

Family Size	Monthly Gross Income (based on the 2018 Federal Poverty Guidelines)										
	0-5% FPL	25-50% FPL	50-150% FPL	150-200% FPL	200-250% FPL	250-300% FPL	300-350% FPL	350-400% FPL	>400% FPL		
1	\$0 - \$253	\$254 - \$506	\$507 - \$1,518	\$1,519 - \$2,023	\$2,024 - \$2,529	\$2,530 - \$3,035	\$3,036 - \$3,541	\$3,542 - \$4,047	\$4,048		
2	\$0 - \$343	\$344 - \$686	\$687 - \$2,058	\$2,059 - \$2,743	\$2,744 - \$3,429	\$3,430 - \$4,115	\$4,116 - \$4,801	\$4,802 - \$5,487	\$5,488		
3	\$0 - \$433	\$434 - \$866	\$867 - \$2,598	\$2,599 - \$3,463	\$3,464 - \$4,329	\$4,330 - \$5,195	\$5,196 - \$6,061	\$6,062 - \$6,927	\$6,928		
4	\$0 - \$523	\$524 - \$1,046	\$1,047 - \$3,138	\$3,139 - \$4,183	\$4,184 - \$5,229	\$5,230 - \$6,275	\$6,276 - \$7,321	\$7,322 - \$8,367	\$8,368		
5	\$0 - \$613	\$614 - \$1,226	\$1,227 - \$3,678	\$3,679 - \$4,903	\$4,904 - \$6,129	\$6,130 - \$7,355	\$7,356 - \$8,581	\$8,582 - \$9,807	\$9,808		
6	\$0 - \$703	\$704 - \$1,406	\$1,407 - \$4,218	\$4,219 - \$5,623	\$5,624 - \$7,029	\$7,030 - \$8,435	\$8,436 - \$9,841	\$9,842 - \$11,247	\$11,248		
7	\$0 - \$793	\$794 - \$1,586	\$1,587 - \$4,758	\$4,759 - \$6,343	\$6,344 - \$7,929	\$7,930 - \$9,515	\$9,516 - \$11,101	\$11,102 - \$12,687	\$12,688		
8	\$0 - \$883	\$884 - \$1,766	\$1,767 - \$5,298	\$5,299 - \$7,063	\$7,064 - \$8,829	\$8,830 - \$10,595	\$10,596 - \$12,361	\$12,362 - \$14,127	\$14,128		
Copays											
Adult Residential (once/month)	No Copay			\$ 200	\$ 400	\$ 600	\$ 800	\$ 1,000	No Subsidy (consumer pays full cost)		
Adult Outpatient (weekly max)				\$ 10	\$ 20	\$ 30	\$ 40	\$ 50			
Adult IOP (weekly max)				\$ 20	\$ 40	\$ 60	\$ 80	\$ 100			
Youth Residential (once monthly)				No Copay						\$ 50	
Youth Outpatient (weekly max)				No Copay						\$ 5	
DUI Assessment	No Copay	\$15	\$50	\$125	\$200	No Subsidy (consumer pays full cost)					

Salt Lake County Fee Schedule Methodology and Use

In applying treatment copays, much is left to the discretion of the service provider and attending clinician. Generally, the adult outpatient copay schedule is to be applied for low intensity outpatient services or non-DUI assessments. The maximum Adult Outpatient copay rate of \$50 was determined based approximately on the lowest cost service an individual might receive during a single visit and with the intent to not far exceed a typical copay rate under an insurance plan. The Adult IOP rate generally will be used for clients that are receiving more intensive outpatient services or day treatment and maxes out at twice the outpatient copay. The monthly Adult Residential copay rate is lower than the lowest residential provider rate in the Division of Behavioral Health Services' (DBHS) network. The copay schedule increases the fees up to the maximum amount based on the 2018 Federal Poverty Level (FPL), which accounts for gross household income and family size. All copays are based upon one FPL framework and assume greater ability to pay as income increases. For all adult services, at or above 400% of FPL, consumers are provided no county subsidy.

Fees for youth services have been strategically reduced to ensure no barriers to service exist. Copays are not to be assessed until monthly gross income exceeds 350% of the FPL. The Youth Residential schedule maxes out at \$50 per month, while the Youth Outpatient schedule maxes out at \$5 per week.

In State Code there is an expectation that individuals convicted of DUI are responsible for the cost of their treatment services. Often these individuals require no additional treatment services beyond the initial assessment. For this reason, the sliding fee schedule more quickly reaches the full cost of the assessment service provided (for FY20 approximately \$280).

