

# **DSAMH Directives**

**Fiscal Year 2022**

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# DSAMH FY2022 DIRECTIVES

## A. GOVERNANCE AND OVERSIGHT

- i. The LAs must annually prepare and submit to the DSAMH a plan approved by the county legislative body for funding and service delivery of substance use and mental health services (Utah Code § 17-43-201 (5)(b)(i) and § 17-43-01(6)(a)(ii)). For FY2022, the required Area Plan from all LAs will consist of forms the DSAMH has developed for Mental Health (Form A), Substance Use Disorder (SUD) Treatment (Form B), SUD Prevention (Form C) and Signature Page (Form D). Each budget and narrative form has been prepared in an electronic format. Do not change any of the formats or formulas. All forms must be completed in the shared DSAMH/Local Authority Google Drive folder. The forms require specific information that is applicable to each program. DSAMH will review the forms with the LA staff and provide instructions on completing them electronically during the annual Area Plan Training to be held Thursday April 1, 2021. The financial information of each form will be assessed by the DSAMH and compared to each LAs audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, B, C, D and the required fee policy and fee schedule, pursuant to Section R523-2-5. The Area Plan packet must be completed by May 15th through the shared DSAMH/Local Authority Google Drive folder. The per service fee schedule must be updated annually with the most recent federal poverty rates and the family rates updated at a minimum of every 3 years.
- iii. All LAs shall complete specific year-end reports that must be submitted to the DSAMH no later than August 31st. The forms will be provided to the LAs no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.
- iv. The LA shall provide an organization chart/listing of staff and subcontractors. Organizational chart shall include prevention and recovery support staff.
- v. Monitoring reports for FY2022 may contain findings and/or further discussion narrative resulting from any red and yellow scores on the SUD Treatment Scorecard, the Mental Health Youth and Adult Scorecards, Consumer Satisfaction Scorecard, and the Client Cost Report. A green score will be regarded as a positive outcome.
- vi. DSAMH will use DHS monitoring documents in the monitoring process which include the following definitions:
  - a. **Compliance**: DSAMH has reviewed and verified that the LA or its designees' performance is sufficient and that it meets the requirements of service delivery and provisions within the contract.
  - b. **Corrective Action**: The use of this contractual compliance term requires 1) a written formal **Action Plan** to be developed, signed, and dated by the LA or

its designee; 2) acceptance by DSAMH evidenced by the dated signature of the DSAMH Director or designee; 3) follow-up and verification actions by DSAMH; and 4) a formal written notification of a return to compliance by the LA or its designee. This notification shall be provided to the Bureau of Contract Management (BCM), the Office of Inspector General (OIG) with a copy placed in the files maintained by DSAMH Administration.

- c. **Action Plan:** A written plan sufficient to resolve a non-compliance issue identified by DSAMH staff. The development of the plan is the primary responsibility of the LA or its designee. Each corrective action plan must be approved by DSAMH staff and should include a date by which the LA will return to compliance. This completion date and the steps by which the corrective action plan will return the LA to contract compliance must be specific and measurable. Each action plan must also include the person(s) responsible to ensure its completion. If requested, the DSAMH will provide technical assistance and guidance in its formulation.
- d. **Recommendation:** The LA or its designee is in compliance. DSAMH will use this term to make a best practice or technical suggestion. The LA is encouraged to implement the suggestion, however implementation is not required.
- e. Each performance inadequacy will be classified according to one of the following classification levels:
  1. **Major Non-Compliance:** Major non-compliance is an issue that affects the imminent health, safety, or well-being of individuals and requires immediate resolution. Non-compliance at this level will require **Corrective Action** sufficient to return the issue to compliance within 24 hours or less. The DSAMH's response to a major non-compliance issue may include the removal of clients from the current setting into other placements and/or contract termination.
  2. **Significant Non-Compliance:** Significant non-compliance is: 1) non-compliance with contract requirements that do not pose an imminent danger to clients but result in inadequate treatment and/or care that jeopardizes the long-term well-being of individual clients; or, 2) non-compliance in training or required paperwork/documentation that is so severe or pervasive as to jeopardize continued funding to the Department and to the LA or its designee. Non-compliance at this level will require that **Corrective Action** be initiated within 10 days and compliance achieved within 30 days.
  3. **Minor Non-Compliance:** Minor non-compliance is a non-compliance issue in contract requirements that is relatively insignificant in nature and does not impact client well-being or jeopardize Department or LA funding. This level of non-compliance requires **Corrective Action** be initiated within 15 days and compliance achieved within 60 days.
  4. **Deficiency:** The LA or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the LA or its designee and require the

appropriate actions necessary to resolve the problem by a negotiated date. This informal plan and negotiated resolution date shall be included as a narrative in the monitoring report response. DSAMH will follow-up to determine if the problem has been resolved and will notify the LA or its designee that the resolution has been achieved by the negotiated date. If the LA or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required. While all findings should be corrected as soon as possible, DSAMH understands due to the timing of the audits and the fiscal year, that the resolution of some findings cannot be completed in a month or two prior to the next fiscal year completion. If the Local Authority resolves the issue but the resolution will not be reflected within a timeframe prior to the next audit, they can petition the division for an extension, while providing a timeframe and procedure for resolution of the issue(s).

- vii. The LA shall perform annual monitoring, as required in contract with DHS and UDOH, utilizing a formalized monitoring tool that describes each area of the review and its outcome. Both the monitoring done by the county and the monitoring by the LA will be reviewed annually by DSAMH during annual monitoring.
  - a. The LA will include copies of current insurance certificates, as outlined in the contract.
  - b. The LA will ensure that providers have current licenses, certifications, BCI checks, code of conduct, harassment training, dual employment and conflict of interest forms by one of the following methods:
    1. keeping physical/electronic copies,
    2. through the Medicaid credentialing process,
    3. annual monitoring;
    4. another monitoring report in the past year that has verified these items.
  - c. The LA will provide documented assurance of monitoring the DHS Contract, upon request from DSAMH which includes uploading documents to the Google Drive.
- viii. For each site visit, random client numbers shall be provided by the DSAMH for chart review. Additional charts may be requested by the monitoring teams to be pulled by the LA for specific populations or areas of concern. The LA shall provide the monitoring team electronic remote access to the selected charts **three weeks** prior to the audit date and all other documents requested by DSAMH at least **two weeks** before the site visit, including passwords and instructions needed to access the files in their electronic health record needed for timely remote access by DSAMH staff. Failure to provide this information within the required timeframe will result in a warning from DSAMH for the FY22 audit. If data was delayed in the FY21 audit, it could warrant a finding for FY22. LAs shall provide internal chart reviews for the two years prior to the current monitoring year. DSAMH will comply with HIPAA, 42 CFR and all other

applicable records review requirements.

- ix. Each LA shall provide an electronic copy of their annual PMHP Financial Report (Medicaid Cost Report) to the DSAMH.
  - a. LAs shall provide DSAMH with the initial submission and also the finalized version of the report after it has been accepted and finalized by Medicaid.
  - b. All sections and schedules of the report must be completed (e.g. Sch 1A WC).
- x. Wherever possible, and for service codes identified by the DSAMH, justification for payment of funds shall be determined by the Current Procedural Terminology Codes (CPT) used in the LAs' Electronic Health Record (EHR) and the rate determined in their most recently approved Medicaid Cost Report. The rate is determined using information from Schedule 4: Dividing amounts listed under column titled *All Allowable Costs From Sched 5* by service units listed under *All MH/SA Service Units*. For services where CPT codes are not used, DSAMH will develop separate standards for justifying payment that may include direct labor and/or current expense costs. In these cases, the LA is responsible to demonstrate that any overhead costs allocated to these non-CPT code expenses are consistent with the overall cost allocation plan (CAP) used by the LA. Where a Medicaid Cost Report has been done, this report becomes the CAP of record for the LA. The LA shall complete Schedule 4 Part II: *Non-covered and Disallowed Services and Costs*, providing the following: a description of each item listed, a service unit definition, all non-covered and disallowed costs and the number of service units provided.
- xi. The LAs shall receive payment via Electronic Funds Transfer (EFT) from the DSAMH. It is the responsibility of each LA to apply for EFT payment services from the Utah Department of State Finance. Please notify DSAMH if a payment is received via check from DSAMH in order for DSAMH to reinstate EFT payments.
- xii. Invoices shall be submitted to DSAMH monthly via electronic billing system established by the DSAMH. Invoices for services shall be submitted by the LAs monthly, dividing billing into discrete calendar month blocks where applicable. LAs shall use electronic billing submission systems provided by the State where applicable and available. DSAMH shall provide payments back within 7-10 days.
- xiii. DSAMH utilizes an electronic signature platform for obtaining signatures in the contracting process. The LAs shall participate in this process by using the electronic signature platform and updating the LA Contract Approval Path file on the shared Google Drive. LAs that are not currently utilizing this process must demonstrate that they are proactively working towards accommodating its use with a detailed written plan.
- xiv. LAs shall develop a disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs in accordance with provided templates and resources. The LA shall provide at least annual training for its staff on its plan. The LA shall

provide DSAMH with a copy of its plan and evidence of staff training. The LA shall evaluate its plan at least annually.

**B. COMBINED MENTAL HEALTH AND SUBSTANCE USE DISORDER DIRECTIVES**

- i. LAs shall continue to establish and/or expand Adult, Youth, and Family Peer Support Services. Certified Peer Specialists and Family Peer Support Specialists who are employed by the LAs are to be integrated meaningfully into all levels of agency process and service, effectively utilizing peer and family voice. LAs shall seek ways to maximize effective on-going training and supervision for peers and peer supervisors specific to the unique make-up, resources and structure of each local area. *DSAMH requires Local Authorities to have policies and procedures to provide guidelines and supports for Certified Peer Support Specialists and Family Peer Support Specialists.*
- ii. LAs shall partner with the DHS High Fidelity Wraparound teams to provide mental health and substance use treatment expertise and individualized services to children and youth with complex needs and their families. Services are based on the client's care plan developed by the child and family team. LAs will be paid for services through a mutually agreed upon cost reimbursement model.
- iii. Suicide prevention, intervention and postvention: FY2022, LAs will continue to participate in and report on suicide prevention, intervention, and postvention activities. LAs shall coordinate and communicate between substance use and mental health prevention, local health departments, and direct treatment services to provide more comprehensive care. This coordination shall be reflected in the overall evaluation and plan.
  - a. Prevention: LAs shall identify current strategies and programs being implemented for suicide prevention, intervention, and postvention. This should include evidence-based strategies and be in alignment with the Utah Suicide Prevention Plan.  
[https://drive.google.com/file/d/1V4cgYvf\\_JGs1CNvBYY2XmoFfwSPQIPM3/view](https://drive.google.com/file/d/1V4cgYvf_JGs1CNvBYY2XmoFfwSPQIPM3/view)
    1. Prevention/Intervention/Postvention strategies and programs should be clearly listed and defined.
  - b. Prevention: LAs should have at least 1 staff member at minimum trained in DSAMH's Suicide Prevention 101 training. Available online starting July 2021.
  - c. Intervention: Records must contain a suicide screener, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.
  - d. Intervention: LAs shall create a training implementation plan for Counseling on Access to Lethal Means (CALM) and report on the number and percentage of staff who completed the training.



(<https://www.train.org/utah/course/1081014/>)

- e. Postvention: LAs shall develop a plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.
  - f. LAs participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program will implement skill-based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits.
  - g. LAs participating in the Comprehensive Suicide Prevention grants will implement primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. Project deliverables include:
    - 1. **By year 2**, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan. Funding recipients shall submit a written postvention response plan and communication protocol for their organization.
    - 2. **By year 3** funding recipients shall submit a written community postvention response plan.
  - h. LAs receiving mini grant funding for the Live On Utah statewide suicide prevention campaign shall submit an implementation and sustainability plan for the implementation of culturally appropriate suicide prevention messaging in their area.
- iv. LAs will promote integrated programs that address an individual's substance use disorder, mental health, intellectual/developmental disabilities, physical health, and criminal risk factors and use a Holistic Approach to Wellness and will:
- a. Identify nicotine use in the assessment. DSAMH recommends use of the Fagerstrom Scale or other validated nicotine dependency tool.
  - b. Provide services in a nicotine free environment.
  - c. Provide appropriate nicotine cessation services and resources (including medication).
  - d. LAs receiving funds from the Substance Abuse Block Grant and Mental Health Block Grant funds for nicotine cessation train-the-trainer or nicotine cessation training (DIMENSIONS) will be required to train at least two groups to provide nicotine cessation annually.
  - e. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.

- f. Train staff in recognizing health issues often seen in the behavioral health population, and provide information and referrals as appropriate.
- v. Justice Services: LAs shall:
  - a. Ensure that all staff responsible for the provision of justice services, directors, clinical directors and others complete the DSAMH Justice Certification online training by June 30, 2022.
  - b. The LA shall prioritize the recommendations from the local Correctional Program Checklist (CPC) Report provided by the University of Utah Criminal Justice Center in SFY 2020 and implement practices or policies to reduce criminogenic risk.
  - c. Every adult client shall have a copy of a criminogenic risk screen documented in their file. DSAMH has approved the LSI-R:SV for all adult clients involved in the criminal justice system or the RANT for clients in a problem-solving court. LAs must seek approval of alternate tools through the annual area plans.
  - d. Allowable expenses: training on risk, need and responsivity, forensic screening & assessments to determine if treatment should be ordered, criminogenic risk screening and assessment, treatment services including medications for individuals without other payer resources, recovery support services as outlined in RSS manual, and care coordination with criminal justice stakeholders.
- vi. LAs shall have access to a telehealth platform. LAs may utilize telehealth to provide services to supplement the continuum of care offered in traditional settings. In providing telehealth services, it is also encouraged to develop policies and procedures that are specific to the provision of services using this technology. Sample guidelines may be found at <http://hub.americantelemed.org/resources/telemedicine-practice-guidelines>.
- vii. All Recovery Support Services provided by the LAs shall be documented and reported in the Substance Abuse Mental Health Information System (SAMHIS) recovery support data specifications file as indicated in the data specs and as approved and directed by the DSAMH.
  - a. Billing Requirements: Services shall be reimbursed based on the approved service rates listed in the most current RSS manual located on the DSAMH website at <https://dsamh.utah.gov/pdf/ATR/FY21%20RSS%20Manual.pdf>.
  - b. Services that are provided outside of the approved list of services will not be reimbursable unless written prior approval is obtained from the DSAMH.

- viii. LAs who engage in the Utah Promoting Integration of Primary and Behavioral Health Care (U-PIPBHC) grant will recognize funding is dedicated to all of the specifications of the SAMHSA request for Proposal, U-PIPBHC Bid application documents and any revisions approved with SAMHSA. LAs will coordinate with DSAMH and SAMHSA in all required planning, implementation, data, billing and reporting requirements in the grant and will hold any subcontractors to the same specifications.
- ix. Each LA will identify a staff member/position responsible to collaborate with DSAMH to develop an “Eliminating Health Disparity Strategic Plan” with long and short term goals and action plans. As part of that Strategic Plan, the short term action plan for 2021-2022 shall include goals, based on the needs assessment recommendations, for each subpopulation (racial/ethnic minorities, LGBTQIA+, people with disabilities, and youth in transition) to address deficiency areas identified in the 2020-2021 health disparity needs assessment.
- x. LAs, sub-recipients and contracted providers shall comply with the following:
  - SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana)*
- xi. Substance Abuse Block Grant and Mental Health Block Grant funds may be used to provide cost-sharing assistance for behavioral health insurance deductibles, coinsurance, and copayments to assist eligible clients receiving service at an eligible provider. Block grants may also be used to help individuals meet their cost-sharing responsibilities under a health insurance or benefits program, including high risk pools.
  - a. Eligible clients include individuals and families below 400 percent of the federal poverty level in need of medically necessary substance use disorder or mental health treatment.
  - b. LAs may develop policy to determine the amount of assistance an individual may receive based on income and family size.
  - c. Block grant funds may only be used to pay for deductibles, coinsurance, and copayments directly related to the provision of medically necessary substance use or mental health treatment.
  - d. All payments shall be made directly to the provider of service.
  - e. Payments shall only be made to public or nonprofit entities.

