



Salt Lake County Sober Living Program

December 2017 through December 2019



Sober Living Program Purpose

To provide safe, affordable housing for people in addiction recovery;

To help clients transition back into the community when they are clinically ready; and

To provide recovery support and accountability to individuals as they seek employment opportunities and transition towards self sufficiency.



Program Process

- Clients are referred by one of the following eligible programs:
 - Correctional Addiction Treatment Services (CATS) program
 - Residential clients transitioning to outpatient
 - ORG/Drug Court participants
 - Other clients actively engaged in outpatient treatment in need of housing
- Prospective clients complete two classes through AAA Fair Credit on budgeting and credit/debt (new since February 2019)
- Once course certificates are received, clients are referred to a case manager at Behavioral Health Services
- Case manager meets with the client and determines optimal placement with consideration for treatment location, employment, family, etc.



Program Process Cont'd

- Three months of housing subsidy is provided initially (deposit and up to \$800/m)
- Clients continue to work with AAA Fair Credit
 - Income is verified
 - Payment plans for rent or qualified debts are calculated (30% of income up to full value of rent)*
 - Qualified Debts include:
 - Child support, family support collected through ORS, drivers license reinstatement fees, court fees, restitution, utility bills in collections, evictions owed as judgements through public record or private collections
 - This information is shared with BHS case manager monthly
- As a client makes monthly rent payments or pays down qualified debts, BHS case manager continues to determine housing eligibility for up to three additional months (six-month total rental support)