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

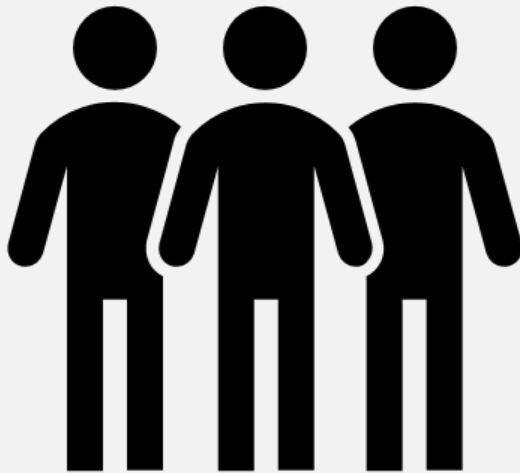
Providers and clinicians are given discretion to waive fees as judged necessary to reduce barriers to treatment in consideration of individual circumstances. When fees are waived documentation must be kept on file explaining these circumstances for waiving or reducing the rate. For incarcerated individuals,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

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



INTENSIVE SUPERVISION PROBATION (ISP)

July 2015 through December 2018



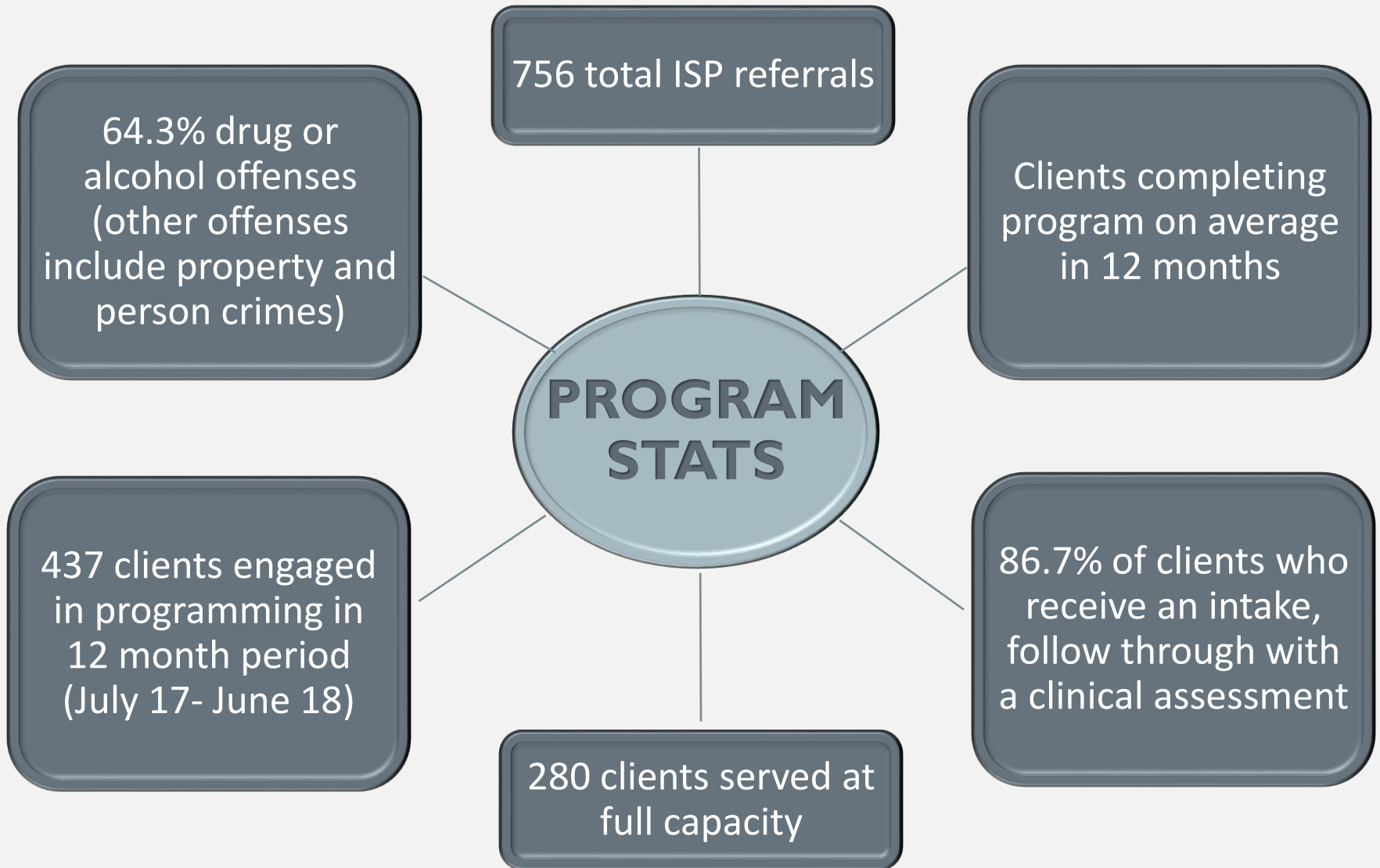
INTENSIVE SUPERVISION PROBATION (ISP)