- f. In all circumstances, cash payments to the intended recipient of health services is strictly prohibited.
- xii. LAs receiving funds from the Utah Emergency COVID-19 Program will provide the following:
- a. For Receiving Centers:
    - 1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (GPRA”) at intake and at 6 months or discharge, whichever is sooner, for individuals receiving medication or Bridge follow-up if either is paid for with Emergency Covid grant funds.
    - 2. Provide written reports on July 1, 2021 and October 1, 2021 that include:
      - (a) Number of admissions to the receiving center.
      - (b) Number of persons provided Medication Assisted Treatment as initiated by the Receiving Center.
      - (c) Number of clients served that are SMI/SUD or co-occurring.
      - (d) Number of healthcare professionals or paraprofessionals served.
      - (e) Number with mental illness that do not meet SMI criteria
    - 3. Meet virtually, or in person, to review progress with the DSAMH) grant staff quarterly as follows: June 2021, September 2021.
  - b. For Residential Centers:
    - 1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (“GPRA”) at intake and at 6 months or discharge, whichever is sooner, for individuals receiving a residential bed with funding that includes Emergency Covid grant funds.
    - 2. Provide written reports on July 1, 2021, October 1, 2021, and July 1, 2022 that include:
      - (a) Number of individuals served.
      - (b) Number of persons provided Medication Assisted Treatment while receiving services at the residential center.
      - (c) Number of clients served that are SMI/SUD or co-occurring.
      - (d) Number of healthcare professionals or paraprofessionals served.
      - (e) Number with mental illness that do not meet SMI criteria
    - 3. Meet virtually, or in person, to review progress with the DSAMH grant staff quarterly as follows: June 2021, September 2021, June 2022.
  - c. For LAs receiving funds for unfunded/underfunded services:
    - 1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (“GPRA”) at intake and at 6 months or discharge, whichever is sooner, for

- individuals receiving services, medication, or recovery supports that are directly funded with Emergency Covid grant funds.
- 2. Provide written reports on July 1, 2021, October 1, 2021, and July 1, 2022 that include:
  - (a) Number of individuals served.
  - (b) Number and description of services provided
  - (c) Number and description of recovery supports provided.
  - (d) Number of clients served that are SMI/SUD or co-occurring.
  - (e) Number of healthcare professionals or paraprofessionals served.
  - (f) Number with mental illness that do not meet SMI criteria
- 3. Meet virtually, or in person, to review progress with the DSAMH grant staff quarterly as follows: June 2021, September 2021, and June 2022.

d. For LAs receiving funds for early intervention programming:

- 1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (“GPRA”) at intake and at 6 months or discharge, whichever is sooner, for individuals receiving services, medication, or recovery supports that are directly funded with Emergency Covid grant funds.
- 2. Provide written reports on July 1, 2021, October 1, 2021, and January 1, 2022 that include:
  - (a) Number of individuals served.
  - (b) Number and description of services provided
  - (c) Number and description of recovery supports provided.
  - (d) Number of clients served that are SMI/SUD or co-occurring.
  - (e) Number with mental illness that do not meet SMI criteria
- 3. Meet virtually, or in person, to review progress with the DSAMH grant staff quarterly as follows: July 2021, October 2021, and January 2022.

xiii. Utah Behavioral Health Planning & Advisory Council (UBHPAC). Title 42-300x-3(c)(1)(B) [or The SAMHSA Block Grant] requires that the Utah Behavioral Health Planning and Advisory Council include representatives from "public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services". Each local authority shall identify an individual to provide regular representation for mental health recovery support at the monthly UBHPAC meetings, preferably by a peer representative but may be a citizen representative from their respective area. Representation for substance use disorder recovery support is also recommended.

**C. MENTAL HEALTH SERVICES**

- i. LAs shall provide a continuum of mental health services that includes the services

outlined in Utah Code § 17-43-301.

- ii. LAs shall use the "unfunded" State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
  - a. Each LA is required to spend their portion of the "unfunded" allocation serving unfunded clients. These funds are subject to the County 20% match requirement.
  - b. This money may not be used for Medicaid match, for services not paid for by Medicaid for a Medicaid client, emergency services or inpatient services.
- iii. Data from the Outcome Questionnaire (OQ) or Youth Outcome Questionnaire (YOQ) shall be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children age five and under).
- iv. High Need Client Care:
  - a. In accordance with Utah Code § 62A-15-631 the Local Mental Health Authorities shall develop tracking and protocols, and shall provide a current list of adults who have been civilly committed or placed in assisted outpatient treatment court ordered to their LA and their providers upon request.
  - b. LAs that receive funding from DSAMH for Assisted Outpatient Treatment (AOT) services shall provide evidence-based services aimed at improving treatment outcomes for adults with Serious Mental Illness (SMI) who are either civilly committed or have an AOT court order, and who have a history of poor treatment compliance following evidence based practices.
  - c. LAs providing Assertive Community Treatment (ACT) and Assertive Community Outreach Treatment (ACOT): LAs shall provide and/or contract for evidence based practices to improve behavioral health and access to mainstream public health benefits to the target population who have serious mental illness. LAs are expected to adhere to Utah Rule governing ACT and follow the SAMHSA ACT Program to fidelity see as follows:  
<https://store.samhsa.gov/>.
- v. LAs that engage in community oriented crisis services shall utilize [SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#) as guidance for development, implementation, and quality improvement efforts.
  - a. LAs that provide Mental Health Crisis Outreach Teams (MCOT) will provide services as outlined in Rule R523-18. Local mental health authorities shall deploy MCOT from the statewide crisis line when requested by the state crisis line without reassessment or re-triage. MCOT teams must deploy to community partners and stakeholders. Deployment priority shall be given to law enforcement, EMS, Fire, 911 dispatch and the statewide crisis line. Any requests to be exempted for any requirement outlined in rule shall be submitted to the DSAMH Director and if approved be attached as an

addendum to the area plan. Area plans should describe all services to be included under “crisis stabilization.” Providers shall attend scheduled coordination meetings with the Utah Crisis Line and DSAMH staff and submit data via MCOT/SMR data spec quarterly on the following dates:

July 1- September 30, due October 20;  
October 1- December 31, due January 20;  
January 1- March 31, due April 20; and  
April 1- June 30, due July 20.

LAs shall attend monthly coordination meetings with Utah Crisis Line and DSAMH staff.

- b. LAs who operate Receiving Centers will provide services as outlined in Utah Code § 62A-15-118 and Rule R523-21 governing receiving centers. LAs shall coordinate with local law enforcement, EMS, 911, and emergency departments, detoxification facilities, and other community stakeholders. Providers shall submit data as outlined in the agreed upon grant agreement. Providers shall use Qualtrics survey as provided by DSAMH or provide written reports on January 31, 2022 and October 1, 2022 that include:
  - 1. Who brought client to the Receiving Center;
  - 2. End of service expectation of discharge disposition;
  - 3. Primary presenting concern;
  - 4. Secondary presenting concern;
  - 5. Law enforcement officer drop off time (for law enforcement officer dropping off);
  - 6. Perception of alternative; and
  - 7. Length of stay in number of hours.
  
- c. LAs who engage with the provision of Stabilization and Mobile Response (SMR) services shall coordinate with DHS, to include the DSAMH SMR Liaison, and Utah Crisis Line regarding service delivery, reporting requirements, quality improvement efforts and reimbursement. The lead LA(s) shall oversee "Administer" and coordinate the delivery of Stabilization and Mobile Response (SMR) services in all counties in their region including subcontracting or coordinating with other LAs, the Utah Crisis Line, Regional Advisory Councils, System of Care: High Fidelity Wraparound, and other providers as necessary to ensure SMR services are available, delivered and performed in accordance with the SMR model as outlined below:
  - 1. Ensure SMR services include triage, mobile response, and stabilization services;
  - 2. Make SMR services available to children, youth and families regardless of custody, status and funding;
  - 3. Deliver SMR services consistent with the SMR Model;
  - 4. Ensure SMR services are based on System of Care values and principles;

5. Ensure Triage service and support to Utah Crisis Line is available 24 hours per day, 7 days a week, year round;
  6. Allow the parent/family/caregiver to define the crisis;
  7. Collect and report agreed upon data and outcome measures to DHS; and
  8. Provide verification of services and authorizations prior to submission of invoices to DHS for payment.
- vi. LAs shall participate in Utah State Hospital (USH) Adult and Children Continuity of Care meetings in accordance with Rule R523-2-12.
- a. Adult Outplacement funds shall be expended as needed up to a level equal to the funding identified in the allocation letter. Services may include: creative interventions, non-covered Medicaid services, wrap-around supports, housing and recovery enhancement of the patient and must be documented within the plan of care. Outplacement expenditures specific to individual patients must be tracked internally. Eligibility includes patients who are currently receiving inpatient care at USH when current available resources to discharge from USH are inadequate to meet the individual's needs, or patients who are targeted for diversion (diversion is defined as preventing or diverting from USH inpatient admission). Patients referred for discharge shall be discharged from USH within 30 calendar days, with consistent documentation in the USH electronic system.
  - b. Written or electronic requests for Children's Outplacement Funds are submitted to DSAMH by the LMHA representative for each individual client. Requests are then reviewed during the Children's Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Behavioral Health Assistant Director.
- vii. FEP: LAs who engage with the First Episode Psychosis (FEP) Mental Health Block Grant (MHBG) set aside programming will recognize funding is dedicated to treatment for those "with early serious mental illness" and not for primary prevention. Participating LAs will recognize that the grant funds cannot be used to supplant current funding of existing activities and will maintain client records, maintain training records, and submit semi-annual reports that follow a template provided by DHS/DSAMH in addition to the following:
- a. Follow the established "Coordinated Specialty Care" (CSC) model adapted from the model found at: <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-manual-i-outreach-and-recruitment.shtml>
  - b. Document cultural background and linguistic preferences, incorporate cultural practice into treatment plan and service delivery, provide services in preferred language (bilingual therapist or interpreter).



- c. Set aside a minimum of \$4,000.00 for flexible funds to provide short-term assistance (e.g., one month rent, car repair) to stabilize the life of the individuals who receive early psychosis services.
  - d. Conduct evaluations to assess the effectiveness and outcomes of the early psychosis program, create an evaluation plan, collect data as outlined in the evaluation plan, and include the evaluation data in the semi-annual reports.
  - e. Develop a plan for sustaining the Program's financial viability.
- viii. In accordance with Utah Code § 62A-15-105.2. Employment First emphasis on the provision of Supported Employment services. The LA shall, in accordance with the requirements of federal and state law and memorandums of understanding between the DSAMH and other state entities that provide services to a recipient, work collaboratively with other agencies to provide Supported Employment services that assist an eligible recipient in obtaining and retaining competitive, integrated, meaningful permanent employment.
- ix. Additional Quality Improvement Strategies
- a. Telehealth- see combined mental health and substance use disorder directives
  - b. Maternal and early childhood mental health
    - 1. Each LA will identify at least one provider that is a specialist in maternal mental health, or will identify a provider to be trained as a specialist in maternal mental health. Specialists will have received 12 hours of maternal mental health training and will be available for in-person and telehealth services. LAs will provide the name and stage of training for each identified maternal mental health specialist annually.
    - 2. Each LA will identify at least one staff member or team to be trained in infant and early childhood mental health to provide evidenced based practices and modalities for children birth to five. LAs, when appropriate, should also refer and collaborate with other early childhood community partners to ensure coordinated treatment and increase support for young children and their families.
- x. Mental Health Early Intervention (MHEI) Funding is reserved for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision should focus on Family Peer Support services, Mobile Crisis Teams, and School-Based Behavioral Health. If funds are received through Local Education Agency (LEA) contracting, report the new funding in Form A2 and Form A. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the MHEI Quarterly Data and Annual Outcomes Report via the Qualtrics survey: [https://utahgov.co1.qualtrics.com/jfe/form/SV\\_43nStXZzUBHtekt](https://utahgov.co1.qualtrics.com/jfe/form/SV_43nStXZzUBHtekt). Funds will be allocated on formula and are subject to the County 20% match requirement.

LAs are encouraged to work with LEAs to offer telehealth based services for children and youth within a school setting. LAs are encouraged to have policies and procedures regarding the provision of telehealth based services in a school setting. Data collection for school based telehealth services shall align with the reporting measures for the MHEI Quarterly Data and Annual Outcomes Report above.

Family Peer Support Specialists may be trained and certified in High Fidelity Wraparound (as defined by nationally accepted evidence based practices and standards for High Fidelity Wraparound).

#### SPECIALTY FUNDING/SERVICES

- xi. Operation Rio Grande: (CITE) Salt Lake County shall provide and/or contract for evidence based practices to improve behavioral health and housing coordination and access to mainstream public health benefits to the target population of homeless and chronically homeless veterans and other homeless individuals who have behavioral health disorders. The Contractor shall provide treatment, case management and Recovery Support Services based on need through and according to the Assertive Community Outreach Treatment (ACOT)/Assertive Community Treatment (ACT) model, to include Housing First, Trauma-informed care, and motivational interviewing. Ensure the assessments of eligible individuals include, but not be limited to, the Service Prioritization and Decision Assistance Tool (SPDAT). Data shall be entered and reportable to DSAMH at least annually or upon request, using the Homeless Management Information System (HMIS) on the following performance measures including the following elements as available, in addition to demographic data: Abstinence from use, Housing status, Employment status, Criminal justice system involvement, Access to services, Retention in services; and Social connectedness; Number of unduplicated individuals served Number of unduplicated individuals housed; Number of individuals receiving mental health treatment; Number of individuals receiving substance use treatment; Number of individuals experiencing housing stability six months or longer; Number of individuals with increased enrollment in mainstream benefits; Number of individuals with increased income overall; Number of individuals with increased earned income. Salt Lake County Behavioral Health shall also coordinate with DSAMH to report to the Legislature as requested according to the original intent language.
- xii. Southwest Behavioral Health Center (SBHC), the principal LA involved with “SafetyNet” shall (CITE) provide short-term mental health services to individuals and families in plural marriage communities who are in a coverage gap and women from restrictive fundamentalists sects who are refugees from FLDS groups recovering victimizations from these groups. Clinical services related to this funding are not intended to supplant established Medicaid coverage but rather to enhance the service delivery capacity available. The primary goal of short-term mental health services funded under these initiatives is to reduce identified mental health symptoms so current and former members of plural marriage communities can increase the likelihood of wellness, recovery and employment.

- a. Program Services: Ensure State General Funds dollars earmarked for the SafetyNet Initiative are utilized to provide short-term mental health services and personal safety and healthy relationship classes to current and former members of polygamous communities ineligible for Medicaid. SBHC may utilize subcontractors to provide short-term mental health services.
- b. SBHC shall ensure that eligibility requirements and/or determination processes are followed as outlined below. Every individual identified as being a current or former member of a polygamous community requesting mental health services and classes who does not have Medicaid will be screened for eligibility for Medicaid. The eligibility screening will 'rule-out' those who clearly do not qualify for Medicaid. For Individuals 'ruled-out': Subcontractors will explore other options for funding including but not limited to insurance, VOCA, other grants, or private-pay. Where no other resources are found, the individuals will be screened to see if they qualify for these funds. Those who qualify will meet all of the following: Have a diagnosable mental illness or substance use disorder or are participating in treatment with a family member with a diagnosis; Have a history or current participation within a plural marriage community; Have no other resource for funding; Are residents of Utah, and are willing to consent to behavioral health treatment or classes. The eligibility screening will 'rule-in' those who have ANY likelihood of qualifying for Medicaid. It will not guarantee eligibility, but will suggest the possibility. SBHC will ensure individuals 'ruled-in' complete a Medicaid application. If the client is enrolled in Medicaid, DHS will then complete the process they use for registering clients with the local Medicaid provider. If the client is denied Medicaid and there is no option for a successful appeal, follow the 'ruled out' process above.
- c. Outcomes/Deliverables. With respect to the purpose of clinical services, a minimum of 30 individuals being served under this contract will receive appropriate clinical treatment and interventions for SafetyNet funding. The treatment and intervention will increase their ability to actively move toward self-sufficiency as mental, emotional, and social barriers are addressed. For individuals who successfully complete services, providers shall conduct pre & post evaluations using an established tool that measures a level of functioning and benefits from services or classes. Compared results should show a reduction in identified mental health symptoms and improvement in overall functioning.
- d. SBHC shall submit at least quarterly reports and an annual report containing the following: Total number of individuals served; Average length of short-term therapy and successful therapy and class completion rate. Of those who successfully complete therapy: Number who do not return for additional services 90 days after completing therapy; Number who do not return for additional services 120 days after completing therapy; Number of individuals identified/served who were transitioned to another funding source.
- e. Reports shall be submitted in an approved file type in accordance with State Fiscal Year quarterly and annual reporting dates.