*Program requirement in place since May 2019



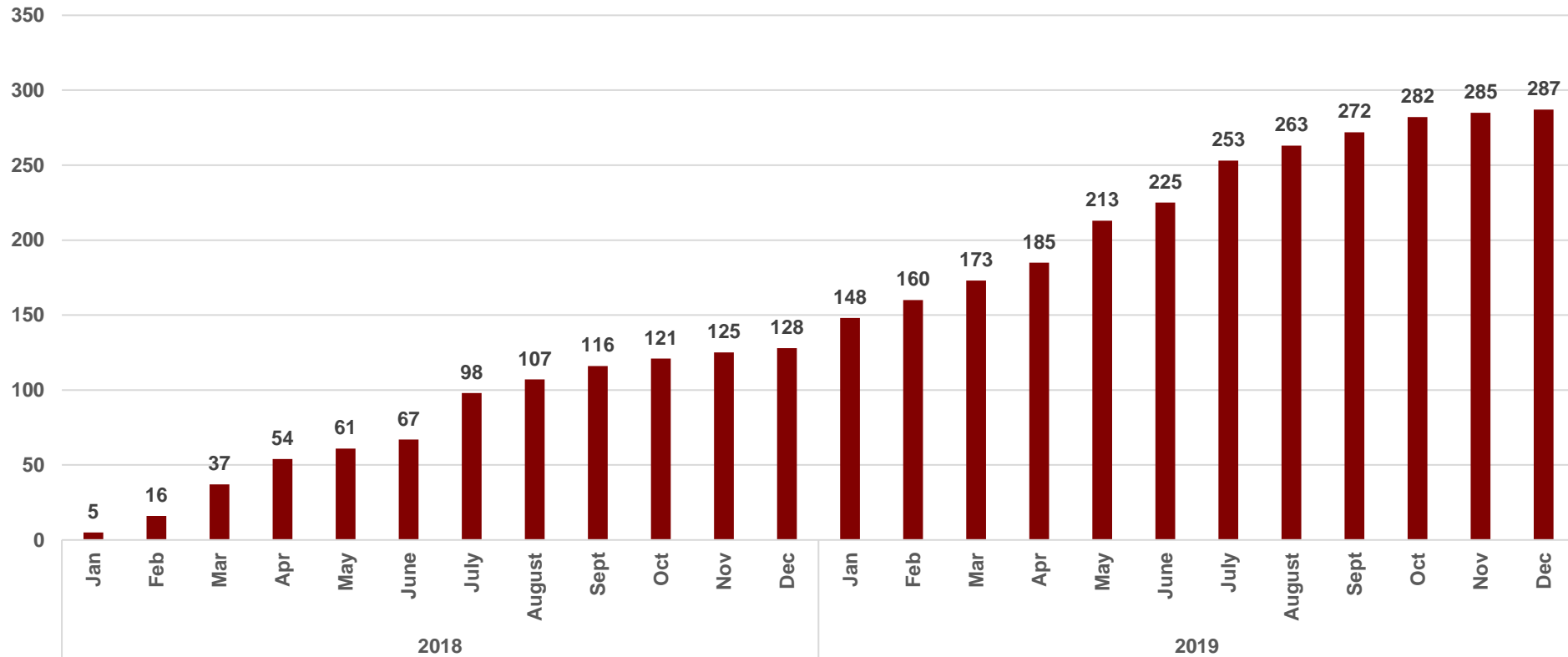
Program Data Overview

- Total 24-month spend: **\$2,246,424**
 - 2018: **\$557,874**; 2019: **\$1,688,550** (current 12-month trend ~\$2M)
- **1,375** Total Clients Referred—**914** Received Housing Subsidy
 - **163** pending and **298** referred but did not qualify
- **29.7% Female** and **70.3% Male**
- Average Participant Age
 - Male: **37.7**
 - Female: **35.6**



