should be noted that behavioral health services are statutorily required by the State and County Council is the behavioral health Local Authority. **The Department of Human Services would coordinate with the County Council for a substitute/replacement.**	

Communications

Consider communicating with the following groups when activating the Continuity of Operations Plan:

Audience	Information Needs	Means of Communication
Internal employees	When to come to work or where to work from	• Text • Phone • Email • Website • Other
Provider Network (including Optum)	How to contact us News from Mayor's office How they will be paid Authorization flexibility Feedback on network agency needs	• E-mail • Phone • Text • WebEx • Mail • Fax • UWITS
Stakeholders (State, courts, housing, jail, Criminal Justice Advisory Council (CJAC), Behavioral Health Services Advisory Council, USARA, NAMI, etc.)	Plan of action Timeframes Locations Contact information	• E-mail • Phone • Text • WebEx • Mail • Fax
County leadership	Plan of action Communication regarding status of provider network, stakeholders, etc. Coordination of services	• E-mail • Phone • Text • WebEx • Mail • Fax
Clients	Plan of action Timeframes Locations Contact Information	• Phone • Text • Sign on door • E-mail • Mail
FEI	Security breaches	• Phone calls • E-mail • Text • Mail
General public	Plan of action	• Sign on door • Phone • Voicemail • Website • County Communications

Assigning a Continuity Team

In preparation of potential continuity events, Continuity Team members are responsible for attending continuity meetings as scheduled, reviewing, and updating their organization's personnel, developing an ongoing process for reviewing and updating the plan, scheduling and participating in continuity training and exercises, and developing a plan and methodology for off-site storage of data to include vital records and databases.

During a continuity event, members of the Continuity Team are responsible for executing the necessary procedures and responsibilities for re-establishing and recovering the operations of the organization's essential functions.

Team Member	Role Responsibility
Name: Nancy Kessel Title: Contract Compliance Auditor Email Address: nkessel@slco.org Cell: 385-290-7218 Phone: 385-468-4748	Attends meetings, reviews and updates the plan, participates in trainings/meetings, etc. Scheduling and conducting training/meetings.
Name: Marjeen Nation Title: Assistant Fiscal Manager Email Address: mnation@slco.org Cell: 385-418-3150 Phone: 385-468-4723	Attends meetings, assists with reviewing and updating the plan, participates in trainings/meetings, etc. Assists with scheduling and conducting training/meetings.
Name: Zac Case Title: Fiscal Manager Email Address: zcase@slco.org Cell: 801-633-0122 Phone: 385-468-4729	Attends meetings, reviews and updating plan, participates in trainings, etc.
Name: Cory Westergard Title: Health Information Systems Manager Email Address: cwestergard@slco.org Cell: 801-573-2584 Phone: 385-468-4714	Attends meetings, reviews and updating plan, participates in trainings, etc.

Appendix A: Communications Considerations

During a disaster or continuity event, the organization's employees may be working outside their area of expertise, in the Emergency Coordination Center (ECC), or with people they do not know well. The chaotic environment makes accurate and timely communication with key stakeholders even more important. This annex guides you through writing a briefing during a crisis.

Keys to Communicating in a Crisis

- Remember that everyone is experiencing this crisis with you
- Communicate continuously and clearly
- Provide instructions in writing so people can review anything missed that was presented verbally
- Do not make yourself a bottleneck in the decision-making process; identify bottlenecks on your team and work to distribute responsibilities to avoid delays in communication
- Provide a focus for your team on what you *do* know and what you *can* do
- Be empathetic and compassionate, not focused on your own feelings
- Be transparent and avoid minimizing problems and emotions
- Check in regularly, but be ready to adjust your communications to meet the needs of your team

Initial Communications Tasks During a Crisis

When communicating with your team and department, remember to include the following details:

✓	Task
☐	**What is the situation**? Describe it in one or two sentences.
☐	**What do we know and what are we still learning**? Be clear about ambiguity that still exists.
☐	**What are your priorities**? Emphasize three to four team priorities, not a laundry list.
☐	**What has not changed**? Make it clear what functions the organization is still responsible for.
☐	**What actions are you taking**?
☐	**What resources are available to your teams**? Where can they find them and how soon will they be available? If managers are also receiving the memo, include resources about supporting their teams.
☐	**What can your teams do**? Be explicit about next steps. If none exist, make that clear. Future memos may include sources of information and places to donate, but because this takes time to research, it does not need to be part of the initial memo. Remember, better not to include true information than to accidentally send out misinformation.
☐	**Where can your team ask questions**? If there is a point person, highlight them and provide their contact information. If team members should *not* contact you with questions, make that clear.
☐	**Where can people find updates**? How often will they be posted? This is where you can point people towards your physical or virtual location for discussions and questions.
☐	**What is the anticipated timeline for this event**?
☐	**Closing words**. Emphasize the training and support in place that will help your team overcome this current challenge and conclude with a more optimistic sentiment.

Appendix B: After-Action Review Form

Following deactivation of the Continuity of Operations plan and a return to normal operations, it is important to identify what worked well and areas for improvement in preparing for and responding to disruptions to the department's operations.

