

Justice Reinvestment Initiative (JRI) Programs

Intensive Supervision Probation FY16-FY18

CORE II FY16-FY18

Drug Court Treatment FY18

MCOT/UPD Pilot FY18



Intensive Supervision Probation (ISP)

Partnership between Sheriff's Office, Criminal Justice Services, and Behavioral Health Services providing high-risk individuals with community-based treatment and supervision

- Implemented July 1, 2015
 - FY18 Budget: \$3.97M (\$2.03M Treatment Funding)
 - JRI Funds: \$1.74M
 - County Funds: \$2.23M
 - Referrals into Program: 600
 - Drug-Related Offenses: 61.3%
 - 34.2% Opioid (30% Male, 41.9% Female)
 - 100 Total Graduates with a 45.5% Risk Reduction using LS/CMI
 - 86.7% Receiving Clinical Assessment
 - 73.1% of Caseload Actively Engaged in Treatment
-

Partners



Valley Behavioral Health's CORE II Program

16 Bed Dual-Diagnosis Residential Program for Women With Serious Mental Illness and Co-Occurring Substance Use Disorders

- Implemented July 1, 2015
 - FY18 Funding \$2.02M: \$750k (JRI), \$123k (CGF), \$105k housing (CGF) and \$1.04M (Federal Medicaid Share)
 - Clients Served: 119 (7 with more than one episode)
 - Average Age: 35.6
 - Successfully Discharged: 52.8%
 - Improved Housing, Admit to Discharge: 37%
 - Sample Client: homeless, suffering from schizophrenia, off of medications, self-medicating with illegal substances, 23 bookings and 1,300 days in jail
 - Current time to get in to CORE II: 4-6 months
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Partners



Salt Lake County Drug Court Treatment Expansion

Nearly doubling the residential treatment funding for Felony Drug Court

- JRI Funds Awarded July 1, 2017
 - FY18 Budget: \$500,000
 - Admission Profile (enrolled July '17 forward):
46 unique served
 - 11 Females (avg. age: 28.6) and 35 Males (avg. age: 33.9)
 - Over 85% homeless/incarcerated
 - 4.3% (2 clients) employed
 - 42.6% with only HS diploma and 31.9% with less than a HS diploma
 - 66% identified opioid drug of choice
-

Partners



Mobile Crisis Outreach Team/ Unified Police Department Pilot FY18

Pilot program pairing a licensed mental health professional with a patrol officer to respond to mental health crises in the community

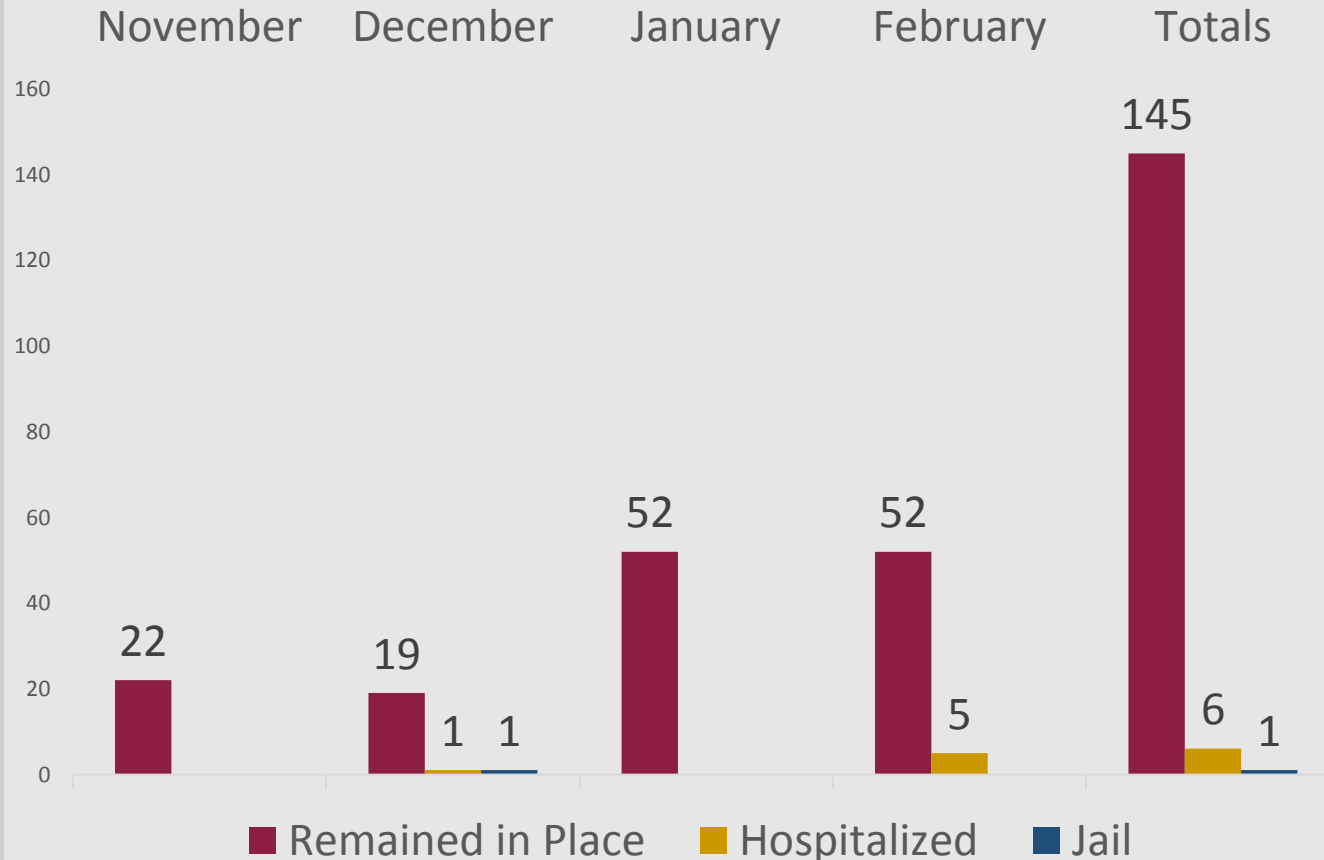
- Funded July 1, 2017 (implemented November 2017)
 - FY18 Budget: \$85,000
 - Clients Served (through March 2018)
 - Total Contacts: 217
 - Total Unique Individuals: 182
 - 96.3% of all contacts occurred in person
 - 96.1% Emergency Department Diversion Rate
-