- xiii. LAs who receive funding through Projects for Assistance in Transition from Homelessness (PATH), will provide or contract for services to assist eligible individuals not funded through other programs. PATH funds are to be used as defined in [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:290cc-22%20edition:prelim\)\](https://uscode.house.gov/view.xhtml?req=(title:42%20section:290cc-22%20edition:prelim)\)
- a. LAs providing PATH services will use the Homeless Management Information System (HMIS) for tracking PATH data and provide to the DHS/DSAMH PATH Program Director or as otherwise directed the following:
1. PATH budget including a cash match of \$1 for every \$3 of federal PATH funds is required. No more than 4% of the federal PATH funds received shall be used for administrative expenses.
  2. PATH Intended Use Plan: Note that the PATH provider shall not expend PATH program funds for Medicaid funded services or other federal match purposes, to purchase or to pay for construction of any building or structure, or any of the PATH eligible client's lease expenses beyond the project period.
  3. Annual Provider Report
  4. Quarterly reports that include at a minimum:
    - (a) At least 50% of the individual clients served should be enrolled in PATH,
    - (b) Of the total eligible PATH individuals served, at least 50% shall be literally homeless in the urban areas and at least 30% in rural areas,
    - (c) Ensure the assessments of PATH eligible clients include, but not be limited to, the Service Prioritization and Decision Assistance Tool (SPDAT).
- xiv. LAs receiving funding appropriated by the Utah State Legislature for the operation of a Behavioral Health Home for individuals with substance use and mental health disorders. The LA shall use the funds to operate a Behavioral Health Home based on an established best practice model.

The LA shall:

- a. Include the Behavioral Health Home as a Cost Center in the Medicaid CostReport if it is to be included as an expense against the budget for allocation.
- b. Submit the following to the DHS/DSAMH Adult Mental Health program administrator a quarterly report due by the 15<sup>th</sup> of the quarter to provide:
  1. Narrative that outlines the major accomplishments, activities and challenges of operating the Behavioral Health Home during the reporting period.
  2. A statistical report that identifies how many unique clients have been served by the behavioral home health, the type of

services received and the number of hours of direct care provided.

3. An outcome report that identifies how many clients from admission to discharge show improved health and functioning related obesity, cholesterol, triglycerides, blood pressure, blood sugar, smoking and mental illness symptomology.

xv. LAs who receive funding for the Autism Spectrum Disorders (ASD) Mental Health Preschool program will focus on providing services for preschool-aged children with ASD, typically aged two through five, and their families, but exceptions are allowed with approval from DSAMH. Services for children include assessment of ASD and related mental health concerns, therapeutic interventions to address ASD needs, and referral to other resources. Parents/guardians and siblings of these children should receive psychoeducation, guidance, and counseling with respect to the child with ASD. Current available funding is for non-Medicaid services. Each program will maintain a minimum constant enrollment of at least 20 children and maintain a waiting list of other eligible children who are not yet enrolled in Kindergarten. Use of evidence-based curriculum in the provision of therapeutic and education services for individuals with autism is expected.

- a. LAs will provide the following;
  1. Data collection, tracking, and monitoring to guide treatment planning and implementation;
  2. Auxiliary services that include but are not limited to psychiatric services including diagnosis and treatment, medication management, case management, and linking families to other treatment and community resources as needed;
  3. Conduct strength-based assessment of each child that includes an evaluation of the child's developmental, cognitive, adaptive, and behavioral functioning;
  4. Develop an individualized treatment plan for each child enrolled.
  5. Coordinate transition planning with the child, parent/guardian and the school district prior to the end of services;
  6. Parents are to participate in the classroom on a weekly basis as their schedule allows;
  7. Provide employee training opportunities to keep current on quality program services. Each employee must receive at least six (6) hours of training yearly.
- b. The LAs shall submit six month progress reports each year by January 31st and an annual report by July 31st. Each progress report must include but are not limited to the following data:
  1. General overview of the autism services provided
  2. Eligibility requirements for the program

3. Achievements/progress/outcomes during the previous six-months
  4. Barriers/Possible solutions or goals
  5. Family satisfaction/input/in-services
- c. The number of:
    1. Preschool children (unduplicated) currently enrolled who received services funded by DHS/DSAMH
    2. Parents/guardians (unduplicated) who received services funded by DHS/DSAMH during the past fiscal year
    3. Siblings (unduplicated) who received services funded by DHS/DSAMH during the past fiscal year
  - d. The number of children currently on a waiting list.
  - e. The number of children in the last six (6) months who:
    1. Have been accepted off of the currently waiting list,
    2. Have aged off of the waiting list,
    3. Have been denied services and the reasons for denial,
    4. Have terminated services and the reason for termination.
  - f. Other program demographics as defined by DHS/DSAMH.
- xvi. LA's who receive funding for the development or delivery of Forensic Peer Support services will provide:
- a. Forensic Peer Support Specialist training and service delivery: LAs shall provide qualified peer support specialists to complete Forensic Peer Support training, practicum sites and supervision.
  - b. Forensic Peer Support Specialist curriculum development: LAs shall collect feedback from trainees and will return feedback to DSAMH.
  - c. Data:

**D. SUBSTANCE USE DISORDER TREATMENT SERVICES**

- i. Early Intervention: LAs shall develop services, activities and strategies designed to intervene with individuals who are misusing alcohol and other drugs. Strategies include:
  - a. For individuals convicted of driving under the influence, conduct a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

- b. Implement evidenced-based indicated prevention strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.
  - c. Work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.
  - c. Provide acute stabilization and withdrawal management to assist individuals withdraw from a psychoactive substance in a safe and effective manner.
  - e. Overdose prevention:
    1. Educate staff to identify overdose and to administer Naloxone;
    2. Maintain Naloxone in facilities; and
    3. Provide Naloxone kits, education and training to individuals with opioid use disorders and when possible to their families, friends, and significant others.
  - f. Conduct outreach and engagement efforts designed to reach individuals who are actively using substances. Telephone contacts and other engagement strategies are encouraged.
  - g. Assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.
- ii. Substance Use Disorder Treatment: The LA shall provide substance use disorder treatment designed to help individuals stop or reduce harmful substance misuse, improve their health and social function, and manage their risk for relapse.
- a. General Treatment Standards:
    1. Clinical services including assessment, withdrawal management, treatment planning, treatment management, care coordination and continuing care management are consistent with the ASAM Criteria.  
<https://www.asam.org/docs/default-source/practice-support/quality-improvement/standards-of-care-final-design-document.pdf?sfvrsn=0>
    2. The LA shall administer the Substance Use Recovery Evaluator (SURE) outcome measure tool at assessment, every 30 days thereafter, and at discharge to every adult admitted to treatment. The SURE outcome score shall be continually reviewed and used to address clients' engagement in recovery and modify their treatment plan.
    3. Medication-Assisted Treatment:
      - (a) Funds allocated by DSAMH shall not be expended by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono product mono product formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine).

- (b) Clients shall be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.
- (c) Medications available by prescription or office-based implantation shall be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider.
- (d) In all cases, medications shall be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial.
- (e) Entities in receipt of funds shall assure that clients will not be compelled to taper or abstain from medications as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

b. Allowable Use of Women's Treatment Funds:

- 1. Serve pregnant women, and women with dependent children and women involved with the Division of Child and Family Services in need of substance use disorder treatment.
- 2. Implement gender-specific substance use disorder treatment and other therapeutic interventions for women that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.
- 3. Provide or arrange for child-care while the parents are receiving services and;
- 4. Therapeutic interventions for the children to address developmental needs, potential for substance use disorders, and issues of sexual and physical abuse and neglect,
- 5. Sufficient case management and transportation services to ensure women and children have access to the services listed above; and
- 6. Ongoing assessment of the children who are in the mothers and children's programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect,
- 7. Medications approved by the FDA for the treatment of substance use disorders.

c. Women and Children's Residential Treatment Salt Lake County, Utah County, Weber and Southwest shall submit a proposal with the area plan that demonstrates:

- 1. the need for continued funding in light of Medicaid expansion and Targeted Adult Medicaid,
- 2. the proposed use of the funds,
- 3. the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities,
- 4. includes a comprehensive budget.



- d. Children with Parent in Residential Treatment Funds (Salt Lake County) Funds for children reunifying in family treatment programs and children living with parents receiving residential substance use disorder treatment services:
  - 1. Priority population: children at risk of permanent removal from their parents.
  - 2. Funds shall be used to pay for the following services:
    - (a) Room and board,
    - (b) Therapeutic day care to address developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect,
    - (c) Case Management and transportation for behavioral and physical health care services,
    - (d) Ongoing assessment that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills, health, including immunization history; interaction with mother and other adults; language and general affect.
  - 3. Funding is contingent on maintaining concurrent residential therapeutic services for children with the goal of reunification with their parent(s).
  - 4. The following measures shall be gathered when services are provided:
    - (a) The number of children remaining with parents and kept out of foster care,
    - (b) The number of treatment days or average length of stay, the average age of the children served, including the number of babies born into treatment,
    - (c) The percentage of parents served will show abstinence from substances at discharge. Target: 90%,
    - (d) The numbers of parents gainfully employed at the time of discharge. Target: 90%,
    - (e) The numbers of families connected to stable housing at discharge. Target: 90%,
    - (f) Salt Lake County shall collect and report data gathered from contracted agencies participating in the program to DSAMH on a quarterly basis, by the 15th of each consecutive month, October 15th, January 15th, April 15th, and July 15.
  
- e. Youth Treatment:
  - 1. Provide a continuum of care for youth which may include prevention, early intervention, treatment services when indicated, continuing care and recovery support.
  - 2. The LA shall develop annual goals to improve access and quality of youth treatment.
  - 3. The LA shall administer the GPRA survey to all clients receiving treatment or recovery services funded by the State Youth Treatment Grant (SYT). The GPRA survey shall be completed at intake, 6-month post intake and discharge.
  
- f. State Opioid Response Grant (SOR, SSOR):

1. SOR Funds are for the provision of evidence-based treatment and recovery support for individuals with opioid use disorders (OUD).
2. SSOR funds are for the provision of evidence-based treatment and recovery support for individuals with opioid use disorders (OUD) and stimulant use disorders.
3. Allowable uses for this funding shall be limited to:
  - (a) Services provided by federally certified Opioid Treatment Programs (OTP) to individuals with OUD.
  - (b) Services provided by Office Based Treatment providers to treat OUD using MAT.
  - (c) Provision of evidence based-behavioral therapies for individuals with OUD.
  - (d) Support innovative telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention and treatment and recovery services.
  - (e) Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of MAT, i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono product mono product mono product mono product formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions.
  - (f) Provide treatment transition and coverage for patients who are incarcerated or who are reentering communities from criminal justice settings or other rehabilitative settings.
  - (g) Enhance or support the provision of Peer Support and other RSS designed to improve treatment access and retention and support long-term recovery to include relapse and suicide prevention efforts for those with OUD. Please refer to the RSS manual for approved services.
4. The LA shall administer the GPRA survey to all clients receiving treatment or recovery services funded with SOR or SSOR. The GPRA survey shall be completed at intake, 6-month post intake and discharge.

g. Drug Court Requirements:

1. Be certified by the Administrative Office of the Courts in accordance with Utah Code of Judicial Administration, Rule 4-409, and retain certification throughout the contracted period. This rule is available online at: <http://www.utcourts.gov/resources/rules/ucja/ch04/4-409.htm>.
2. Ensure drug testing occurs at least two times per week and on weekends and holidays as required by the Utah Code of Judicial Administration, Rule 4-409 and the Judicial Council Monitoring checklist.
3. Serve participants identified as High Risk/High Need by using a validated criminogenic risk tool.
4. Identify and document criminogenic risk and need for substance use disorder treatment in each participant's clinical record.

5. Submit Drug Court Service Reports or any alternative data collection system adopted by DHS/DSAMH annually, and as requested to the DHS/DSAMH Justice Program Manager.
6. Disclose all participant fees related to Drug Court participation (treatment, case management, drug testing, court fees etc.) to individuals prior to their admission:
  - (a) All fees shall be based on the fee policy and fee schedule approved by the LA,
  - (b) Copies of the fee schedule and the fee reduction policy shall be submitted to DHS/DSAMH and the Administrative Office of the Courts (AOC) as part of the LA Area Plan each year.
7. Have no prohibitions against Medication Assisted Treatment (MAT) or a requirement to be abstinent from medications used in addiction treatment in order to enter drug court, progress or complete drug court.
8. Drug Courts or LA that are non-compliant may have funding withheld.
9. Ensure each Drug Court program team member, who interacts or has decision-making authority regarding the participants of the Drug Court process; attend a minimum of eight hours of continuing education per year. The continuing education shall have a focus on substance use disorders.
10. Submit any evaluation or research to the DHS/DSAMH Justice Program Manager within 90 days of completion of the evaluation and research.
11. Use funds for treatment, case management, recovery support and drug testing expenses as required by Utah Code § 78A-5-201(3). Not use funds to pay for law enforcement, tracking or supervision conducted by law enforcement officers.
12. Ensure that participants meet with the Department of Workforce Services (DWS) and/or health care navigators to determine eligibility for Medicaid, other public insurance or commercial insurance throughout their episode of care with Medicaid enrollment.
13. Drug Court Funding shall be determined in accordance with the Director of the Department of Human Services, the Director of the Department of Corrections and the State Courts Administrator as required by Utah Code § 78A-5-201(2)(b).
14. Drug Courts that are non-compliant with Drug Court certification standards may have drug court funding withheld by DSAMH.
15. LSAA's shall notify DSAMH of any court changes including court closures, changes in judges or court coordinators.
16. Funds from the Bureau of Justice (BJA) grant shall be used in accordance with the project proposal submitted and approved by the DSAMH BJA Grant Administrator:
  - (a) The LA shall document and provide verification of federal match funds,
  - (b) Any Recovery Support Services (RSS) services shall be provided in accordance with the RSS manual. Any RSS services provided that are not in the RSS manual will be denied reimbursement.
  - (c) RSS data shall be submitted to the SAMHIS RSS file under the BJA under BJA contract file.
  - (d) Quarterly data reports shall be submitted using a google document

survey report to the BJA Grant Administrator on January 30, April 30, July 30, October 31.

- h. Recovery Residence Housing (SLF):
  - 1. Purpose: Recovery Residences provide drug and alcohol free housing to clients who are at risk for relapse as a result of their current housing situation.
  - 2. Recovery Residences shall be licensed by the Department of Human Services Office of Licensing as one of the following:
    - (a) a residential support agency as defined in Utah Code § 62A-2-101
    - (b) as a residential treatment agency as defined in 62A-2-101 that is associated with the sober/transitional housing unit
    - (c) a Recovery Residence Utah Code as defined in § 62A-2-101.