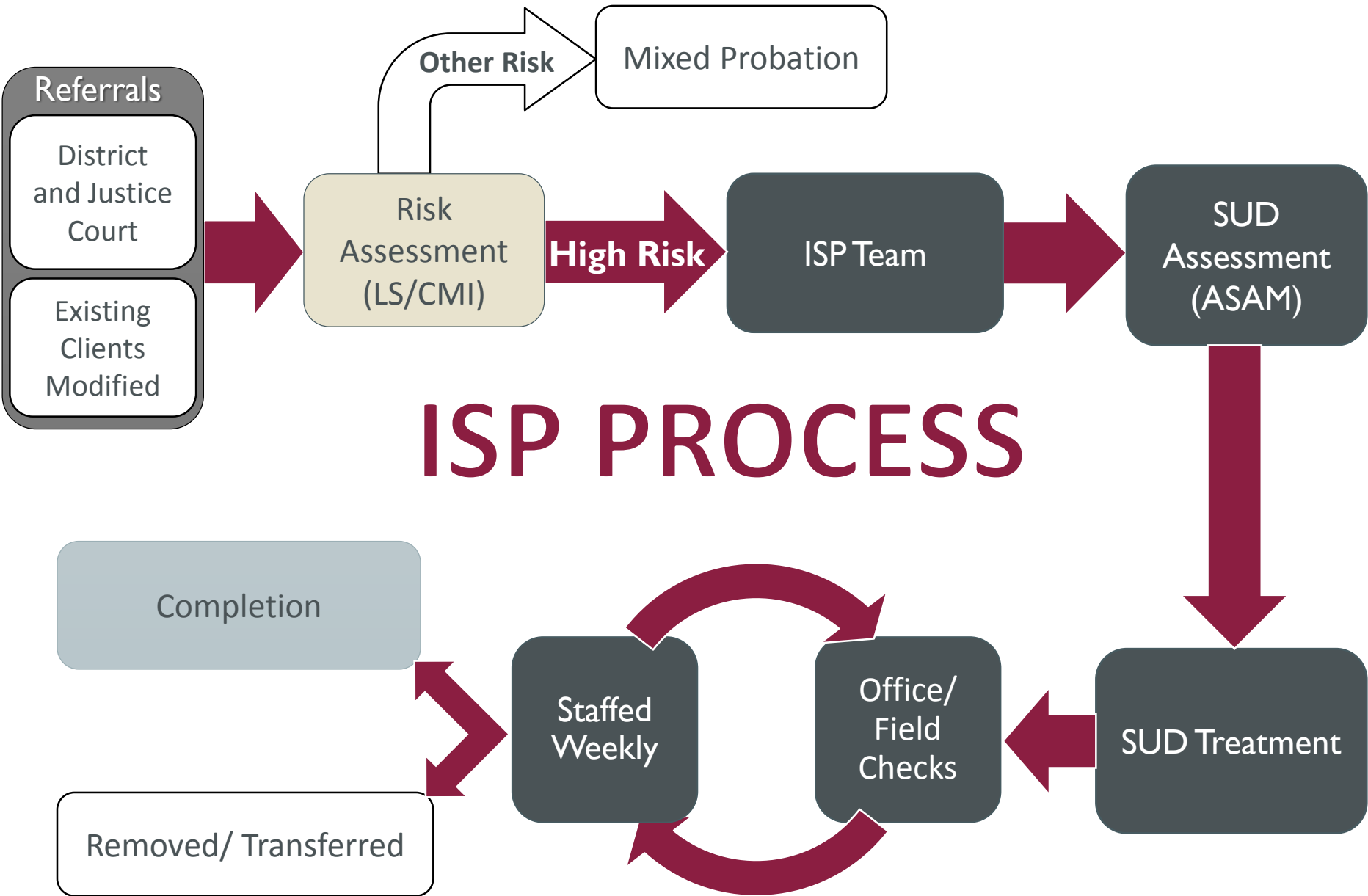
A partnership between the Sheriff's Office, Criminal Justice Services, and Behavioral Health Services providing intensive supervision and community treatment to high-risk individuals with co-occurring substance use disorders and mental illness.

PROGRAM COMPOSITION

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







POPULATION



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

OTHER HIGH RISK / HIGH NEED PROGRAMS

The most effective programs combine treatment and supervision.

Examples:

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

HOW WE MEASURE PROGRAM EFFECTIVENESS

Reductions in...

- ▶ Recidivism
- ▶ Criminal Risk (LS/CMI)

Improvements in...