Partners



Mobile Crisis Outreach Team/ Unified Police Department Pilot FY18

Crisis Aversion



Partners



Other Important Updates

Targeted Adult Medicaid (TAM)

- Enrolled 1,658 since November 2017
- Salt Lake County enrolled 1,109 (66.9% of statewide total)
- Expected to enroll between 4,000 and 6,000
- Anticipated increase in residential bed capacity from fall of 2016 to the end of FY18 is anticipated to be 250 beds (147% increase) in Salt Lake County

Workforce Shortages

- Social Workers in unprecedented demand
- Many agencies struggling to staff increased capacity
- Others losing staff to private competition
- Looking at telehealth among other options

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](#)

NARRATIVE PROGRESS REPORT

TO: CCJJ, Grant 17C01
FROM:
SUBJECT: Final Progress Report
DATE:

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|---------------------------|--|---|-----|--|--|-----------------------|----|--|--|----------------------------|----|--|--|--------------------------------|---------------------------|---------------------------|---|----|----|
| 1. | <p>Describe the overall purpose of the grant funds (include challenges and types of treatment):</p> <p>These grant funds were utilized to pay for residential treatment capacity through the following Salt Lake County Behavioral Health-contracted treatment providers: First Step House, Odyssey House, Volunteers of America and House of Hope. Additionally, three (3) detox beds at Volunteers of America were partially funded through this grant, with the difference, as well as county administrative costs being covered by county general fund. All of the programs have been certified by the State Division of Substance Abuse and Mental Health to work with justice involved clients. All of the providers have extensive background and experience in working with this population. Salt Lake County previously funded this treatment expansion with one-time county general fund to address the public safety and health crisis taking place in the Rio Grande area. All initial referrals were post-arrest and referred to treatment in lieu of jail. Since the initial arrest and in lieu of incarceration placement phase, the only referral source for this additional treatment capacity has been Salt Lake City Police Department Social Workers.</p> | | | | | | | | | | | | | | | | | | | | | |
| 2. | <p>Quantify by month the number of beds in use for individuals with Project Diversion:</p> <p>Each month from January to June 2017, there were 63 residential beds across the four providers in use, along with three (3) detox beds from Volunteers of America in use.</p> | | | | | | | | | | | | | | | | | | | | | |
| 3. | <p>Provide statistics on the number of individuals receiving treatment, include successful completions and length of stay for unsuccessful completions:</p> <table><tr><td>Total number served January 1-June 30 2017</td><td colspan="3">109</td></tr><tr><td>Open Treatment Record</td><td colspan="3">70</td></tr><tr><td rowspan="3">Closed Treatment Record</td><td colspan="3">39</td></tr><tr><td>Administratively Terminated</td><td>Left Against Tx Advice</td><td>Successful Completions</td></tr><tr><td>4</td><td>15</td><td>20</td></tr></table> | | | | Total number served January 1-June 30 2017 | 109 | | | Open Treatment Record | 70 | | | Closed Treatment Record | 39 | | | Administratively Terminated | Left Against Tx Advice | Successful Completions | 4 | 15 | 20 |
| Total number served January 1-June 30 2017 | 109 | | | | | | | | | | | | | | | | | | | | | |
| Open Treatment Record | 70 | | | | | | | | | | | | | | | | | | | | | |
| Closed Treatment Record | 39 | | | | | | | | | | | | | | | | | | | | | |
| | Administratively Terminated | Left Against Tx Advice | Successful Completions | | | | | | | | | | | | | | | | | | | |
| | 4 | 15 | 20 | | | | | | | | | | | | | | | | | | | |