**E. SUBSTANCE USE DISORDER PREVENTION SERVICES**

- i. General Prevention Requirements: The Local Substance Abuse Authority (LA) shall work with communities using an evidence based community system to implement Community Centered Evidence Based Prevention (CCEBP), such as Communities that Care (CTC), PROSPER, or CADCA Coalition Academy, to implement the Strategic Prevention Framework (SPF) [A Guide to SAMHSA's Strategic Prevention Framework](#)
  - a. The CCEBP Community should be defined by the following:
    - 1. Serving the communities that feed into a common high school; or
    - 2. Serving one of the 99 small areas within Utah; or
    - 3. Any other definition with DSAMH approval.
  - b. All prevention personnel including contracted staff, are certified in the Utah Substance Abuse Prevention Specialist Training (SAPST) and recertified at least every 3 years. It is an option to certify all LA prevention coordinators in Universal Prevention Curriculum (UPC) as an alternative to SAPST.
  - c. Provide Logic Models for programs funded through LA (regardless of funding) Identify funding sources on the logic model. Use a DSAMH approved logic model.
  - d. Submit an annual Logic Model Review by November 15th of each year that summarizes performance of prevention programs policies and strategies based on the short and long term outcomes identified in the approved logic models.
  - e. Each LA shall spend a minimum of 30% of SAPT Block Grant funds on prevention policies, programs, strategies, and administration.
  - f. A budget for all prevention discretionary funding must be submitted on the Form C Budget. Additional budget justification may be requested as needed.

- g. All expenditures must adhere to OMB Circular A-87 spending and grant reporting requirements for use of federal funds to determine all costs and reimbursements with DSAMH. A copy of the OMB document will accompany these directives.
  - h. Use principles as outlined in the NIDA Research Guide for Preventing Drug Use Among Children and Adolescents (Redbook) as a guide for implementing the Strategic Prevention Framework.  
[http://www.drugabuse.gov/sites/default/files/preventingdruguse\\_2.pdf](http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf).
  - i. Increase the number of evidence-based, as defined by [DSAMH Evidence Based Workgroup](#), policies, programs and strategies to a standard of 90%. The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to the Evidence Based Workgroup (EBW) within one year.
  - j. The LA shall submit an annual report (Budget Form C Actuals) that documents the number and costs of evidence based policy, programs and strategies each year no later than August 31st.
  - k. Billing Requirements for Prevention: The LA shall submit monthly invoices with sufficient detail to ensure that DHS/DHS/DSAMH can attribute billings to specific prevention activities. The invoices shall include Universal, Selective, and Indicated categories found on the Form C Budget sheet.
- ii. LA's in receipt of CTC funds must adhere to the following:
- a. Hire a CTC Coordinator and implement the CTC process.
  - b. The CTC coordinator will work closely with the LA prevention coordinator to ensure CTC is implemented with fidelity.
  - c. The CTC/FPL funding must be matched by both dollars and in-kind contributions by county, city or community partners.
  - d. Funds are primarily to be used for the CTC Coordinator position but the LA may use a portion of these funds, with permission from DHS/DSAMH program manager, to fund additional prevention activities as described in the CTC model as found at [www.communitiesthatcare.net](http://www.communitiesthatcare.net).
  - e. The LA shall:
    - 1. Ensure CTC training and technical assistance to the CTC coordinator within 60 days of coordinator hire date and proceeding as outlined in the CTC planning model found at [www.communitiesthatcare.net](http://www.communitiesthatcare.net).
    - 2. Monitoring the CTC Coordinator's performance to ensure fidelity to the CTC program guidelines.
    - 3. Using the DSAMH approved CTC report template, provide annual progress reports, due December 31 of each year to the DHS/DSAMH program manager that shall include progress reports on the phases of CTC implementation.

4. The CTC Coordinator shall be certified in the Substance Abuse Prevention Specialist Training and CTC coordinator training within one year of the coordinator's start date. The LA must email a copy of the completion certificates to the DHS/DSAMH program manager within one month of the completion date.
5. Ensure that prevention is delivered with high-fidelity as defined in the Communities of Care model, Community Plan Implementation Training Module 3:  
([http://www.sdr.org/ctcresource/Community%20Plan%20Implementation%20Training/Trainer%20Guide/CPIT\\_TG\\_mod3.pdf](http://www.sdr.org/ctcresource/Community%20Plan%20Implementation%20Training/Trainer%20Guide/CPIT_TG_mod3.pdf)).

iii. Carbon County Prevention Initiative:

- a. Funding shall be used by Southeast Health Department and Four Corners Behavioral Health to accomplish the following goals:
  1. Decrease opioid misuse and opioid overdose deaths in Carbon County;
  2. Decrease suicide attempts and suicide deaths in Carbon County;
  3. Increase evidence-based prevention activities in Carbon County.
- b. Southeast Health Department shall hire a full time Opioid Prevention/Intervention Specialist: to provide services which may include:
  1. Increase community readiness to deploy evidence based prevention programs, strategies and policies.
  2. Participate in community coalitions to address the risk and protective factors associated with opioid misuse and overdose.
  3. Provide Hepatitis C and HIV education and care coordination;
  4. Coordinate care for individuals/families after an overdose;
  5. Collaborate with community and other partners on using a statewide campaign as a foundation to develop a local public health campaign to increase awareness of and decrease opioid misuse and opiate overdose.
    - (a) Extend the reach of existing Statewide “Use Only as Directed and/or Stop the Opidemic” campaigns to increase awareness and decrease opioid-related problems.
  6. Collaborate with community and other partners to educate community members of the usefulness of Naloxone, and distribute naloxone.
  7. Provide training to teachers, hospitals, coalition members, schools and the public.
- c. Southeast Health Department shall hire a full time Suicide Prevention/Intervention Specialist: to provide services which may include:
  1. Increase community readiness to deploy evidence based suicide prevention programs, strategies, policies.

2. Participate in community coalitions to address the risk and protective factors associated with suicide ideation, suicide attempts and suicide deaths.
3. Coordinate care including crisis response and bereavement supports for individuals/families after suicides and attempts.
4. Promote the state suicide prevention campaign, Live On Utah, designed to reduce stigma and increase help-seeking behaviors.
5. Aim to decrease the stigma of mental illness.
6. Provide or coordinate Mental Health First Aid and QPR Trainings.
7. Work to identify and incorporate shared risk and protective factors into a Suicide Prevention plan for Southeast Health District/Carbon that includes universal, selective and indicated prevention.
8. Build partnerships with firearm retailers and advocates, schools, healthcare organizations, community coalitions, and organizations that serve BIPOC and LGBTQ+ individuals.
9. Southeast will continue to participate in and report on suicide prevention, intervention, and postvention activities. Southeast shall coordinate and communicate between substance use and mental health prevention and direct treatment services to provide more comprehensive care. This coordination shall be reflected in the overall evaluation and plan.
  - (a) Prevention: Southeast shall identify current strategies and programs being implemented for suicide prevention, intervention, and postvention. This should include evidence-based strategies, and be in alignment with the Utah Suicide Prevention Plan. [https://drive.google.com/file/d/1V4cgYvf\\_JGs1CNvBYY2XmoFfwSPQIPM3/view](https://drive.google.com/file/d/1V4cgYvf_JGs1CNvBYY2XmoFfwSPQIPM3/view)
  - (i) Prevention/Intervention/Postvention strategies and programs should be clearly listed and defined.
    - (1) Examples of prevention programs may include: social emotional learning, primary prevention school-based programs such as Botvins Life Skills or Second Step, and other strategies that reduce risk and enhance protection.
    - (2) Examples of Intervention programs may include: gatekeeper training, mental health screening and risk assessments, and crisis services.
    - (3) Examples of postvention strategies may include postvention planning/crisis response planning and grief support groups.
  - (b) Prevention: Southeast should have at least 1 staff member at minimum trained in DSAMH's Suicide Prevention 101 training. Available online starting July 2021.
  - (c) Intervention: LAs shall create a training implementation plan for gatekeeper training and community-based implementation of CALM. (<https://www.train.org/utah/course/1081014/>)

- (d) Postvention: Southeast shall develop a plan for coordination with the and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.
  - d. Four Corners Counseling Center shall employ a full time therapist (Masters level credential and licensed in the State of Utah) to provide services that may include:
    - 1. Assess individuals incarcerated in jail and identify clinical and social needs and public safety risks;
    - 2. Plan for the treatment and services required to address the individual's needs, both in custody and upon reentry;
    - 3. Identify required community and correctional programs responsible for post-release services;
    - 4. Coordinate transition to avoid gaps in care with community-based services;
    - 5. Provide treatment services in the county jail;
    - 6. Expand crisis center staffing & managing 24-7 crisis services.
  - e. Reporting requirements: Southeast Health Department and Four Corners Counseling Center will work individually with DSAMH to provide necessary data on their performance including:
    - 1. Identification of performance metrics for each component of this project that include baseline data, and targets.
    - 2. Completion of a brief annual report that outlines project outcomes, challenges and accomplishments to be submitted by September 1 of each year.

**F. MENTAL HEALTH AND SUBSTANCE USE DISORDER DATA**

- i. Substance Use Disorder and Mental Health Data Reporting Deadlines
  - a. All information and outcomes system data are to be submitted electronically.
  - b. Providers shall submit the substance use disorder “Treatment Episode Data Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE), Recovery Support Services (RS) and Indicated Prevention (IP) data monthly for the prior month (on or before the last day of every month).
- ii. Substance Use Disorder, Mental Health, Prevention Data and Outcome Reporting Requirements
  - a. The Information System Data Set for Mental Health is the MHE.
  - b. The Information System Data Set for Substance Use Disorders is the TEDS.



- c. The Information System Data Set for Substance Use Disorder Event Data is the SUD.
- d. The Information System Data Set for Recovery Support Services is the RS.
- e. The Information System Data Set for Indicated Prevention is IP.
- f. The Information System Data Set for MCOT/SMR is SR
- g. The Information System Data Set for Universal and Selected Prevention is DUGS (Data User Gateway System).
- h. Data Specifications are available for download from the DSAMH website at <https://dsamh.utah.gov/reports/data-specs>.
- i. Electronic submissions must be made through the SAMHIS file utility app, or other method as instructed by DSAMH staff.
- j. Outcomes system for Mental Health data includes:
  - 1. Adults:
    - (a) OQ<sup>®</sup> 45.2 - Adult Outcome measure (ages 18+);
    - (b) OQ<sup>®</sup> 30.0 – Adult Outcome measure (ages 18+);
    - (c) SOQ<sup>®</sup> 2.0 - SMI Outcome instruments (self or clinician); and
    - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
  - 2. Children/Youth:
    - (a) YOQ<sup>®</sup> 30.1;
    - (b) YOQ<sup>®</sup> 2.01 - Youth Outcome measure (ages 4-17);
    - (c) YOQ<sup>®</sup> 2.01SR - Youth Outcome measure (ages 12-18);
    - (d) YOQ<sup>®</sup> 30.1 - Omni form Youth Outcome measure (ages 4-17); and
    - (e) YOQ<sup>®</sup> 30.1SR Omni form Youth Outcome measure (ages 12-18).
    - (f) Youth Satisfaction Survey (YSS) Consumer Survey.
  - 3. Parents/Youth:
    - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
    - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
- k. Outcomes system for Substance Use Disorder data includes:
  - 1. Adults:
    - (a) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
    - (b) Substance Use Recovery Evaluator (SURE) tool.
  - 2. Children/Youth:
    - (a) Youth Satisfaction Survey (YSS) Consumer Survey.
  - 3. Parents/Youth:
    - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
    - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
- 1. LAs shall meet a 10% MHSIP survey sampling of Adult clients reported in

the fiscal year and should meet a positive outcome of at least 75% of the national averages in consumer reported domains.

- m. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).
  - n. Data findings may result for substance use disorder providers when old open non-methadone outpatient or intensive outpatient admissions, opened more than 2 years prior (and clients are no longer in service), account for more than 4% of clients served for a given fiscal year, or for any residential and/or detox admissions open for more than 2 years prior.
  - o. Data findings may result if performance measures and/or scorecard results, used for contract monitoring, are determined to be inaccurately reported by the provider.
  - p. Providers who contract out for services are required to report client service data to the DSAMH for these clients regardless of who is providing the service or where that service is being provided and should be reported in the approved through the appropriate data system.
  - q. With emphasis on Employment First, mental health providers will update employment status in event files in accordance with the published data specification.
- iii. Adult and Youth Consumer Satisfaction Surveys
- a. The Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS/YSS-F) Method
    - 1. Introduction: The MHSIP is a self-report consumer satisfaction survey for adults in mental health and/or substance use disorder treatment. There are two parallel versions of the survey for youth in substance use disorder and/or mental health treatment, one for youth (YSS) and one for children and youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
    - 2. Data Collection Procedures: The surveys are available in English and Spanish. The surveys are given as a point-in-time convenience survey during the approved survey period (from January 1<sup>st</sup> through May 1<sup>st</sup> of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The MHSIP is given to adult substance use disorder and mental health consumers regardless of the modality of treatment or length of stay in treatment. The YSS survey is given to open youth (ages 12-17) substance use disorder and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the

- children/youth consumer (all ages).
3. Scoring and Data Analysis:
    - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
    - (b) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers based on the appropriate age population for each survey. Only youth 12-17 will be counted in clients served for the YSS, but all children/youth under the age of 18 will be counted in the client counts for the YSS-F. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
    - (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
    - (d) Comparison from the previous year's scorecard will be shown.
  - iv. OQ/YOQ Requirements and Reporting Guidelines:
    - a. DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs who experience serious mental illness or serious emotional disturbance as defined by the Utah scale on serious mental illness including substance use disorders and the Utah scale for children/adolescents with serious emotional disorders. The instruments will require repeated administrations.
    - b. DSAMH will require that the OQ/YOQ be given to patients and consumers who experience serious mental illness or serious emotional disturbance. At intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).
    - c. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments to individuals who experience serious mental illness or serious emotional disturbance at every encounter for relevant services. The instruments are to be completed by the patient/consumer or by the parent/guardian for consumers under the age of 12.
    - d. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires a policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
    - e. Scoring and Data Analysis:
      1. DSAMH will be a user of this system, similarly to LMHAs, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with

- LMHAs and used to inform others regarding system effectiveness and clinical best practice.
  - 2. Clients who receive an assessment only service, or are served while in jail during the course of the reporting period, will be excluded from the client served denominator.
  - 3. Children 5 and under will be excluded from the client served denominator.
  - 4. LMHAs will be required to satisfy frequency requirements for a majority of the annual unduplicated number of clients served (denominator used for clients participating scorecard measure).
  - 5. LMHAs who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red and may receive a finding in the audit report.
  - 6. Client match rates for clients with serious mental illness and serious emotional disturbance must exceed 90% for the provider to be included in the outcome results. This will result in the provider not having results shown on the scorecard with insufficient data and may result in a finding. It is highly recommended that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health Record (EHR) so identifying data items are kept accurate in the OQA system.
- v. Substance Use Disorder Universal and Selective Prevention Data: The LA shall enter prevention data into the DSAMH approved system within 45 calendar days of the delivery of service.

## G. PERFORMANCE MEASURES

- i. Mental Health Performance Measures:
  - a. The mental health scorecard shall be used to measure performance. Monitoring reports for FY2021 shall contain automatic findings resulting from any red scores, a yellow score shall indicate need for further review and a green (or black) score shall be reported as a positive outcome in the monitoring report.
  - b. Performance indicators on the scorecard will be reviewed with the centers by the DSAMH during monitoring visits.
  - c. For successful performance, the Local Mental Health Authorities shall meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment; Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment and/or unemployed but seeking work); Enrolled/Attendance in School; Supported Housing; Clients Served; Unfunded Clients Served; Percent in Need Served; Percent in Need SMI/SED Served and Clients Served in Jail/Justice Services. Providers are encouraged during FY2021 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School

Enrollment/Attendance, and Criminal Justice Involvement).