Expected Action	Completed (Yes/No)	Strengths	Opportunities
Continuity impacts were assessed and communicated to organizational leadership in a timely and effective manner.			
Decisions about the organization's response to the continuity events, actions, and other pertinent information were reported to impacted employees.			
Impacts to organizational operations were efficiently and effectively addressed within each division.			
The Continuity of Operations plan supported decisions about which functions to maintain, which functions to stop performing, and the people, facilities and resources required to ensure their continued performance.			
Any lasting crisis impacts in my division have been documented and communicated, and a plan is in place to resolve those impacts.			
Employees within the organization were supported and updated throughout the response.			

Appendix C: Reconstitution Planning and Considerations Checklist

A reconstitution plan, also called a return to work or reopening plan, outlines the schedule and steps an organization can take to resume normal department operations. It is often the final step of responding to a disruption to operations.

While a Continuity of Operations Plan is often activated when problems are occurring, the return to work can be a thoughtful and orderly process. As a result, it is often preferable to assign department leaders to develop flexible plans at the earliest possible moments of a continuity of operations event.

The following considerations and checklists do not address every possible question and activity that should be taken as part of the reconstitution planning process, but they can serve as a guide when developing plans to address the specific needs of the incident, disaster, or disruption.

✓	Planning and Communication Related Considerations
☐	Identify the stakeholders who will influence the development of the reconstitution plan and gain input from those groups about what needs to be included in the plan. Groups may include: • **Department leadership**: Identify the intent, objectives, and considerations to be included in the plan, as well as any policies that need to be developed or revised prior to reconstitution • **Department staff**: Identify the questions, concerns, and potential accommodations staff members will want addressed prior to reconstitution • **Community members, clients, and customers**: Identify service recovery needs and impacts on community interactions with the department
☐	Develop a reconstitution plan that includes: • A **phased schedule** that allows for changes to the plan initiation date and duration of each phase of the plan • **Objectives** that provide clear feedback about how well reconstitution is progressing and allow for adjustments to the planned approach • **Contingency plans** to stop the reconstitution and return the organization to alternative methods of performing department functions if necessary
☐	Receive plan approval and begin reconstituting department operations by: • Briefing department leadership, County leadership, and key stakeholders on the reconstitution plan • Establishing a date to initiate the plan and begin reconstituting department operations • Updating County leadership on the status of the reconstitution and providing notice when it is complete
☐	Communicate with stakeholders regarding the reconstitution plan. • **For staff**: Deliver a return-to-work announcement and conduct a “return to the office” briefing • **For community members**: Announce changes in services provided and how to engage with the department

✓	Facility Related Considerations
☐	Ensure the primary facility/location is safe and habitable by: • Coordinating with the primary location's **building owner**, vendors, maintenance support, and cleaning personnel regarding the department's return • Ensuring the building is **structurally sound**, identifying any construction needs to ensure the safety of employees, and developing cost estimates • Ensuring the facility has **functioning infrastructure**, including electricity, water, information technology, heating, and air conditioning • Ensuring the facility has appropriate **security measures** in place for a safe return of employees
☐	Ensure the primary facility/location is prepared for the return of department employees by: • Identifying workspaces for all employees, including those who joined the organization after the disruption • Ensuring the facility has adequate parking, or developing a parking plan, for all employees returning to the office • Developing and placing signage in the facility to support the effective reconstitution of department operations
☐	Return any temporary facilities to the building owner. • Coordinate with the temporary facility's building owner regarding the schedule and transition requirements • Conduct a walk-through of the facility to ensure it is being returned in its original condition

Appendix D: Vendor Management Checklist

Consider adding vendors responsible for supplying your department with equipment, supplies, or resources required to complete your essential functions.

Essential Function	Vendor	Description
Mental Health Appeals	Officedepot.com 281 W 2100 S Salt Lake City, UT 84115 801-468-0720	• Office Supplies • PPE
Mental Health Appeals	Amazon.com	• Office Supplies • PPE
Communications	Verizon Wireless 1842 S 300 W Salt Lake City, UT 84115 801-803-5540 Verizon.com	• Cell Phones • Cell Phone Accessories
Mental Health Appeals	Walmart 350 Hope Ave. Salt Lake City, UT 84115 801-484-7311 Walmart.com	• Office Supplies • PPE

Appendix E: Legal Authorization

The functions identified as legally required in the Essential Functions table are derived from the following statutes and authorities:

- Utah Code 17-43-201 (SUD)
- Utah Code 17-43-301 (MH)
- Utah Code 17-43-304 (MH)
- Utah Code 26B-5-310
- Utah Code 26B-5-332

Appendix F: Confidential Staff Contact List

For confidential list, contact Nancy Kessel or Marjeen Nation

Appendix G: Confidential Network Contact List

For confidential list, contact Nancy Kessel or Marjeen Nation

Appendix H: Staff/Network Training Record

Appendix G: Training	Date Scheduled	Date Completed
Network providers emergency plans reviewed	Ongoing	Ongoing
Annual COOP Review and Update	April-June 2024	
Presentation of UHA Cybersecurity video to staff during monthly training	May 2024	05/29/2024
Annual check of emergency staff supplies	June 2024	06/13/2024
Staff training on COOP updates, responsibilities, supplies	June 2024	06/25/2024

Appendix I: COOP Revision Record

Appendix F: Document Updates	By	Date
Added this table noting dates of updates to COOP plan	Nancy Kessel	05/29/24
Updated contact information and reformatted document	Marjeen Nation and Nancy Kessel	06/13/24
Updated contact information for Marjeen Nation	Nancy Kessel	07/03/2024
Updated contact information	Nancy Kessel	04/16/2025