Clients Served by Month

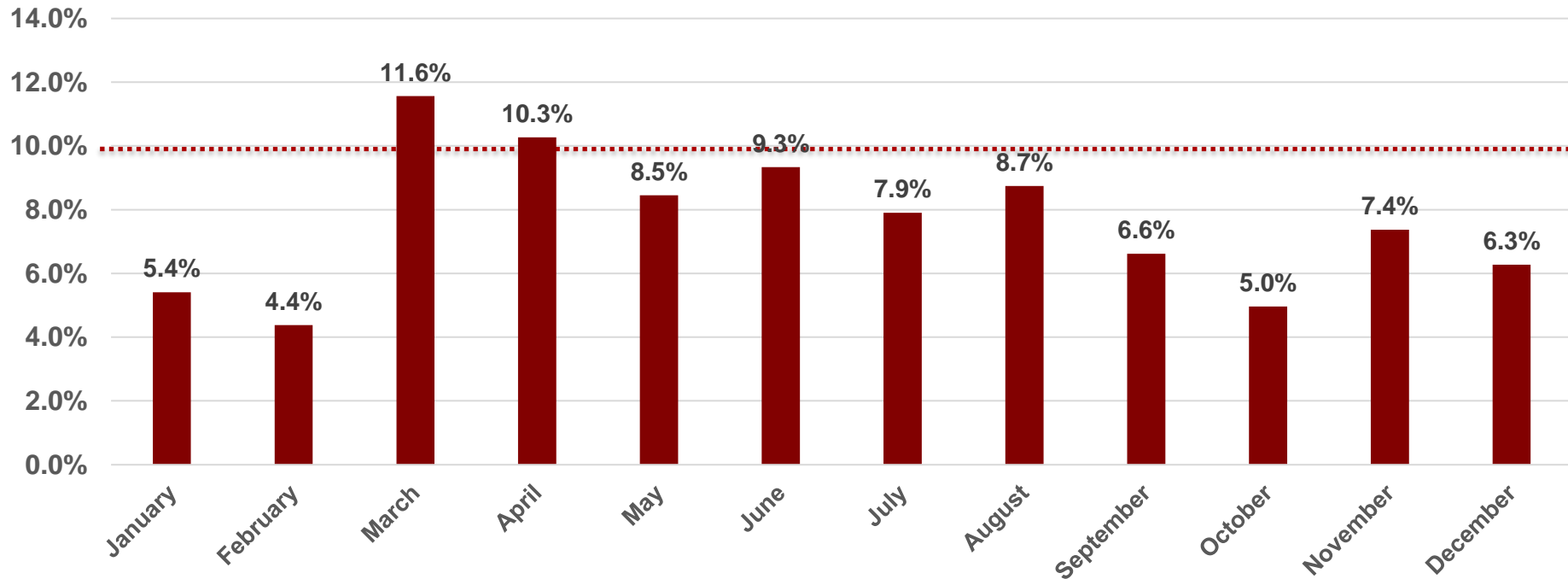
January 2018- December 2019





Percent of Participants with Positive UAs Monthly

January-December 2019

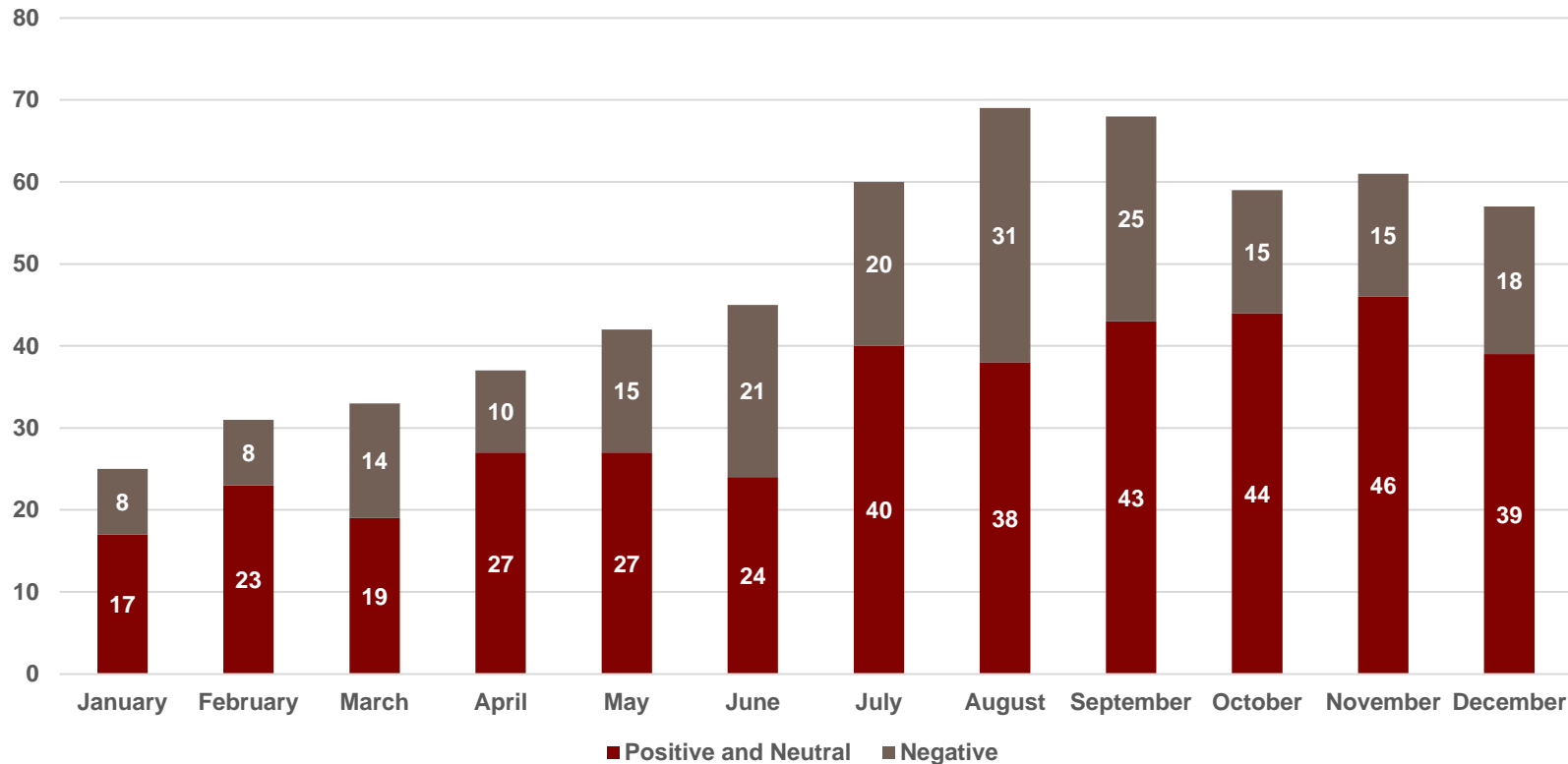


2019 percent of clients with positive UAs (maximum of 10% allowed): **7.5%**



Program Exits

January-December 2019



Exits

Positive: Independently housed or family reunification

Neutral: Moved to another housing subsidy, non-compliance with program but self-pay, or returned to treatment

Negative: Jail, non-compliance with program, relapse without returning to treatment, or AWOL

65.9% Positive or Neutral Exits in 2019 (49.2% Positive and 16.7% Neutral) and 34.1% negative



Program Outcomes: SLCo Jail Recidivism

	Unique Clients	1 Year Prior to Housing	1 Year Post-Housing	Percent Change Pre- and Post-Housing
New Charge Bookings	104*	150	11	-91.3%

	Unique Clients	2 Years Prior to Housing	2 Years Post-Housing	Percent Change Pre- and Post-Housing
New Charge Bookings	7	14	2	-85.7%

Does not include prison or "out of county" incarceration data; does not control for jail cap changes due to overcrowding or diversion efforts during Operation Rio Grande or Justice Reinvestment Initiative Shifts in Drug Charging Practices

***104 clients had new charge bookings in the year prior to sober living participation**

Intensive Supervision Probation (ISP) Program Report July 2015-December 2019

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

FY20 Third Quarter MAT Report

January-March 2020

FY20 MAT Program	
Overall Clients Served	32
Clients with 1+ Injection ¹	29
Total Injections Funded	69
Overall Spend	\$24,145.09
Average Cost per Client	\$754.53
Average Cost per Injection	\$349.93
Vivitrol Doses per Client for the Quarter ²	2.37

Demographic Profile³

Outcome Measures	Intake Measure	Discharge Measure	Change: Intake to Discharge
Positive Living Status	297	345	16.2%
Positive Employment Status	100	166	66.0%
Gross Monthly Income (average)	\$370	\$425	14.9%

¹ Reporting is only for Q3, thus the maximum dosage per client for the quarter is 3.