- ii. Substance Use Disorder Performance Measures FY2022. Achievement of these measures will be reviewed in the annual site visit.
  - a. Prevention:
    - 1. Prevalence of perceptions of harm/risk for youth related to substance use and for specific substances, including alcohol, tobacco products, marijuana, cocaine, prescription drugs, methamphetamine, and heroin(proposed).
    - 2. Percent of retail establishments within the LA area that refused to sell tobacco to minors during Synar tobacco compliance checks. (Target for FY2022 is 90%).
    - 3. Number of “Eliminate Alcohol Sales to Youth” (EASY) alcohol compliance checks within the LA area. (Target for FY2021 is an increase from the previous year.).
    - 4. Percentage of communities within LA (identified in area plan) using an evidence based operating system.
    - 5. Number of non-prevention professional coalition members that attend a prevention conference. (CADCA, NPN, Coalition Summit, Fall Conference, etc.).
  - b. Early intervention (harm reduction, screening, assessment, indicated prevention, youth treatment):
    - 1. Number of naloxone kits distributed, and number of naloxone prescriptions dispensed (proposed).
    - 2. Number of individuals initiating and completing DUI educational series (Prime for Life) (Proposed)
    - 3. Number and rate of criminogenic risk screens (LSI-R:SV) completed.
    - 4. Number of clients screened for substance use disorders (proposed)
    - 5. Number of indicated prevention programs implemented. (proposed)
    - 6. Number of individuals (youth and adults) initiating and completing an indicated prevention program proposed)
  - c. Treatment:
    - 1. Percentage of individuals with alcohol and opioid use disorder receiving any form of MAT in the past year (Proposed).
    - 2. Number of individuals receiving methadone, buprenorphine, and extended release naltrexone in opioid treatment programs.
    - 3. The percentage of clients who remain in treatment over 90 days.
    - 4. The percentage of clients with a successful completion of an episode of treatment without a readmission within 30 days.
    - 5. The percentage of clients completing the DSAMH required client satisfaction surveys (MHSIP, YSS, and YSF).
    - 6. The percentage of clients with opioid use disorder served with SOR funds that complete the GPRA (Proposed).
    - 7. Percent of justice involved clients with identified criminogenic risk.
    - 8. Percent of clients completing SURE Outcome Tool (New)
    - 9. Number of pregnant women or women with children entering substance use disorder treatment (proposed)

10. Number of adolescents entering substance use disorder treatment (proposed)
- d. Recovery Support Services
    1. Number of communities with a recovery community organization (proposed)
    2. Number of peer recovery coaches working in community settings (proposed)
- iii. Substance Use Disorder Client and Community Outcome Measures FY2022. Achievement of these measures will be reviewed in the annual site visit
    - a. Prevention
      1. Percent of youth alcohol use within the past 30 days;
      2. Percent of youth and adult prescription drug misuse within the past 30 days;
      3. Percent of youth marijuana use within the past 30 days;
      4. Percent of youth nicotine use, including e-cigs within the Past 30 day use;
      5. Adult binge drinking rates.
    - b. Early Intervention
      1. Percent of DUI educational series participants with improved attitudes and behaviors as measured by Prime For Life Pre and Post test;
      2. Number and rate of DUI arrests and convictions;
      3. Reduction in drug overdose deaths; and
      4. Number of persons served through pre-booking jail diversion through law enforcement use of access to Receiving Centers for screening and assessment (New).
    - c. Treatment
      1. Decreased alcohol use at discharge.
      2. Increased abstinence from alcohol at discharge.
      3. Decreased drug use at discharge.
      4. Abstinence from drug use at discharge.
      5. Increased employment or school participation.
      6. Percentage of clients with no arrests within 30 days of discharge.
      7. Decreased criminal justice involvement at discharge.
      8. Decreased tobacco use.
      9. Percentage of clients on probation or parole with successful termination of supervision (proposed).
      10. Percentage of clients involved in civil custody cases with successful resolution of child welfare cases (proposed).
      11. Overall outcomes score on SURE outcome tool (New).
    - d. Recovery Support Services
      1. Percentage of clients voluntarily participating in community recovery support organization or activity at discharge.

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## **Changes made to FY2022 Division Directives**

### **Division of Substance Abuse and Mental Health**

## **DSAMH FY2022 DIRECTIVES**

### **A. GOVERNANCE AND OVERSIGHT**

- i. As required by statute, all Local Authorities must [The LAs must annually](#) prepare and submit to the Division [DSAMH](#) a plan approved by the county legislative body for funding and service delivery of [substance use and mental health services \(Utah Code § 17-43-201 \(5\)\(b\)\(i\) and § 17-43-01\(6\)\(a\)\(ii\)\)](#). For FY2022, the required Area Plan from all [LAs](#) will consist of forms the [DSAMH](#) has developed for Mental Health (Form A), Substance Use Disorder (SUD) Treatment (Form B), SUD Prevention (Form C) and [Signature Page \(Form D\)](#). Each budget and narrative form has been prepared in an electronic format. Do not change any of the formats or formulas. All forms must be completed in the shared [DSAMH/Local Authority Google Drive](#) folder. The forms require specific information that is applicable to each program. [DSAMH](#) will review the forms with the [LA](#) staff and provide instructions on completing them electronically during the annual Area Plan Training to be held [Thursday April 1, 2021](#). The financial information of each form will be assessed by [DSAMH](#) and compared to each [LAs](#) audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-2-5. The Area Plan packet must be completed by May 15th through the shared [DSAMH/Local Authority Google Drive](#) folder. [The per service fee](#)



schedule must be updated annually with the most recent federal poverty rates and the family rates updated at a minimum of every 3 years.

- iii. All LAs shall complete specific year-end reports that must be submitted to the DSAMH no later than August 31st. The forms will be provided to the LAs no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.
- iv. The Local Authority LA shall provide an organization chart/listing of staff and subcontractors. Organizational chart shall include prevention and recovery support staff.
- v. Monitoring reports for FY2022 may contain findings and/or further discussion narrative resulting from any red and yellow scores on the SUD Treatment Scorecard, the Mental Health Youth and Adult Scorecards, Consumer Satisfaction Scorecard, and the Client Cost Report. A green score will be regarded as a positive outcome.
- vi. DSAMH will use the following definitions DHS monitoring documents in the monitoring process: which include the following definitions:
  - a. **Compliance:** DSAMH has reviewed and verified that the LA or its designees' performance is sufficient and that it meets the requirements of service delivery and provisions within the contract.
  - b. **Corrective Action:** The use of this contractual compliance term requires 1) a written formal **Action Plan** to be developed, signed, and dated by the LA or its designee; 2) acceptance by DSAMH evidenced by the dated signature of the DSAMH Director or designee; 3) follow-up and verification actions by DSAMH; and 4) a formal written notification of a return to compliance by the LA or its designee. This notification shall be provided to the Bureau of Contract Management (BCM), the Office of Inspector General (OIG) with a copy placed in the files maintained by DSAMH Administration.
  - c. **Action Plan:** A written plan sufficient to resolve a non-compliance issue identified by Division reviewers. DSAMH staff. The development of the plan is the primary responsibility of the LA or its designee. Each corrective action plan must be approved by DSAMH staff and should include a date by which the yLA will return to compliance. This completion date and the steps by which the corrective action plan will return the LA to contract compliance must be specific and measurable. Each action plan must also include the person(s) responsible to ensure its completion. If requested, the Division DSAMH will provide technical assistance and guidance in its formulation.
  - d. **Recommendation:** The LA or its designee is in compliance. DSAMH will use this term to make a best practice or technical suggestion. The LA is encouraged to implement the suggestion, however implementation is not required.

- e. Each performance inadequacy will be classified according to one of the following classification levels:
1. **Major Non-Compliance:** Major non-compliance is an issue that affects the imminent health, safety, or well-being of individuals and requires immediate resolution. Non-compliance at this level will require **Corrective Action** sufficient to return the issue to compliance within 24 hours or less. The DSAMH's response to a major non-compliance issue may include the removal of clients from the current setting into other placements and/or contract termination.
  2. **Significant Non-Compliance:** Significant non-compliance is: 1) non-compliance with contract requirements that do not pose an imminent danger to clients but result in inadequate treatment and/or care that jeopardizes the long-term well-being of individual clients; or, 2) non-compliance in training or required paperwork/documentation that is so severe or pervasive as to jeopardize continued funding to the Department and to the LA or its designee. Non-compliance at this level will require that **Corrective Action** be initiated within 10 days and compliance achieved within 30 days.
  3. **Minor Non-Compliance:** Minor non-compliance is a non-compliance issue in contract requirements that is relatively insignificant in nature and does not impact client well-being or jeopardize Department or LA funding. This level of non-compliance requires **Corrective Action** be initiated within 15 days and compliance achieved within 60 days.
  4. **Deficiency:** The LA or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the LA or its designee and require the appropriate actions necessary to resolve the problem by a negotiated date. This informal plan and negotiated resolution date shall be included as a narrative in the monitoring report response. DSAMH will follow-up to determine if the problem has been resolved and will notify the LA or its designee that the resolution has been achieved by the negotiated date. If the LA or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required. While all findings should be corrected as soon as possible, DSAMH understands due to the timing of the audits and the fiscal year, that the resolution of some findings cannot be completed in a month or two prior to the next fiscal year completion. If the Local Authority resolves the issue but the resolution will not be reflected within a timeframe prior to the next audit, they can petition the division for an extension, while providing a timeframe and procedure for resolution of the issue(s).
- vii. The LA shall perform annual monitoring, as required in contract with DHS and UDOH, utilizing a formalized monitoring tool that describes each area of the review and its outcome. Both the monitoring done by the county and the monitoring by the LA will be reviewed annually by DSAMH during annual

monitoring.

- a. The LA will include copies of current insurance certificates, as outlined in the contract.
  - b. The LA will ensure that providers have current licenses, certifications, BCI checks, code of conduct, harassment training, dual employment and conflict of interest forms by one of the following methods:
    1. keeping physical/electronic copies,
    2. through the Medicaid credentialing process,
    3. annual monitoring;
    4. another monitoring report in the past year that has verified these items.
  - c. The LA will provide documented assurance of monitoring in the DHS Contract, upon request from DSAMH which includes uploading documents to Google Drive.
- viii. For each site visit, random client numbers shall be provided by DSAMH for chart review. Additional charts may be requested by the monitoring teams to be pulled by the LA for specific populations or areas of concern. The LA shall provide the monitoring team electronic remote access to the selected charts **three weeks** prior to the audit date and all other documents requested by DSAMH at least **two weeks** before the site visit, including passwords and instructions needed to access the files in their electronic health record needed for timely remote access by DSAMH staff. Failure to provide this information within the required timeframe will result in a warning from DSAMH for the FY22 audit. If data was delayed in the FY21 audit, it could warrant a finding for FY22. LAs shall provide internal chart reviews for the two years prior to the current monitoring year. DSAMH will comply with HIPAA, 42 CFR and all other applicable records review requirements.
- ix. Each LA shall provide an electronic copy of their annual PMHP Financial Report (Medicaid Cost Report) to DSAMH.
- a. LAs shall provide DSAMH with the initial submission and also the finalized version of the report after it has been accepted and finalized by Medicaid.
  - b. All sections and schedules of the report must be completed (e.g. Sch 1A WC).
- x. Wherever possible, and for service codes identified by the DSAMH, justification for payment of funds shall be determined by the Current Procedural Terminology Codes (CPT) used in the LAs' Electronic Health Record (EHR) and the rate determined in their most recently approved Medicaid Cost Report. The rate is determined using information from Schedule 4: Dividing amounts listed under column titled *All Allowable Costs From Sched 5* by service units listed under *All MH/SA Service Units*. For services where CPT codes are not used, DSAMH will develop separate standards for justifying payment that may include direct labor and/or current expense costs. In these cases, the LA is responsible to demonstrate

that any overhead costs allocated to these non-CPT code expenses are consistent with the overall cost allocation plan (CAP) used by the LA. Where a Medicaid Cost Report has been done, this report becomes the CAP of record for the LA. The LA shall complete Schedule 4 Part II: *Non-covered and Disallowed Services and Costs*, providing the following: a description of each item listed, a service unit definition, all non-covered and disallowed costs and the number of service units provided.

- xi. The LAs shall receive payment via Electronic Funds Transfer (EFT) from the DSAMH. It is the responsibility of each LA to apply for EFT payment services from the Utah Department of State Finance. *Please notify DSAMH if a payment is received via check from DSAMH in order for DSAMH to reinstate EFT payments.*
- xii. Invoices shall be submitted to DSAMH monthly via electronic billing system established by the DSAMH. Invoices for services shall be submitted by the LAs monthly, dividing billing into discrete calendar month blocks where applicable. LAs shall use electronic billing submission systems provided by the State where applicable and available. *DSAMH shall provide payments back within 7-10 days.*
- xiii. DSAMH utilizes an electronic signature platform for obtaining signatures in the contracting process. The LAs shall participate in this process by using the electronic signature platform and updating the LA Contract Approval Path file on the shared Google Drive. LAs that are not currently utilizing this process must demonstrate that they are proactively working towards accommodating its use with a detailed written plan.
- xiv. LAs shall develop a disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs *in accordance with provided templates and resources.* The LA shall provide at least annual training for its staff on its plan. The LA shall provide DSAMH with a copy of its plan and evidence of staff training. The LA shall evaluate its plan at least annually.

## **B. COMBINED MENTAL HEALTH AND SUBSTANCE USE DISORDER DIRECTIVES**

- i. LAs shall continue to establish and/or expand Adult, Youth, and Family Peer Support Services. *Certified Peer Specialists and Family Peer Support Specialists who are employed by the LAs are to be integrated meaningfully into all levels of agency process and service, effectively utilizing peer and family voice. LAs shall seek ways to maximize effective on-going training and supervision for peers and peer supervisors specific to the unique make-up, resources and structure of each local area. DSAMH requires Local Authorities to have policies and procedures to provide*

*guidelines and supports for Certified Peer Support Specialists and Family Peer Support Specialists.*

- ii. LAs shall partner with the DHS High Fidelity Wraparound teams to provide mental health and substance use treatment expertise and individualized services to children and youth with complex needs and their families. Services are based on the client's care plan developed by the child and family team. LAs will be paid for services through a mutually agreed upon cost reimbursement model.
- iii. Suicide prevention, intervention and postvention: FY2022, LAs will continue to participate in and report on suicide prevention, intervention, and postvention activities.
  - a. Prevention: LAs shall identify current strategies and programs being implemented for suicide prevention, intervention, and postvention. This should include evidence-based strategies and be in alignment with the Utah Suicide Prevention Plan.  
[https://drive.google.com/file/d/1V4cgYvf\\_JGs1CNvBYY2XmoFfwSPQIPM3/view](https://drive.google.com/file/d/1V4cgYvf_JGs1CNvBYY2XmoFfwSPQIPM3/view)
    - 1. Prevention/Intervention/Postvention strategies and programs should be clearly listed and defined.
  - b. Prevention: LAs should have at least 1 staff member at minimum trained in DSAMH's Suicide Prevention 101 training. Available online starting July 2021.
  - c. Intervention: Records must contain a suicide screener, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.
  - d. Intervention: LAs shall create a training implementation plan for Counseling on Access to Lethal Means (CALM) and report on the number and percentage of staff who completed the training.  
(<https://www.train.org/utah/course/1081014/>)
  - e. Postvention: Local Authorities LAs shall develop a plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.
  - f. LAs participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program will implement skill -based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits.
  - g. LAs participating in the Comprehensive Suicide Prevention grants will implement primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. Project

deliverables include:

1. **By year 2**, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan. Funding recipients shall submit a written postvention response plan and communication protocol for their organization.
  2. **By year 3** funding recipients shall submit a written community postvention response plan.
- h. LAs receiving mini grant funding for the Live On Utah statewide suicide prevention campaign shall submit an implementation and sustainability plan for the implementation of culturally appropriate suicide prevention messaging in their area.
- iv. LAs will promote integrated programs that address an individual's substance use disorder, mental health, intellectual/developmental disabilities, physical health, and criminal risk factors and use a Holistic Approach to Wellness and will:
- a. Identify nicotine use in the assessment. DSAMH recommends use of the Fagerstrom Scale or other validated nicotine dependency tool.
  - b. Provide services in a nicotine free environment.
  - c. Provide appropriate nicotine cessation services and resources (including medication).
  - d. LAs receiving funds from the Substance Abuse Block Grant and Mental Health Block Grant funds for nicotine cessation train-the-trainer or nicotine cessation training (DIMENSIONS) will be required to train at least two groups to provide nicotine cessation annually.
  - e. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.
  - f. Train staff in recognizing health issues often seen in the behavioral health population, and provide information and referrals as appropriate.
- v. Justice Services: LAs shall:
- a. Ensure that all staff responsible for the provision of justice services, directors, clinical directors and others complete the DSAMH Justice Certification online training by June 30, 2022.
  - b. The LA shall prioritize the recommendations from the local Correctional Program Checklist (CPC) Report provided by the University of Utah Criminal Justice Center in SFY 2020 and implement practices or policies to reduce criminogenic risk.