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



RECIDIVISM

Definition

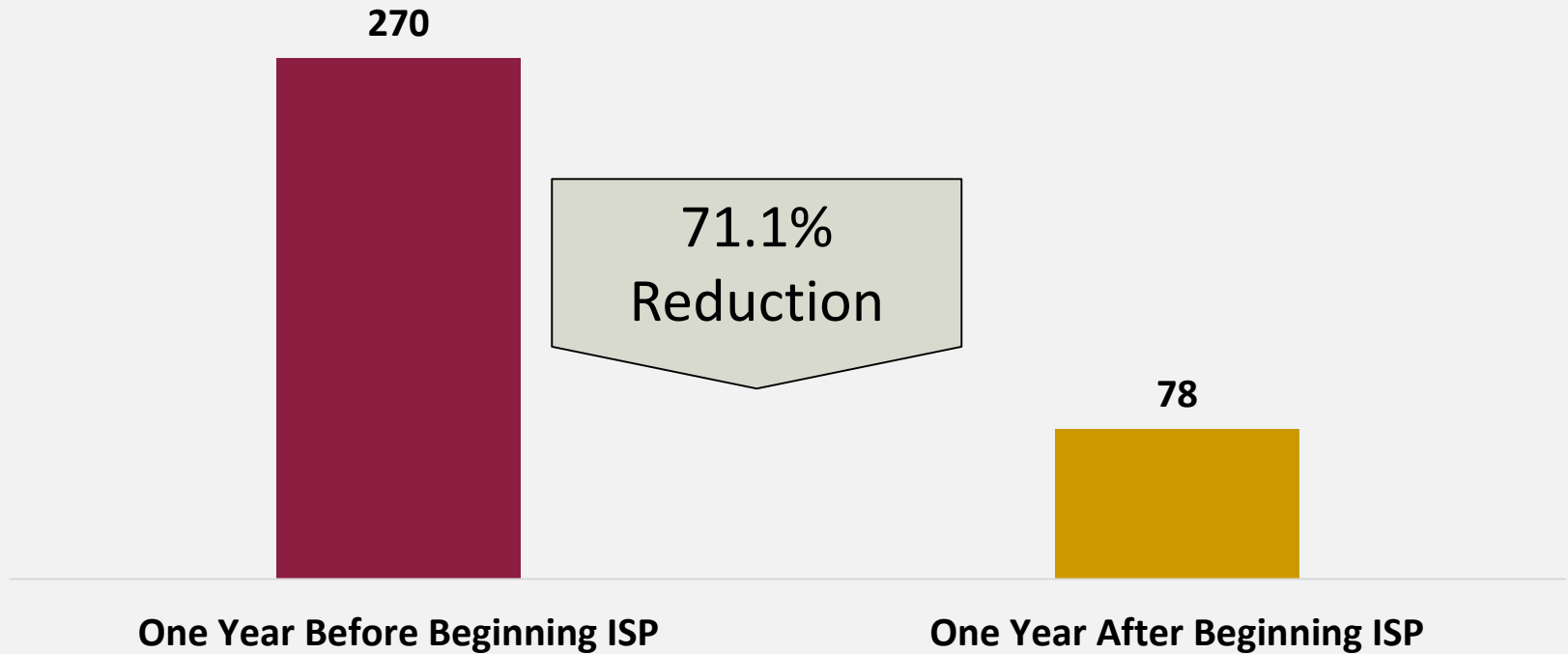
The tendency to relapse into criminal behavior.