² Many clients either utilized Medicaid, private insurance, or paid for their own medications.

³ Data not available for clients without treatment records collected in the Salt Lake County dataset (clients coming from the Department of Corrections Treatment Resource Centers or out-of-network providers, Medicaid and self-pay clients, or those who transition to the Patient Assistance Plan (PAP) and wish to not continue case management with the Salt Lake County Vivitrol Program). As clients continue to receive treatment funding through TAM and Expansion Medicaid, their client records become invisible to this analysis.

Recidivism data (September 2015-March 2020)⁴

	All Clients with 1+ Injections	Clients with Booking History Ever	% with Booking History
Client Count	590	525	88.9%

	Total Clients with New Charge Bookings (Booking Count)	Clients Booked Prior (Booking Count)	Clients Booked Post (Booking Count)	Percentage Change Pre and Post (% Change in Booking Count)
1 Year Pre and Post	255 (423)	217 (328)	73 (95)	-66.3% (-71.0%)
2 Years Pre and Post	295 (706)	269 (550)	103 (156)	-61.7% (-71.6%)
3 Years Pre and Post	129 (387)	118 (295)	52 (92)	-59.9% (-68.8%)

⁴ Does not include prison or “out of county” incarceration data; does not control for jail cap changes due to overcrowding or diversion efforts during Operation Rio Grande (ORG); and does not control for Justice Reinvestment Initiative (JRI) shifts in drug charging practices.

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 ~76% and ~88%

↑ # of individuals Accessing Services

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

Vivitrol Program - 66.3% reduction in clients with new charge bookings and a 71% reduction in new charge bookings for participants at 1 year

II. Jail
 Jail MH Services, CATS, CRT, State Jail Competency Restoration Unit, Operation Rio Grande Drug Court Jail Assessments, Jail Medication Assisted Treatment Program (all three FDA approved medications)

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 (2012).

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 - 33.3% reduction in graduate's LS/CMI Risk Scores
 71.1% reduction in new charge bookings

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 (residential program)
 CRT = Community Response
 DORA = Drug Offender Reentry (supervision program)
 ED = Emergency Department
 JDOT = Jail Diversion Outreach Team (ACT "Like" Team)

Sober Living Program
 91.3% reduction in new charge bookings one year post housing

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

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
 SW = Social Work
 UHP = Utah Highway Patrol
 UNI = University Neuropsychiatric Institute
 UPD = Unified Police Department
 USARA = Utah Support Advocates for Recovery Awareness
 VOA = Volunteers of America

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

*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) Mental Health Unit** - 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, Copperton, 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 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 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.
- **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 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 Recovery Court** - The mission of the four Family Recovery Courts 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 service, 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 Road Home as a liaison with the Homeless Resource Centers, 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 treatment “like” 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, and CORE 2, offer services to adult male and female offenders suffering from co-occurring disorders including substance use disorders and serious mental illness. 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 (ACT) Team** - 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 serves 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 severe 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, Housing Connect and Valley Behavioral Health. Additional housing programs through DBHS include HARP, ACT, State Hospital Outplacement Units, Denver Street, and others (totaling approximately 184 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 project to build a 75 unit permanent supportive housing program for individuals with serious mental illness. 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 (quarterly reports provided to Housing Connect). In May 2019, DBHS assumed management of the Sober Living Program. Clients participating in residential treatment ready to step down into outpatient services, the Utah Highway Patrol Frequent Utilizer Program, any Salt Lake County drug court, the Volunteers of America (VOA) Journey program, or recent graduates of CATS will be eligible for the Sober Living Program which offers up to 6 months of funding assistance at a contracted provider that is licensed as a recovery residence. During FY21, DBHS is anticipated to provide approximately 700 clients with sober living vouchers.

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. DBHS provides dedicated Assessment workers seated at CJS with the officers and case managers, and prioritized access to treatment services. Through this model there was 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** - 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 grant dollars will be utilized to maintain these new clinics and expand the jail. MAT programming.