- c. Administer a preliminary screening for general recidivism risk using the LSI-R:SV to all adult clients involved in the criminal justice system or the RANT for clients in problem-solving court.
  - d. Allowable expenses: training on risk, need and responsivity, forensic screening & assessments to determine if treatment should be ordered, criminogenic risk screening and assessment, treatment services including medications for individuals without other payer resources, recovery support services as outlined in RSS manual, and care coordination with criminal justice stakeholders.
- vi. LAs shall have access to a telehealth platform. LAs may utilize telehealth to provide services to supplement the continuum of care offered in traditional settings. In providing telehealth services, it is also encouraged to develop policies and procedures that are specific to the provision of services using this technology. Sample guidelines may be found at <http://hub.americantelemed.org/resources/telemedicine-practice-guidelines>.
  - vii. All Recovery Support Services provided by the LAs shall be documented and reported in the Substance Abuse Mental Health Information System (SAMHIS) recovery support data specifications file as indicated in the data specs and as approved and directed by the DSAMH.
    - a. Billing Requirements: Services shall be reimbursed based on the approved service rates listed in the most current RSS manual located on the DSAMH website at <https://dsamh.utah.gov/pdf/ATR/FY21%20RSS%20Manual.pdf>.
    - b. Services that are provided outside of the approved list of services will not be reimbursable unless written prior approval is obtained from the DSAMH.
  - viii. LAs who engage in the Utah Promoting Integration of Primary and Behavioral Health Care (U-PIPBHC) grant will recognize funding is dedicated to all of the specifications of the SAMHSA request for Proposal, U-PIPBHC Bid application documents and any revisions approved with SAMHSA. LAs will coordinate with DSAMH and SAMHSA in all required planning, implementation, data, billing and reporting requirements in the grant and will hold any subcontractors to the same specifications.
  - ix. Each LA will identify a staff member/position responsible to collaborate with DSAMH to develop an “Eliminating Health Disparity Strategic Plan” with long and short term goals and action plans. As part of that Strategic Plan, the short term action plan for 2021-2022 shall include goals, based on the needs assessment recommendations, for each subpopulation (racial/ethnic minorities, LGBTQIA+, people with disabilities, and youth in transition) to address deficiency areas identified in the 2020-2021 health disparity needs assessment.

- x. LAs, sub-recipients and contracted providers shall comply with the following:
  - SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana)*
  
- xi. Substance Abuse Block Grant and Mental Health Block Grant funds may be used to provide cost-sharing assistance for behavioral health insurance deductibles, coinsurance, and copayments to assist eligible clients receiving service at an eligible provider. Block grants may also be used to help individuals meet their cost-sharing responsibilities under a health insurance or benefits program, including high risk pools.
  - a. Eligible clients include individuals and families below 400 percent of the federal poverty level in need of medically necessary substance use disorder or mental health treatment.
  - b. LAs may develop policy to determine the amount of assistance an individual may receive based on income and family size.
  - c. Block grant funds may only be used to pay for deductibles, coinsurance, and copayments directly related to the provision of medically necessary substance use or mental health treatment.
  - d. All payments shall be made directly to the provider of service.
  - e. Payments shall only be made to public or nonprofit entities.
  - f. In all circumstances, cash payments to the intended recipient of health services is strictly prohibited.
  
- xii. LAs receiving funds from the Utah Emergency COVID-19 Program will provide the following:
  - a. For Receiving Centers
    1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (GPRA”) at intake at 6 months or discharge, whichever is sooner, for individuals receiving medication or Bridge follow-up if either is paid for with Emergency Covid grant funds.
    2. Provide written reports on July 1, 2021 and October 1, 2021 that include:
      - (a) Number of admissions to the receiving center.
      - (b) Number of persons provided Medication Assisted Treatment as



- initiated by the Receiving Center.
    - (c) Number of clients served that are SMI/SUD or co-occurring.
    - (d) Number of healthcare professionals or paraprofessionals served.
    - (e) Number with mental illness that do not meet SMI criteria
  - 3. Meet virtually, or in person, to review progress with the (DSAMH) grant staff quarterly as follows: June 2021, September 2021.
- b. For Residential Centers:
  1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (“GPRA”) at intake and at 6 months or discharge, whichever is sooner, for individuals receiving a residential bed with funding that includes Emergency Covid grant funds.
  2. Provide written reports on July 1, 2021, October 1, 2021, and July 1, 2022 that include:
    - (a) Number of individuals served.
    - (b) Number of persons provided Medication Assisted Treatment while receiving services at the residential center.
    - (c) Number of clients served that are SMI/SUD or co-occurring.
    - (d) Number of healthcare professionals or paraprofessionals served.
    - (e) Number with mental illness that do not meet SMI criteria
  3. Meet virtually, or in person, to review progress with the DSAMH grant staff quarterly as follows: June 2021, September 2021, June 2022.
- c. For LAs receiving funds for unfunded/underfunded services:
  1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (“GPRA”) at intake and at 6 months or discharge, whichever is sooner, for individuals receiving services, medication, or recovery supports that are directly funded with Emergency Covid grant funds.
  2. Provide written reports on July 1, 2021, October 1, 2021, and July 1, 2022 that include:
    - (a) Number of individuals served.
    - (b) Number and description of services provided
    - (c) Number and description of recovery supports provided.
    - (c) Number of clients served that are SMI/SUD or co-occurring.
    - (d) Number of healthcare professionals or paraprofessionals served.
    - (e) Number with mental illness that do not meet SMI criteria
  3. Meet virtually, or in person, to review progress with the DSAMH grant staff quarterly as follows: June 2021, September 2021, and June 2022.
- d. For LAs receiving funds for early intervention programming:

1. The Substance Abuse and Mental Health Services Administration Government Performance and Results Act (“GPRA”) at intake and at 6 months or discharge, whichever is sooner, for individuals receiving services, medication, or recovery supports that are directly funded with Emergency Covid grant funds.
  2. Provide written reports on July 1, 2021, October 1, 2021, and January 1, 2022 that include:
    - (a) Number of individuals served.
    - (b) Number and description of services provided
    - (c) Number and description of recovery supports provided.
    - (d) Number of clients served that are SMI/SUD or co-occurring.
    - (e) Number with mental illness that do not meet SMI criteria
  3. Meet virtually, or in person, to review progress with the DSAMH grant staff quarterly as follows: July 2021, October 2021, and January 2022.
- xiii. Utah Behavioral Health Planning & Advisory Council (UBHPAC). Title 42-300x-3(c)(1)(B) [or The SAMHSA Block Grant] requires that the Utah Behavioral Health Planning and Advisory Council include representatives from "public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services". Each local authority shall identify an individual to provide regular representation for mental health recovery support at the monthly UBHPAC meetings, preferably by a peer representative but may be a citizen representative from their respective area. Representation for substance use disorder recovery support is also recommended.

### C. MENTAL HEALTH SERVICES

- i. LAs shall provide a continuum of mental health services that includes the services outlined in Utah Code § 17-43-301.
- ii. LAs shall use the "unfunded" State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
  - a. Each LA is required to spend their portion of the "unfunded" allocation serving unfunded clients. These funds are subject to the County 20% match requirement.
  - b. This money may not be used for Medicaid match, for services not paid for by Medicaid for a Medicaid client, emergency services or inpatient services.
- iii. Data from the Outcome Questionnaire (OQ) or Youth Outcome Questionnaire (YOQ) shall be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children age five and under).
- iv. High Need Client Care:

- a. In accordance with Utah Code § 62A-15-631 the Local Mental Health Authorities shall develop tracking and protocols, and shall provide a current list of adults who have been civilly committed or placed in assisted outpatient treatment court ordered to their LA and their providers upon request.
  - b. LAs that receive funding from DSAMH for Assisted Outpatient Treatment (AOT) services shall provide evidence-based services aimed at improving treatment outcomes for adults with Serious Mental Illness (SMI) who are either civilly committed or have an AOT court order, and who have a history of poor treatment compliance following evidence based practices.
  - c. LAs providing Assertive Community Treatment (ACT) and Assertive Community Outreach Treatment (ACOT): LAs shall provide and/or contract for evidence based practices to improve behavioral health and access to mainstream public health benefits to the target population who have serious mental illness. LAs are expected to adhere to Utah Rule governing ACT and follow the SAMHSA ACT Program to fidelity see as follows:  
<https://store.samhsa.gov/>.
- v. LAs that engage in community oriented crisis services shall utilize SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit as guidance for development, implementation, and quality improvement efforts.
- a. LAs that provide Mental Health Crisis Outreach Teams (MCOT) will provide services as outlined in Rule R523-18. Local mental health authorities shall deploy MCOT from the statewide crisis line when requested by the state crisis line without reassessment or re-triage. MCOT teams must deploy to community partners and stakeholders. Deployment priority shall be given to law enforcement, EMS, Fire, 911 dispatch and the statewide crisis line. Any requests to be exempted for any requirement outlined in rule shall be submitted to the DSAMH Director and if approved be attached as an addendum to the area plan. Area plans should describe all services to be included under "crisis stabilization." Providers shall attend scheduled coordination meetings with the Utah Crisis Line and DSAMH staff and submit data via MCOT/SMR data spec quarterly on the following dates and will be required to attend monthly coordination meetings Utah Crisis Line DSAMH staff:

July 1- September 30, due October 20;  
October 1- December 31, due January 20;  
January 1- March 31, due April 20; and  
April 1- June 30, due July 20.

LAs shall attend monthly coordination meetings with Utah Crisis Line and DSAMH staff.

- b. LAs who operate Receiving Centers will provide services as outlined in Utah Code § 62A-15-118 and Rule R523-21 governing receiving centers. LAs shall coordinate with local law enforcement, EMS, 911, and emergency departments, detoxification facilities, and other community stakeholders. Providers shall submit data as outlined in the agreed upon grant agreement. Providers shall use Qualtrics survey as provided by DSAMH or provide written reports on January 31, 2022 and October 1, 2022 that include:
  - 1. Who brought client to the Receiving Center;
  - 2. End of service expectation of discharge disposition;
  - 3. Primary presenting concern;
  - 4. Secondary presenting concern;
  - 5. Law enforcement officer drop off time (for law enforcement officer dropping off);
  - 6. Perception of alternative; and
  - 7. Length of stay in number of hours.
  
- c. LAs who engage with the provision of Stabilization and Mobile Response (SMR) services shall coordinate with DHS, to include the DSAMH SMR Liaison, and Utah Crisis Line regarding service delivery, reporting requirements, quality improvement efforts and reimbursement. The lead LA(s) shall oversee "Administer" and coordinate the delivery of Stabilization and Mobile Response (SMR) services in all counties in their region including subcontracting or coordinating with other LAs, the Utah Crisis Line, Regional Advisory Councils, System of Care: High Fidelity Wraparound, and other providers as necessary to ensure SMR services are available, delivered and performed in accordance with the SMR model as outlined below:
  - 1. Ensure SMR services include triage, mobile response, and stabilization services;
  - 2. Make SMR services available to children, youth and families regardless of custody, status and funding;
  - 3. Deliver SMR services consistent with the SMR Model;
  - 4. Ensure SMR services are based on System of Care values and principles;
  - 5. Ensure Triage service and support to Utah Crisis Line is available 24 hours per day, 7 days a week, year round;
  - 6. Allow the parent/family/caregiver to define the crisis;
  - 7. Collect and report agreed upon data and outcome measures to DHS; and
  - 8. Provide verification of services and authorizations prior to submission of invoices to DHS for payment.
  
- vi. LAs shall participate in Utah State Hospital (USH) Adult and Children Continuity of Care meetings in accordance with Rule R523-2-12.
  - a. Adult Outplacement funds shall be expended as needed up to a level equal to the funding identified in the allocation letter. Services may

include: creative interventions, non-covered Medicaid services, wrap-around supports, housing and recovery enhancement of the patient and must be documented within the plan of care. Outplacement expenditures specific to individual patients must be tracked internally. Eligibility includes patients who are currently receiving inpatient care at USH when current available resources to discharge from USH are inadequate to meet the individual's needs, or patients who are targeted for diversion (diversion is defined as preventing or diverting from USH inpatient admission). Patients referred for discharge shall be discharged from USH within 30 calendar days, with consistent documentation in the USH electronic system.

- b. Written or electronic requests for Children's Outplacement Funds are submitted to DSAMH by the LMHA representative for each individual client. Requests are then reviewed during the Children's Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Behavioral Health Assistant Director.
- vii. FEP: LAs who engage with the First Episode Psychosis (FEP) Mental Health Block Grant (MHBG) set aside programming will recognize funding is dedicated to treatment for those "with early serious mental illness" and not for primary prevention. Participating LAs will recognize that the grant funds cannot be used to supplant current funding of existing activities and will maintain client records, maintain training records, and submit semi-annual reports that follow a template provided by DHS/DSAMH in addition to the following:
  - a. Follow the established "Coordinated Specialty Care" (CSC) model adapted from the model found at:  
<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-manual-i-outreach-and-recruitment.shtml>
  - b. Document cultural background and linguistic preferences, incorporate cultural practice into treatment plan and service delivery, provide services in preferred language (bilingual therapist or interpreter).
  - c. Set aside a minimum of \$4,000.00 for flexible funds to provide short-term assistance (e.g., one month rent, car repair) to stabilize the life of the individuals who receive early psychosis services.
  - d. Conduct evaluations to assess the effectiveness and outcomes of the early psychosis program, create an evaluation plan, collect data as outlined in the evaluation plan, and include the evaluation data in the semi-annual reports.
  - e. Develop a plan for sustaining the Program's financial viability.
- viii. In accordance with Utah Code § 62A-15-105.2. Employment First emphasis on the provision of Supported Employment services. The LA shall, in accordance

with the requirements of federal and state law and memorandums of understanding between the DSAMH and other state entities that provide services to a recipient, work collaboratively with other agencies to provide Supported Employment services that assist an eligible recipient in obtaining and retaining competitive, integrated, meaningful permanent employment.

ix. Additional Quality Improvement Strategies

- a. Telehealth- see combined mental health and substance use disorder directives
- b. Maternal and early childhood mental health
  1. Each LA will identify at least one provider that is a specialist in maternal mental health, or will identify a provider to be trained as a specialist in maternal mental health. Specialists will have received 12 hours of maternal mental health training and will be available for in-person and telehealth services. LAs will provide the name and stage of training for each identified maternal mental health specialist annually.
  2. Each LA will identify at least one staff member or team to be trained in infant and early childhood mental health to provide evidenced based practices and modalities for children birth to five. LAs, when appropriate, should also refer and collaborate with other early childhood community partners to ensure coordinated treatment and increase support for young children and their families.

- x. Mental Health Early Intervention (MHEI) Funding is reserved for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision should focus on Family Peer Support services, Mobile Crisis Teams, and School-Based Behavioral Health. If funds are received through Local Education Agency (LEA) contracting, report the new funding in Form A2 and Form A. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the MHEI Quarterly Data and Annual Outcomes Report via the Qualtrics survey: [https://utahgov.co1.qualtrics.com/jfe/form/SV\\_43nStXZzUBHtekt](https://utahgov.co1.qualtrics.com/jfe/form/SV_43nStXZzUBHtekt). Funds will be allocated on formula and are subject to the County 20% match requirement.