Metric

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

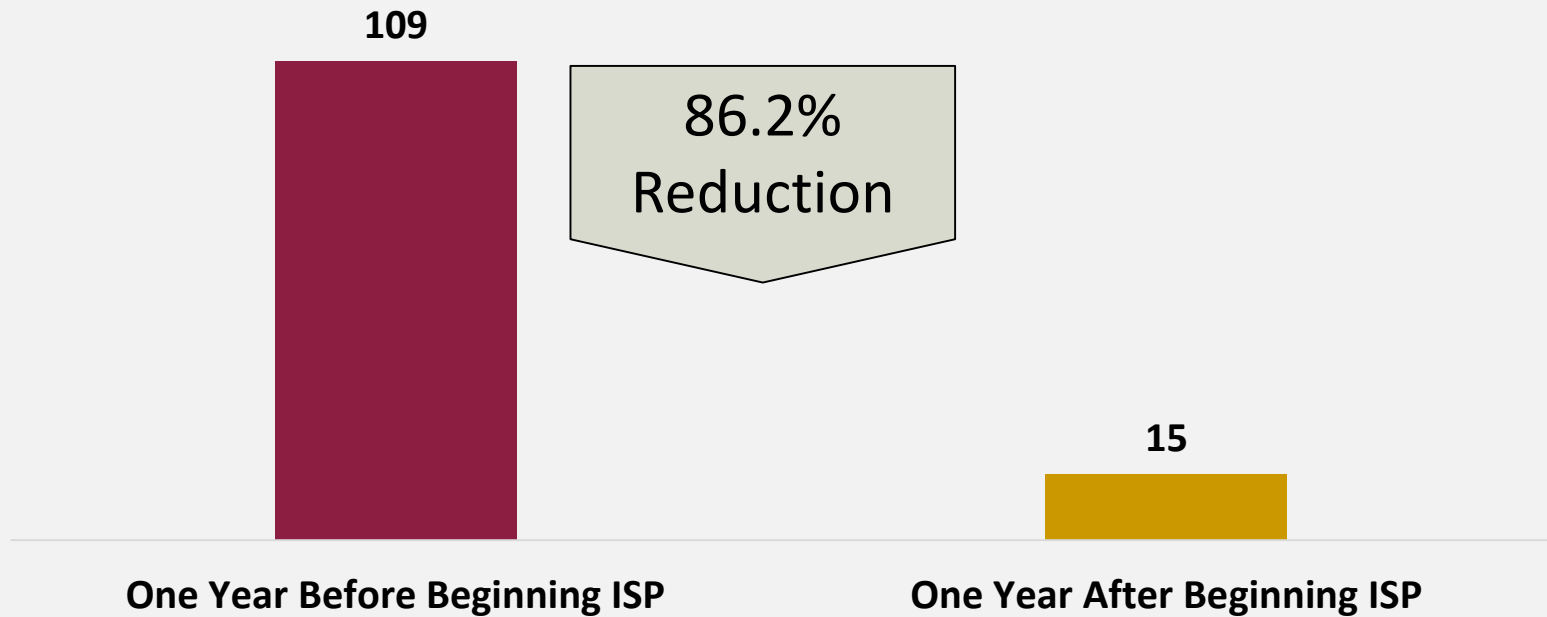
ONE YEAR CHANGE IN NCB

319 Total Clients



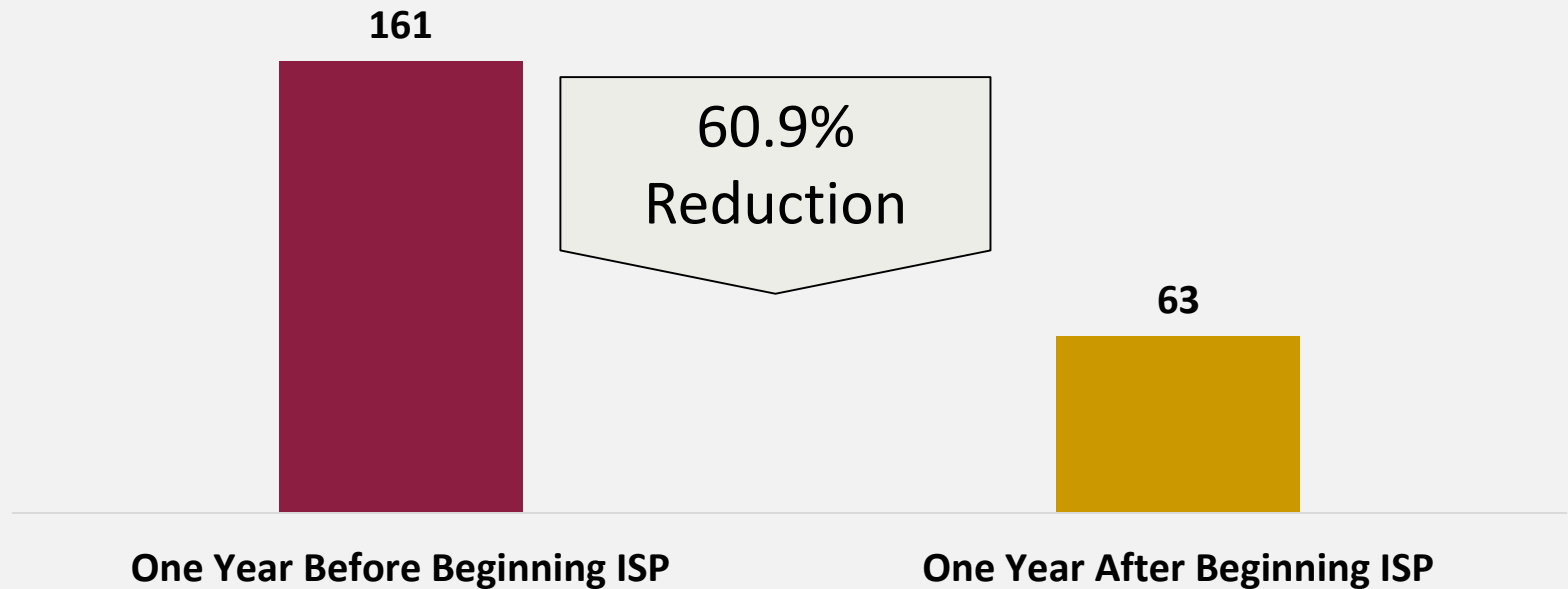
ONE YEAR CHANGE IN NCB

144 Successful Clients



ONE YEAR CHANGE IN NCB

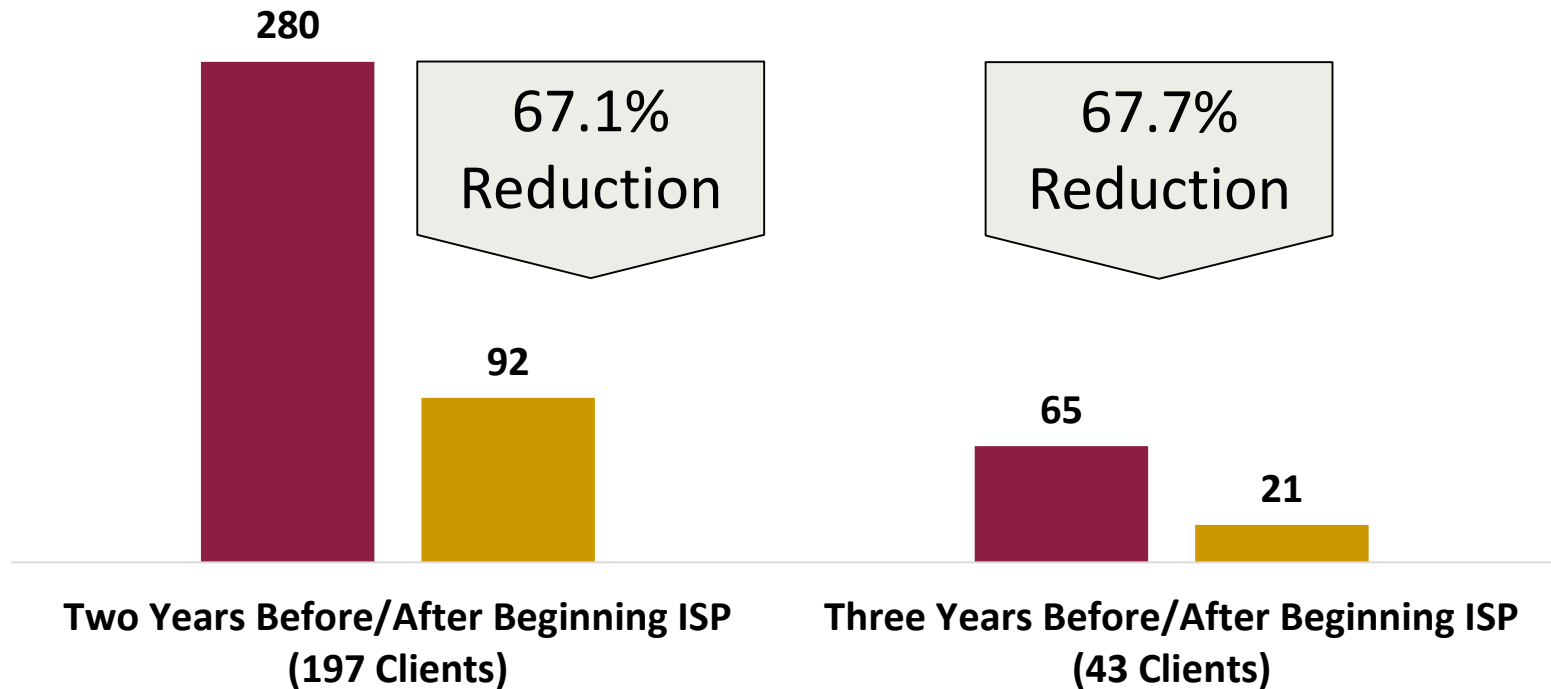
175 Revoked Clients



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

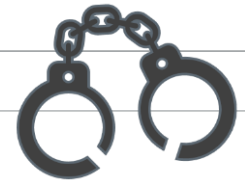
TWO AND THREE YEAR CHANGE IN NCB

All Clients



CRIMINAL RISK REDUCTION