Length of Stay for Unsuccessful Completions: Summary Table

| Outcome | Left Against Treatment Advice | Administratively Terminated | Total |
|---------------|-------------------------------|-----------------------------|-------|
| Total Clients | 4 | 15 | 19 |
| Min Stay | 1 | 0 | 0 |
| Max Stay | 89 | 98 | 98 |
| Average Stay | 48.3 | 28.1 | 32.3 |
| Total Length | 193 | 421 | 614 |

Length of Stay for Unsuccessful Completions: Full Table

| Client | Administratively Terminated LOS | Left Against Treatment Advice LOS | Total LOS |
|-----------|---------------------------------|-----------------------------------|------------|
| 1 | 46 | | 46 |
| 2 | | 5 | 5 |
| 3 | | 84 | 84 |
| 4 | | 53 | 53 |
| 5 | | 1 | 1 |
| 6 | | 1 | 1 |
| 7 | | 98 | 98 |
| 8 | | 16 | 16 |
| 9 | | 1 | 1 |
| 10 | | 14 | 14 |
| 11 | | 18 | 18 |
| 12 | 89 | | 89 |
| 13 | | 57 | 57 |
| 14 | | 0 | |
| 15 | 57 | | 57 |
| 16 | 1 | | 1 |
| 17 | | 64 | 64 |
| 18 | | 3 | 3 |
| 19 | | 6 | 6 |
| 19 | 193 | 421 | 614 |

| | |
|----|---|
| 4. | <p data-bbox="272 111 1052 149">What changes should be addressed for future funding?</p> <p data-bbox="272 184 1390 367">The need for behavioral health treatment continues to outpace the current capacity. We continue to seek ongoing funding to replace one-time funding for this high need population. Outcome data with ‘completion’ criterion requested for a chronic relapsing disease becomes difficult to quantify (see clients terminated after 46, 57 and 89 days in treatment, and those who left after engaging for 53, 57, 64, 84, 89, and 98 days).</p> |
|----|---|

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
Unified Police Department/Mobile Crisis Outreach Team Pilot

II. Jail

Jail Risk/Need Screen
Jail MH Svcs, CATS, CRT,
State Jail Competency Restoration Unit,
Operation Rio Grande Drug Court Jail Assessments,
Vivitrol Program

III. Courts

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

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

Recidivism

of individuals Accessing

Vivitrol Program - 71% reduction in new charge bookings, 82% reduction in length of stay from new charge bookings (523 clients served)

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

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

Based on the Munetz and Griffin Sequential Intercept Model*

ISP - 45.5% reduction in graduate's LS/CMI Risk Scores

MCOT = Mobile Crisis Outreach Team
MHC = Mental Health Court
MH = Mental Health
MHL = Mental Health Liaison
MHR = Mental Health Release
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

ACT = Assertive Community Treatment
AP&P = Assertive Patient Partnership
ATI = Assertive Treatment Intervention
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)

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 single 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 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 Center** - This program partners with the Salt Lake City Police, West Valley City Police, UTA Police and the Salt Lake County Sheriff's Office 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 Risk & Need Screen** - Salt Lake County implemented a Risk and Need Screening process in its jail in 2015, using the LSI-R: SV (Level of Service Inventory-Revised: Short Version) with added mental health and substance use disorder screens. The LSI-R: SV helps predict a person's likelihood of reoffending and identifies individuals that may benefit from further assessments for mental health or substance use disorders. It also assists with classification and placement of individuals in the jail and in the community. Research has shown that people identified as low risk to reoffend pose little risk to public safety and generally benefit from minimal intervention and that mixing low risk offenders with high risk offenders can increase recidivism amongst low risk offenders.
- **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 low intensity residential model (5+ 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 an outpatient and intensive outpatient model called Drug Offender Group Services (DOGS).
- **Community Response Team (CRT)** - This Valley Behavioral Health (VBH) team works with 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 state hospital bed.
- **Vivitrol Program** - This pilot 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 a 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 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 drug court team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, Salt Lake County substance abuse specialist, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court ordered requirements.
- **Felony 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 dealing 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, connects individuals with serious mental illness 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 legal defenders office, offering invaluable assistance in connecting 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 court cases throughout the valley. 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, Valley Behavioral Health, Criminal Justice Services, 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, case managers and NAMI mentors, and assist 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 abuse treatment approaches with the ultimate goal of successful reentry and a reduction in recidivism.
- **ATI Transport** - This VBH program transports seriously and persistently mentally ill inmates released from the jail at a specific time 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 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** - The DBHS funds Medicaid Eligibility Specialists to assist with enrollment into Medicaid.
- **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.
- **Gap Funding** - The 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 (ACT) Team 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.
- **Housing Programs** - A housing first initiative called RIO Housing, is for clients of the Jail Diversion Outreach Team and 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 180 units). DBHS has also partnered with First Step House and Optum as a service provider and in the application process for a tax credit application to build a 75 unit low-income housing program for individuals with serious mental illness. An additional partnership was formed between DBHS, Salt Lake City, Optum and Volunteers of America to rehab and open a 22 unit building.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Intensive Supervision Program** - 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 Office and receive intensive case management services through 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.