LAs are encouraged to work with LEAs to offer telehealth based services for children and youth within a school setting. LAs are encouraged to have policies and procedures regarding the provision of telehealth based services in a school setting. Data collection for school based telehealth services shall align with the reporting measures for the MHEI Quarterly Data and Annual Outcomes Report above.

Family Peer Support Specialists may be trained and certified in High Fidelity Wraparound (as defined by nationally accepted evidence based practices and standards for High Fidelity Wraparound).

## SPECIALTY FUNDING/SERVICES

- xi. Operation Rio Grande: (CITE) Salt Lake County shall provide and/or contract for evidence based practices to improve behavioral health and housing coordination and access to mainstream public health benefits to the target population of homeless and chronically homeless veterans and other homeless individuals who have behavioral health disorders. The Contractor shall provide treatment, case management and Recovery Support Services based on need through and according to the Assertive Community Outreach Treatment (ACOT)/Assertive Community Treatment (ACT) model, to include Housing First, Trauma-informed care, and motivational interviewing. Ensure the assessments of eligible individuals include, but not be limited to, the Service Prioritization and Decision Assistance Tool (SPDAT). Data shall be entered and reportable to DSAMH at least annually or upon request, using the Homeless Management Information System (HMIS) on the following performance measures including the following elements as available, in addition to demographic data: Abstinence from use, Housing status, Employment status, Criminal justice system involvement, Access to services, Retention in services; and Social connectedness; Number of unduplicated individuals served Number of unduplicated individuals housed; Number of individuals receiving mental health treatment; Number of individuals receiving substance use treatment; Number of individuals experiencing housing stability six months or longer; Number of individuals with increased enrollment in mainstream benefits; Number of individuals with increased income overall; Number of individuals with increased earned income. Salt Lake County Behavioral Health shall also coordinate with DSAMH to report to the Legislature as requested according to the original intent language.
- xii. Southwest Behavioral Health Center (SBHC), the principal LA involved with “SafetyNet” shall (CITE) provide short-term mental health services to individuals and families in plural marriage communities who are in a coverage gap and women from restrictive fundamentalists sects who are refugees from FLDS groups recovering victimizations from these groups. Clinical services related to this funding are not intended to supplant established Medicaid coverage but rather to enhance the service delivery capacity available. The primary goal of short-term mental health services funded under these initiatives is to reduce identified mental health symptoms so current and former members of plural marriage communities can increase the likelihood of wellness, recovery and employment.
  - a. Program Services: Ensure State General Funds dollars earmarked for the SafetyNet Initiative are utilized to provide short-term mental health services and personal safety and healthy relationship classes to current and former members of polygamous communities ineligible for Medicaid. SBHC may utilize subcontractors to provide short-term mental health services.
  - b. SBHC shall ensure that eligibility requirements and/or determination processes are followed as outlined below. Every individual identified as being a current or former member of a polygamous community requesting mental health services

and classes who does not have Medicaid will be screened for eligibility for Medicaid. The eligibility screening will 'rule-out' those who clearly do not qualify for Medicaid. For Individuals 'ruled-out': Subcontractors will explore other options for funding including but not limited to insurance, VOCA, other grants, or private-pay. Where no other resources are found, the individuals will be screened to see if they qualify for these funds. Those who qualify will meet all of the following: Have a diagnosable mental illness or substance use disorder or are participating in treatment with a family member with a diagnosis; Have a history or current participation within a plural marriage community; Have no other resource for funding; Are residents of Utah, and are willing to consent to behavioral health treatment or classes. The eligibility screening will 'rule-in' those who have ANY likelihood of qualifying for Medicaid. It will not guarantee eligibility, but will suggest the possibility. SBHC will ensure individuals 'ruled-in' complete a Medicaid application. If the client is enrolled in Medicaid, DHS will then complete the process they use for registering clients with the local Medicaid provider. If the client is denied Medicaid and there is no option for a successful appeal, follow the 'ruled out' process above.

- c. Outcomes/Deliverables. With respect to the purpose of clinical services, a minimum of 30 individuals being served under this contract will receive appropriate clinical treatment and interventions for SafetyNet funding. The treatment and intervention will increase their ability to actively move toward self-sufficiency as mental, emotional, and social barriers are addressed. For individuals who successfully complete services, providers shall conduct pre & post evaluations using an established tool that measures a level of functioning and benefits from services or classes. Compared results should show a reduction in identified mental health symptoms and improvement in overall functioning.
  - d. SBHC shall submit at least quarterly reports and an annual report containing the following: Total number of individuals served; Average length of short-term therapy and successful therapy and class completion rate. Of those who successfully complete therapy: Number who do not return for additional services 90 days after completing therapy; Number who do not return for additional services 120 days after completing therapy; Number of individuals identified/served who were transitioned to another funding source.
  - e. Reports shall be submitted in an approved file type in accordance with State Fiscal Year quarterly and annual reporting dates.
- xiii. LAs who receive funding through Projects for Assistance in Transition from Homelessness (PATH), will provide or contract for services to assist eligible individuals not funded through other programs. PATH funds are to be used as defined in [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:290cc-22%20edition:prelim\)\](https://uscode.house.gov/view.xhtml?req=(title:42%20section:290cc-22%20edition:prelim)\)
- a. LAs providing PATH services will use the Homeless Management Information System (HMIS) for tracking PATH data and provide to the DHS/DSAMH PATH Program Director or as otherwise directed the following:



1. PATH budget including a cash match of \$1 for every \$3 of federal PATH funds is required. No more than 4% of the federal PATH funds received shall be used for administrative expenses.
  2. PATH Intended Use Plan: Note that the PATH provider shall not expend PATH program funds for Medicaid funded services or other federal match purposes, to purchase or to pay for construction of any building or structure, or any of the PATH eligible client's lease expenses beyond the project period.
  3. Annual Provider Report
  4. Quarterly reports that include at a minimum:
    - (a) At least 50% of the individual clients served should be enrolled in PATH,
    - (b) Of the total eligible PATH individuals served, at least 50% shall be literally homeless in the urban areas and at least 30% in rural areas,
    - (c) Ensure the assessments of PATH eligible clients include, but not be limited to, the Service Prioritization and Decision Assistance Tool (SPDAT).
- xiv. LAs receiving funding appropriated by the Utah State Legislature for the operation of a Behavioral Health Home for individuals with substance use and mental health disorders. The LA shall use the funds to operate a Behavioral Health Home based on an established best practice model.

The LA shall:

- a. Include the Behavioral Health Home as a Cost Center in the Medicaid CostReport if it is to be included as an expense against the budget for allocation.
  - b. Submit the following to the DHS/DSAMH Adult Mental Health program administrator a quarterly report due by the 15<sup>th</sup> of the quarter to provide:
    1. Narrative that outlines the major accomplishments, activities and challenges of operating the Behavioral Health Home during the reporting period.
    2. A statistical report that identifies how many unique clients have been served by the behavioral home health, the type of services received and the number of hours of direct care provided.
    3. An outcome report that identifies how many clients from admission to discharge show improved health and functioning related obesity, cholesterol, triglycerides, blood pressure, blood sugar, smoking and mental illness symptomology.
- xv. LAs who receive funding for the Autism Spectrum Disorders (ASD) Mental Health Preschool program will focus on providing services for preschool-aged children with ASD, typically aged two through five, and their families, but

exceptions are allowed with approval from DSAMH. Services for children include assessment of ASD and related mental health concerns, therapeutic interventions to address ASD needs, and referral to other resources.

Parents/guardians and siblings of these children should receive psychoeducation, guidance, and counseling with respect to the child with ASD. Current available funding is for non-Medicaid services. Each program will maintain a minimum constant enrollment of at least 20 children and maintain a waiting list of other eligible children who are not yet enrolled in Kindergarten. Use of evidence-based curriculum in the provision of therapeutic and education services for individuals with autism is expected.

- a. LAs will provide the following;
  1. Data collection, tracking, and monitoring to guide treatment planning and implementation;
  2. Auxiliary services that include but are not limited to psychiatric services including diagnosis and treatment, medication management, case management, and linking families to other treatment and community resources as needed;
  3. Conduct strength-based assessment of each child that includes an evaluation of the child's developmental, cognitive, adaptive, and behavioral functioning;
  4. Develop an individualized treatment plan for each child enrolled.
  5. Coordinate transition planning with the child, parent/guardian and the school district prior to the end of services;
  6. Parents are to participate in the classroom on a weekly basis as their schedule allows;
  7. Provide employee training opportunities to keep current on quality program services. Each employee must receive at least six (6) hours of training yearly.
  
- b. The LAs shall submit six month progress reports each year by January 31st and an annual report by July 31st. Each progress report must include but are not limited to the following data:
  1. General overview of the autism services provided
  2. Eligibility requirements for the program
  3. Achievements/progress/outcomes during the previous six-months
  4. Barriers/Possible solutions or goals
  5. Family satisfaction/input/in-services
  
- c. The number of:
  1. Preschool children (unduplicated) currently enrolled who received services funded by DHS/DSAMH
  2. Parents/guardians (unduplicated) who received services funded by DHS/DSAMH during the past fiscal year

- 3. Siblings (unduplicated) who received services funded by DHS/DSAMH during the past fiscal year
- d. The number of children currently on a waiting list.
- e. The number of children in the last six (6) months who:
  - 1. Have been accepted off of the currently waiting list,
  - 2. Have aged off of the waiting list,
  - 3. Have been denied services and the reasons for denial,
  - 4. Have terminated services and the reason for termination.
- f. Other program demographics as defined by DHS/DSAMH.

xvi. Local authorities who receive funding for the development or delivery of forensic peer support services will provide:

- a. Forensic Peer Support Specialist training and service delivery: LAs shall provide qualified peer support specialists to complete Forensic Peer Support training, practicum sites and supervision.
- b. Forensic Peer Support Specialist curriculum development: LAs shall collect feedback from trainees and will return feedback to DSAMH.
- c. Data:

#### **D. SUBSTANCE USE DISORDER TREATMENT SERVICES**

- i. Early Intervention: LAs shall develop services, activities and strategies designed to intervene with individuals who are misusing alcohol and other drugs. Strategies include:
  - a. For individuals convicted of driving under the influence, conduct a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).
  - b. Implement evidenced-based indicated prevention strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.
  - c. Work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.
  - a. Provide acute stabilization and withdrawal management to assist individuals withdraw from a psychoactive substance in a safe and effective manner.

- e. Overdose prevention:
  1. Educate staff to identify overdose and to administer Naloxone;
  2. Maintain Naloxone in facilities; and
  3. Provide Naloxone kits, education and training to individuals with opioid use disorders and when possible to their families, friends, and significant others.
  
- f. Conduct outreach and engagement efforts designed to reach individuals who are actively using substances. Telephone contacts and other engagement strategies are encouraged.
  
- g. Assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.
  
- ii. Substance Use Disorder Treatment: The LA shall provide substance use disorder treatment designed to help individuals stop or reduce harmful substance misuse, improve their health and social function, and manage their risk for relapse.
  - a. General Treatment Standards:
    1. Clinical services including assessment, withdrawal management, treatment planning, treatment management, care coordination and continuing care management are consistent with the ASAM Criteria.  
<https://www.asam.org/docs/default-source/practice-support/quality-improvement/standards-of-care-final-design-document.pdf?sfvrsn=0>
    2. The LA shall administer the Substance Use Recovery Evaluator (SURE) outcome measure tool at assessment, every 30 days thereafter, and at discharge to every adult admitted to treatment. The SURE outcome score shall be continually reviewed and used to address clients' engagement in recovery and modify their treatment plan.
    3. Medication-Assisted Treatment:
      - (a) Funds allocated by DSAMH shall not be expended by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono product mono product formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine).
      - (b) Clients shall be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.
      - (c) Medications available by prescription or office-based implantation shall be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider.
      - (d) In all cases, medications shall be permitted to be continued for as long

as the prescriber or treatment provider determines that the medication is clinically beneficial.

- (e) Entities in receipt of funds shall assure that clients will not be compelled to taper or abstain from medications as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

b. Allowable Use of Women's Treatment Funds:

1. Serve pregnant women, and women with dependent children and women involved with the Division of Child and Family Services in need of substance use disorder treatment.
2. Implement gender-specific substance use disorder treatment and other therapeutic interventions for women that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.
3. Provide or arrange for child-care while the parents are receiving services and;
4. Therapeutic interventions for the children to address developmental needs, potential for substance use disorders, and issues of sexual and physical abuse and neglect,
5. Sufficient case management and transportation services to ensure women and children have access to the services listed above; and
6. Ongoing assessment of the children who are in the mothers and children's programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect,
7. Medications approved by the FDA for the treatment of substance use disorders.

c. Women and Children's Residential Treatment Salt Lake County, Utah County, Weber and Southwest shall submit a proposal with the area plan that demonstrates:

1. the need for continued funding in light of Medicaid expansion and Targeted Adult Medicaid,
2. the proposed use of the funds,
3. the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities,
4. includes a comprehensive budget.

d. Children with Parent in Residential Treatment Funds (Salt Lake County) Funds for children reunifying in family treatment programs and children living with parents receiving residential substance use disorder treatment services:

1. Priority population: children at risk of permanent removal from their parents.
2. Funds shall be used to pay for the following services:
  - (a) Room and board,
  - (b) Therapeutic day care to address developmental needs, their

- potential for substance use disorders, and their issues of sexual and physical abuse and neglect,
- (c) Case Management and transportation for behavioral and physical health care services,
  - (d) Ongoing assessment that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills, health, including immunization history; interaction with mother and other adults; language and general affect.
3. Funding is contingent on maintaining concurrent residential therapeutic services for children with the goal of reunification with their parent(s).
  4. The following measures shall be gathered when services are provided:
    - (a) The number of children remaining with parents and kept out of foster care,
    - (b) The number of treatment days or average length of stay, the average age of the children served, including the number of babies born into treatment,
    - (c) The percentage of parents served will show abstinence from substances at discharge. Target: 90%,
    - (d) The numbers of parents gainfully employed at the time of discharge. Target: 90%,
    - (e) The numbers of families connected to stable housing at discharge. Target: 90%,
    - (f) Salt Lake County shall collect and report data gathered from contracted agencies participating in the program to DSAMH on a quarterly basis, by the 15th of each consecutive month, October 15th, January 15th, April 15th, and July 15.
- e. Youth Treatment:
1. Provide a continuum of care for youth which may include prevention, early intervention, treatment services when indicated, continuing care and recovery support.
  2. The LA shall develop annual goals to improve access and quality of youth treatment.
  3. The LA shall administer the GPRA survey to all clients receiving treatment or recovery services funded by the State Youth Treatment Grant (SYT). The GPRA survey shall be completed at intake, 6-month post intake and discharge.
- f. State Opioid Response Grant (SOR, SSOR):
1. SOR Funds are for the provision of evidence-based treatment and recovery support for individuals with opioid use disorders (OUD).
  2. SSOR funds are for the provision of evidence-based treatment and recovery support for individuals with opioid use disorders (OUD) and stimulant use disorders.
  3. Allowable uses for this funding shall be limited to:
    - (a) Services provided by federally certified Opioid Treatment Programs (OTP) to individuals with OUD.
    - (b) Services provided by Office Based Treatment providers to treat OUD using MAT.