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



HOW WE MEASURE PROGRAM EFFECTIVENESS

152 Graduates from ISP

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





NATIONAL OUTCOME MEASURES (NOMS)

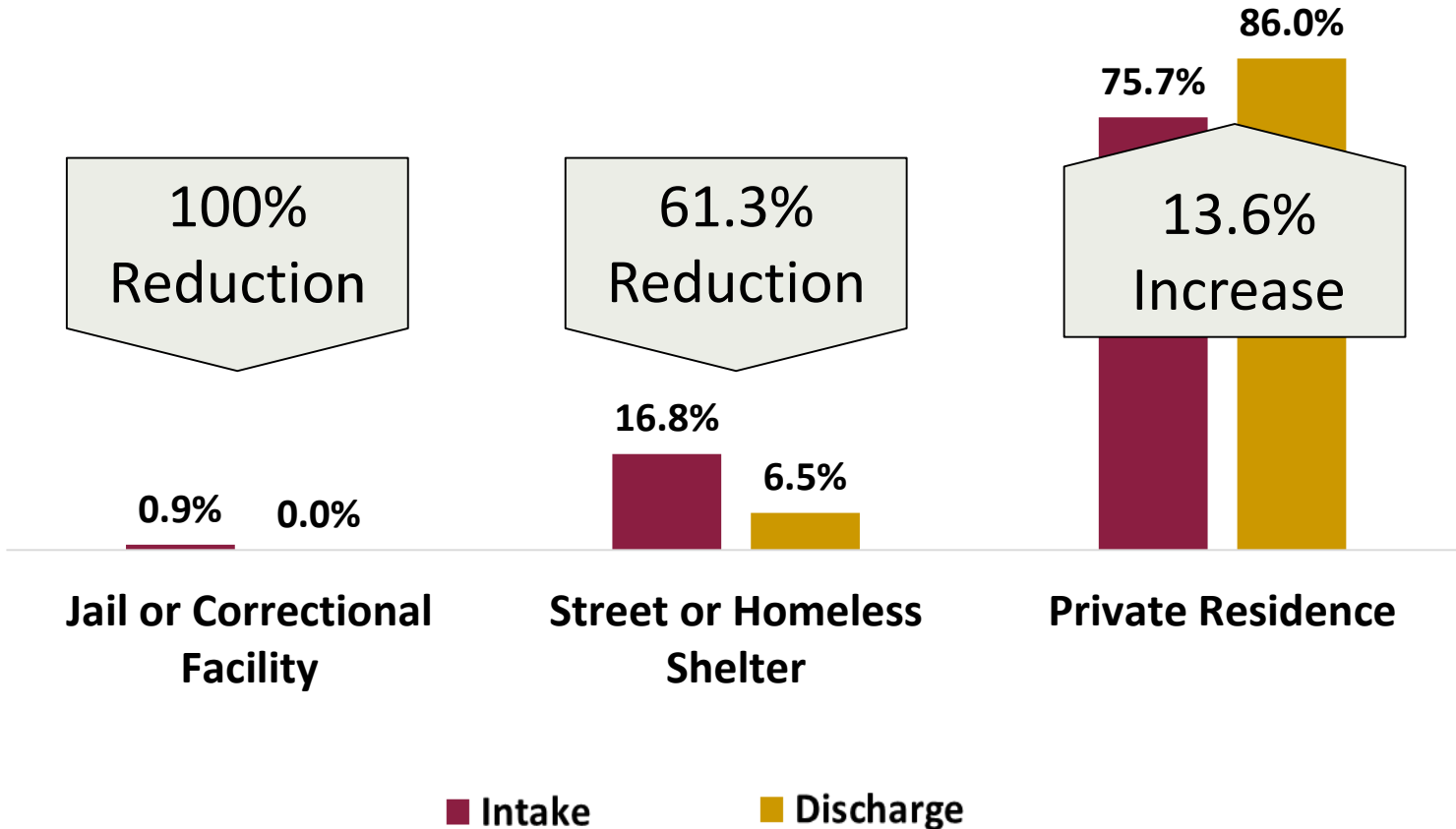
- Primary substance metric: frequency of use in last 30 days for primary substance identified
- Housing metric: living arrangement at treatment intake and discharge
- Employment metric: employment status at treatment intake and discharge


PRIMARY SUBSTANCE FREQUENCY OF USE DATA

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


HOUSING OUTCOMES

Successful Clients






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



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



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

EMPLOYMENT DATA

FY18 TREATMENT FUNDING

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

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



FY18 SUPERVISION FUNDING

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



WHY INVEST IN THIS POPULATION?

Agency Savings

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



Societal Impacts

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

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

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

PROGRAM SUCCESSES

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



PARTNERSHIPS



ODYSSEY HOUSE



utah department of
human services
Child and Family Services



Department of
Workforce Services



Vivitrol[®]
(maltrexone for extended-release injectable suspension) 380 mg/vial



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



Thank You

Salt Lake County Vivitrol Program Information Sheet

February 6, 2017



Program Costs July through December 2017

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

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

Percent Change in National Outcome Measures² (NOMS)

Employment	
Full and Part Time/ Student	83%
Unemployed	-9%
Disabled or Other Not in Labor Force	-66%
Housing	
Street or Homeless Shelter/Jail or Correctional Facility/ Institutional Setting	-46%
Private Residence - Independent or Dependent	25%
SUD Residential Treatment Facility	-15%
Education Outcome	
Same Level at Admission	94%
Increased Years of Education	6%
Monthly Income	
\$0	-15%
\$1-\$1,000	79%
\$1,001 - \$2,000	33%
\$2,001 and Above	0%

²Measured changes: admission to discharge for clients completing program

Program Participation SFY18 and Overall

Table 1: SFY18 Clients

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

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

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

Criminal Justice Involvement: SLCo Jail Data

	All Clients with 1+ Injections	Clients with Booking History	% with Booking History
Total Count	284	230	81%
1 year since first injection	120	63	53%
	Clients with at least 1 year since first injection	New Charge Bookings	Length of Stay for New Charge Bookings (days)
Up to 1-year prior to injection date	63	112	7,250
Up to 1-year post injection date**	23	33	1,321
1-year Change in Recidivism	-63%	-71%	-82%

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

Salt Lake County Intercepts

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

Ex: VOA Assertive Community Treatment Team (to fidelity)

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

I. Law Enforcement/Emergency Services

CIT, CITIU, Crisis Line, Warm Line, Mobile Crisis Outreach Teams, Receiving Center, VOA Detox Center, SLC PD SW Program, Unified Police Department MH Unit, UHP SW

Recidivism

II. Jail

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

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

III. Courts

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

Based on the Munetz and Griffin Sequential Intercept Model*

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

IV. Re-Entry

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

V. Community

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

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

of individuals Accessing Services

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

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

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

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

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

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

Sequential Intercept #1 - Law Enforcement & Emergency Services

- **Crisis Intervention Team (CIT)** - Utah’s first statewide CIT training was held in 2001 through the Salt Lake City Police Department. Today CIT trained officers exist throughout numerous county law enforcement agencies (on patrol, in the jail, and in the Salt Lake City Police Department Investigative Unit). Benefits of this program include reductions in recidivism, reductions in officer injury rates and use of force, improved case dispositions, and staff that are better trained in behavioral health legal and liability issues. In 2013 the Treatment Advocacy Center rated Utah as the top state in the nation for consumer access to both CIT trained officers and Mental Health Courts.
- **Mobile Crisis Outreach Teams (MCOT)** - A University Neuropsychiatric Institute (UNI) interdisciplinary team of mental health professionals who provide face-to-face crisis resolution services for individuals in Salt Lake County who are experiencing, or at risk of, a mental health crisis, and who require mental health intervention. MCOT staff often provide law enforcement alternatives to incarceration or hospitalization when responding to patients in crisis, allowing the individual to remain in the least restrictive setting. These teams serve both adults and youth, 24/7 throughout the county.
- **Receiving Center (RC)** - A UNI short stay facility (up to 23 hours) designed as a point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. It is designed to be used by law enforcement officers, EMS personnel and others as the primary receiving facility for individuals who are brought there as voluntary or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the “Living Room” model, which includes peer support staff as well as clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits or inpatient admissions by providing a safe, supportive and welcoming environment that treats each person as a “guest” while providing the critical time people need to work through their crisis.
- **Crisis Line & Warm Line** - The UNI Crisis Line is in operation 24/7, 365 days of the year, acts as the front door to the UNI Crisis System, and is staffed by experienced Licensed Mental Health Therapists. The Warm Line is a peer-run listening phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.
- **Volunteers of America Detox Centers** - These programs partner with the Salt Lake City Police, West Valley City Police, UTA Police and the Salt Lake County Sheriff’s Department to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to come to the detox center.
- **UNI/UPD (Unified Police Department) Pilot** - Through this pilot, a licensed mental health professional is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. This program serves the cities of Taylorsville, Kearns, Magna, Riverton, Holladay, Millcreek, Midvale, Canyons, Herriman, and White City. The objectives of this pilot are to:
 - Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
 - Provide mental health consumers and their families with linkages to services and supports
 - Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

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

Sequential Intercept #2 - Jail

- **Jail Behavioral Health Services** - Mental health and substance use disorder (SUD) services are provided to inmates of the SL Co Jail.
 - In addition to providing mental health services and medication management, jail mental health services provides discharge planners that collaborate with community mental health treatment providers and the mental health liaison at the Legal Defenders Association to coordinate continuity of medications and treatment for the severely and persistently mentally ill (SPMI) population.
 - The CATS Program is an addictions treatment therapeutic community based on a day treatment level of care (20 hours per week of treatment services with additional services included based on the therapeutic community model). The program is normally operated within both the ADC and Oxbow Jails. The capacity for males is 120 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months.
 - In 2007, DBHS expanded CATS with the addition of a psycho- educational component (Prime for Life) and added a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS).
- **Jail Medication Assisted Treatment Program** - Qualifying program participants with opioid use disorders (OUD's) have access to medication assisted treatment, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and will be clinically-driven with a focus on individualized patient care. Services will be provided through the jail's health services staff and through a contract with Project Reality.
- **Community Response Team (CRT)** - This Valley Behavioral Health (VBH) team works with severely and persistently mentally ill (SPMI) clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail.
- **State Competency Restoration Program** - This new program is operated by the state and works to restore inmates to competency while awaiting a hospital bed.
- **Vivitrol Program** - This program is voluntary, and provides a Vivitrol injection to inmates participating in the CATS program prior to release, and also with injections continuing after release as deemed medically appropriate. This medication assists with opioid cravings and is also available to residents in the community.
- **Jail Operation Rio Grande Drug Court Assessments** - To support Operation Rio Grande (ORG), DBHS expanded its contract with the University of Utah Assessment and Referral Services to provide for the hiring of one assessment worker. This licensed clinician goes into the jail to perform assessments for ORG Drug Court candidates on an ongoing basis as they become identified.

Sequential Intercept #3 - Courts

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

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Family Dependency Drug Court** - The mission of the Family Dependency Drug Court is to treat substance abuse addiction through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A drug court team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, Salt Lake County substance use disorder specialist, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court ordered requirements.
- **Drug Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of working with individuals with a substance use disorder, such as strict probation or mandatory imprisonment did not seem to address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. The Operation Rio Grande Drug Court is the most recent addition to this line of services, and specializes in serving individuals arrested in the homeless area of downtown Salt Lake City.
- **Veteran's Court** - A therapeutic court addressing the specific needs of veterans involved in the Criminal Justice System.
- **Social Services Position Housed in the Legal Defenders Office** - this position, funded through Behavioral Health Services, coordinates connecting individuals with serious mental illness involved in the criminal justice system to community treatment, Alternatives to Incarceration (ATI) Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the legal defenders office, offering invaluable assistance in connecting large numbers of clients to treatment.
- **Case Resolution Coordinator** - an attorney funded through Criminal Justice Services, housed in the Legal Defenders Office, that helps individuals with serious mental illness to resolve multiple court cases throughout the valley (in coordination with other court orders). Through close coordination of treatment and judicial oversight, individuals are diverted from incarceration, avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

Sequential Intercept #4 - Reentry

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

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

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

Sequential Intercept #5 - Community

- **VOA Assertive Community Treatment Team (ACT)** - Salt Lake County/Optum has contracted with Volunteers of America (VOA) to implement an Assertive Community Treatment Team (ACT) service delivery model for Salt Lake County residents. The ACT Team is taking on new clients, to serve up to 100 Salt Lake County residents. The team provides intensive home and community-based services. The ACT Team offers a "hospital without walls" by a multi-disciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within the community. The program is being implemented to fidelity to the evidence-based model as outlined by SAMHSA. DBHS funds housing for this program.
- **Housing Programs** - A housing first initiative called RIO Housing, is for clients of the Jail Diversion Outreach Team and the CORE dual diagnosis residential programs. Scattered units throughout the valley house homeless individuals with serious mental illness and those with co-occurring substance use disorders, allowing them to address behavioral health treatment needs and court obligations once basic survival needs are met. This program is a collaboration with multiple partners including Behavioral Health Services, the Housing Authority of Salt Lake County and Valley Behavioral Health. Additional housing programs through DBHS include HARP, ACT, State Hospital Outplacement Units and others (totaling approximately 155 units). DBHS has also partnered with First Step House and Optum as a service provider, rental subsidy source and in the application process for a tax credit application to build a 75 unit permanent supportive housing program for individuals with serious mental illness. A similar partnership was formed for a tax credit project between DBHS, Salt Lake City, Optum and Volunteers of America to rehab and open a 22 unit building. DBHS has also partnered with First Step House with a letter of understanding to support a new tax credit application for a 40 unit permanent supportive housing program. In addition to the above, there are many housing programs through many funding streams that DBHS partners with and in some cases provides in-kind behavioral health services to assist in meeting HUD funding requirements.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

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