- (c) Provision of evidence based-behavioral therapies for individuals with OUD.
  - (d) Support innovative telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention and treatment and recovery services.
  - (e) Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of MAT, i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono product mono product mono product mono product formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions.
  - (f) Provide treatment transition and coverage for patients who are incarcerated or who are reentering communities from criminal justice settings or other rehabilitative settings.
  - (g) Enhance or support the provision of Peer Support and other RSS designed to improve treatment access and retention and support long-term recovery to include relapse and suicide prevention efforts for those with OUD. Please refer to the RSS manual for approved services.
4. The LA shall administer the GPRA survey to all clients receiving treatment or recovery services funded with SOR or SSOR. The GPRA survey shall be completed at intake, 6-month post intake and discharge.

g. Drug Court Requirements:

- 1. Be certified by the Administrative Office of the Courts in accordance with Utah Code of Judicial Administration, Rule 4-409, and retain certification throughout the contracted period. This rule is available online at: <http://www.utcourts.gov/resources/rules/ucja/ch04/4-409.htm>.
- 2. Ensure drug testing occurs at least two times per week and on weekends and holidays as required by the Utah Code of Judicial Administration, Rule 4-409 and the Judicial Council Monitoring checklist.
- 3. Serve participants identified as High Risk/High Need by using a validated criminogenic risk tool.
- 4. Identify and document criminogenic risk and need for substance use disorder treatment in each participant's clinical record.
- 5. Submit Drug Court Service Reports or any alternative data collection system adopted by DHS/DSAMH annually, and as requested to the DHS/DSAMH Justice Program Manager.
- 6. Disclose all participant fees related to Drug Court participation (treatment, case management, drug testing, court fees etc.) to individuals prior to their admission:
  - (a) All fees shall be based on the fee policy and fee schedule approved by the LA,
  - (b) Copies of the fee schedule and the fee reduction policy shall be submitted to DHS/DSAMH and the Administrative Office of the

Courts (AOC) as part of the LA Area Plan each year.

7. Have no prohibitions against Medication Assisted Treatment (MAT) or a requirement to be abstinent from medications used in addiction treatment in order to enter drug court, progress or complete drug court.
  8. Drug Courts or LA that are non-compliant may have funding withheld.
  9. Ensure each Drug Court program team member, who interacts or has decision-making authority regarding the participants of the Drug Court process; attend a minimum of eight hours of continuing education per year. The continuing education shall have a focus on substance use disorders.
  10. Submit any evaluation or research to the DHS/DSAMH Justice Program Manager within 90 days of completion of the evaluation and research.
  11. Use funds for treatment, case management, recovery support and drug testing expenses as required by Utah Code § 78A-5-201(3). Not use funds to pay for law enforcement, tracking or supervision conducted by law enforcement officers.
  12. Ensure that participants meet with the Department of Workforce Services (DWS) and/or health care navigators to determine eligibility for Medicaid, other public insurance or commercial insurance throughout their episode of care with Medicaid enrollment.
  13. Drug Court Funding shall be determined in accordance with the Director of the Department of Human Services, the Director of the Department of Corrections and the State Courts Administrator as required by Utah Code § 78A-5-201(2)(b).
  14. Drug Courts that are non-compliant with Drug Court certification standards may have drug court funding withheld by DSAMH.
  15. LSAA's shall notify DSAMH of any court changes including court closures, changes in judges or court coordinators.
  16. Funds from the Bureau of Justice (BJA) grant shall be used in accordance with the project proposal submitted and approved by the DSAMH BJA Grant Administrator:
    - (a) The LA shall document and provide verification of federal match funds,
    - (b) Any Recovery Support Services (RSS) services shall be provided in accordance with the RSS manual. Any RSS services provided that are not in the RSS manual will be denied reimbursement.
    - (c) RSS data shall be submitted to the SAMHIS RSS file under the BJA under BJA contract file.
    - (d) Quarterly data reports shall be submitted using a google document survey report to the BJA Grant Administrator on January 30, April 30, July 30, October 31.
- h. Recovery Residence Housing (SLF):
1. Purpose: Recovery Residences provide drug and alcohol free housing to clients who are at risk for relapse as a result of their current housing situation.
  2. Recovery Residences shall be licensed by the Department of Human Services Office of Licensing as one of the following:
    - (a) a residential support agency as defined in Utah Code § 62A-2-101



- (b) as a residential treatment agency as defined in 62A-2-101 that is associated with the sober/transitional housing unit
- (c) a Recovery Residence Utah Code as defined in § 62A-2-101.

## **E. SUBSTANCE USE DISORDER PREVENTION SERVICES**

- i. General Prevention Requirements: The Local Substance Abuse Authority (LA) shall work with communities using an evidence based community system to implement Community Centered Evidence Based Prevention (CCEBP), such as Communities that Care (CTC), PROSPER, or CADCA Coalition Academy, to implement the Strategic Prevention Framework (SPF) A Guide to SAMHSA's Strategic Prevention Framework
  - a. The CCEBP Community should be defined by the following:
    - 1. Serving the communities that feed into a common high school; or
    - 2. Serving one of the 99 small areas within Utah; or
    - 3. Any other definition with DSAMH approval.
  - b. All prevention personnel including contracted staff, are certified in the Utah Substance Abuse Prevention Specialist Training (SAPST) and recertified at least every 3 years. It is an option to certify all LA prevention coordinators in Universal Prevention Curriculum (UPC) as an alternative to SAPST.
  - c. Provide Logic Models for programs funded through LA (regardless of funding) Identify funding sources on the logic model. Use a DSAMH approved logic model.
  - d. Submit an annual Logic Model Review by November 15th of each year that summarizes performance of prevention programs policies and strategies based on the short and long term outcomes identified in the approved logic models.
  - e. Each LA shall spend a minimum of 30% of SAPT Block Grant funds on prevention policies, programs, strategies, and administration.
  - f. A budget for all prevention discretionary funding must be submitted on the Form C Budget. Additional budget justification may be requested as needed.
  - g. All expenditures must adhere to OMB Circular A-87 spending and grant reporting requirements for use of federal funds to determine all costs and reimbursements with DSAMH. A copy of the OMB document will accompany these directives.
  - h. Use principles as outlined in the NIDA Research Guide for Preventing Drug Use Among Children and Adolescents (Redbook) as a guide for implementing the Strategic Prevention Framework.  
[http://www.drugabuse.gov/sites/default/files/preventingdruguse\\_2.pdf](http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf).

- i. Increase the number of evidence-based, as defined by DSAMH Evidence Based Workgroup, policies, programs and strategies to a standard of 90%. The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to the Evidence Based Workgroup (EBW) within one year.
  - j. The LA shall submit an annual report (Budget Form C Actuals) that documents the number and costs of evidence based policy, programs and strategies each year no later than August 31st.
  - k. Billing Requirements for Prevention: The LA shall submit monthly invoices with sufficient detail to ensure that DHS/DHS/DSAMH can attribute billings to specific prevention activities. The invoices shall include Universal, Selective, and Indicated categories found on the Form C Budget sheet.
- ii. LA's in receipt of CTC funds must adhere to the following:
- a. Hire a CTC Coordinator and implement the CTC process.
  - b. The CTC coordinator will work closely with the LA prevention coordinator to ensure CTC is implemented with fidelity.
  - c. The CTC/FPL funding must be matched by both dollars and in-kind contributions by county, city or community partners.
  - d. Funds are primarily to be used for the CTC Coordinator position but the LA may use a portion of these funds, with permission from DHS/DSAMH program manager, to fund additional prevention activities as described in the CTC model as found at [www.communitiesthatcare.net](http://www.communitiesthatcare.net).
  - e. The LA shall:
    1. Ensure CTC training and technical assistance to the CTC coordinator within 60 days of coordinator hire date and proceeding as outlined in the CTC planning model found at [www.communitiesthatcare.net](http://www.communitiesthatcare.net).
    2. Monitoring the CTC Coordinator's performance to ensure fidelity to the CTC program guidelines.
    3. Using the DSAMH approved CTC report template, provide annual progress reports, due December 31 of each year to the DHS/DSAMH program manager that shall include progress reports on the phases of CTC implementation.
    4. The CTC Coordinator shall be certified in the Substance Abuse Prevention Specialist Training and CTC coordinator training within one year of the coordinator's start date. The LA must email a copy of the completion certificates to the DHS/DSAMH program manager within one month of the completion date.
    5. Ensure that prevention is delivered with high-fidelity as defined in the Communities of Care model, Community Plan Implementation Training Module 3:  
(<http://www.sdr.org/ctcresource/Community%20Plan%20Implementatio>)

- iii. Carbon County Prevention Initiative:
  - a. Funding shall be used by Southeast Health Department and Four Corners Behavioral Health to accomplish the following goals:
    - 1. Decrease opioid misuse and opioid overdose deaths in Carbon County;
    - 2. Decrease suicide attempts and suicide deaths in Carbon County;
    - 3. Increase evidence-based prevention activities in Carbon County.
  - b. Southeast Health Department shall hire a full time Opioid Prevention/Intervention Specialist: to provide services which may include:
    - 1. Increase community readiness to deploy evidence based prevention programs, strategies and policies.
    - 2. Participate in community coalitions to address the risk and protective factors associated with opioid misuse and overdose.
    - 3. Provide Hepatitis C and HIV education and care coordination;
    - 4. Coordinate care for individuals/families after an overdose;
    - 5. Collaborate with community and other partners on using a statewide campaign as a foundation to develop a local public health campaign to increase awareness of and decrease opioid misuse and opiate overdose.
      - (a) Extend the reach of existing Statewide “Use Only as Directed and/or Stop the Opidemic” campaigns to increase awareness and decrease opioid-related problems.
    - 6. Collaborate with community and other partners to educate community members of the usefulness of Naloxone, and distribute naloxone.
    - 7. Provide training to teachers, hospitals, coalition members, schools and the public.
  - c. Southeast Health Department shall hire a full time Suicide Prevention/Intervention Specialist: to provide services which may include:
    - 1. Increase community readiness to deploy evidence based suicide prevention programs, strategies, policies.
    - 2. Participate in community coalitions to address the risk and protective factors associated with suicide ideation, suicide attempts and suicide deaths.
    - 3. Coordinate care including crisis response and bereavement supports for individuals/families after suicides and attempts.
    - 4. Promote the state suicide prevention campaign, Live On Utah, designed to reduce stigma and increase help-seeking behaviors.

5. Aim to decrease the stigma of mental illness.
6. Provide or coordinate Mental Health First Aid and QPR Trainings.
7. Work to identify and incorporate shared risk and protective factors into a Suicide Prevention plan for Southeast Health District/Carbon that includes universal, selective and indicated prevention.
8. Build partnerships with firearm retailers and advocates, schools, healthcare organizations, community coalitions, and organizations that serve BIPOC and LGBTQ+ individuals.
9. Southeast will continue to participate in and report on suicide prevention, intervention, and postvention activities. Southeast shall coordinate and communicate between substance use and mental health prevention and direct treatment services to provide more comprehensive care. This coordination shall be reflected in the overall evaluation and plan.
  - (a) Prevention: Southeast shall identify current strategies and programs being implemented for suicide prevention, intervention, and postvention. This should include evidence-based strategies, and be in alignment with the Utah Suicide Prevention Plan. [https://drive.google.com/file/d/1V4cgYvf\\_JGs1CNvBYY2XmoFfwSPQIPM3/view](https://drive.google.com/file/d/1V4cgYvf_JGs1CNvBYY2XmoFfwSPQIPM3/view)
  - (i) Prevention/Intervention/Postvention strategies and programs should be clearly listed and defined.
    - (1) Examples of prevention programs may include: social emotional learning, primary prevention school-based programs such as Botvin's Life Skills or Second Step, and other strategies that reduce risk and enhance protection.
    - (2) Examples of Intervention programs may include: gatekeeper training, mental health screening and risk assessments, and crisis services.
    - (3) Examples of postvention strategies may include postvention planning/crisis response planning and grief support groups.
  - (b) Prevention: Southeast should have at least 1 staff member at minimum trained in DSAMH's Suicide Prevention 101 training. Available online starting July 2021.
  - (c) Intervention: LAs shall create a training implementation plan for gatekeeper training and community-based implementation of CALM. (<https://www.train.org/utah/course/1081014/>)
  - (d) Postvention: Southeast shall develop a plan for coordination with the and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.
- d. Four Corners Counseling Center shall employ a full time therapist (Masters level credential and licensed in the State of Utah) to provide services that may include:

1. Assess individuals incarcerated in jail and identify clinical and social needs and public safety risks;
  2. Plan for the treatment and services required to address the individual's needs, both in custody and upon reentry;
  3. Identify required community and correctional programs responsible for post-release services;
  4. Coordinate transition to avoid gaps in care with community-based services;
  5. Provide treatment services in the county jail;
  6. Expand crisis center staffing & managing 24-7 crisis services.
- e. Reporting requirements: Southeast Health Department and Four Corners Counseling Center will work individually with DSAMH to provide necessary data on their performance including:
1. Identification of performance metrics for each component of this project that include baseline data, and targets.
  2. Completion of a brief annual report that outlines project outcomes, challenges and accomplishments to be submitted by September 1 of each year.

**F. MENTAL HEALTH AND SUBSTANCE USE DISORDER DATA**

- i. Substance Use Disorder and Mental Health Data Reporting Deadlines
  - a. All information and outcomes system data are to be submitted electronically.
  - b. Providers shall submit the substance use disorder "Treatment Episode Data Set" (TEDS) and/or the mental health "Mental Health Event Data Set" (MHE), Recovery Support Services (RS) and Indicated Prevention (IP) data monthly for the prior month (on or before the last day of every month).
- ii. Substance Use Disorder, Mental Health, Prevention Data and Outcome Reporting Requirements
  - a. The Information System Data Set for Mental Health is the MHE.
  - b. The Information System Data Set for Substance Use Disorders is the TEDS.
  - c. The Information System Data Set for Substance Use Disorder Event Data is the SUD.
  - d. The Information System Data Set for Recovery Support Services is the RS.
  - e. The Information System Data Set for Indicated Prevention is IP.

- f. The Information System Data Set for MCOT/SMR is SR
- g. The Information System Data Set for Universal and Selected Prevention is DUGS (Data User Gateway System).
- h. Data Specifications are available for download from the DSAMH website at <https://dsamh.utah.gov/reports/data-specs>.
- i. Electronic submissions must be made through the SAMHIS file utility app, or other method as instructed by DSAMH staff.
- j. Outcomes system for Mental Health data includes:
  - 1. Adults:
    - (a) OQ<sup>®</sup> 45.2 - Adult Outcome measure (ages 18+);
    - (b) OQ<sup>®</sup> 30.0 – Adult Outcome measure (ages 18+);
    - (c) SOQ<sup>®</sup> 2.0 - SMI Outcome instruments (self or clinician); and
    - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
  - 2. Children/Youth:
    - (a) YOQ<sup>®</sup> 30.1;
    - (b) YOQ<sup>®</sup> 2.01 - Youth Outcome measure (ages 4-17);
    - (c) YOQ<sup>®</sup> 2.01SR - Youth Outcome measure (ages 12-18);
    - (d) YOQ<sup>®</sup> 30.1 - Omni form Youth Outcome measure (ages 4-17); and
    - (e) YOQ<sup>®</sup> 30.1SR Omni form Youth Outcome measure (ages 12-18).
    - (f) Youth Satisfaction Survey (YSS) Consumer Survey.
  - 3. Parents/Youth:
    - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
    - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
- k. Outcomes system for Substance Use Disorder data includes:
  - 1. Adults:
    - (a) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
    - (b) Substance Use Recovery Evaluator (SURE) tool.
  - 2. Children/Youth:
    - (a) Youth Satisfaction Survey (YSS) Consumer Survey.
  - 3. Parents/Youth:
    - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
    - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
- l. LAs shall meet a 10% MHSIP survey sampling of Adult clients reported in the fiscal year and should meet a positive outcome of at least 75% of the national averages in consumer reported domains.
- m. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).
- n. Data findings may result for substance use disorder providers when old open non-methadone outpatient or intensive outpatient admissions, opened more

than 2 years prior (and clients are no longer in service), account for more than 4% of clients served for a given fiscal year, or for any residential and/or detox admissions open for more than 2 years prior.

- o. Data findings may result if performance measures and/or scorecard results, used for contract monitoring, are determined to be inaccurately reported by the provider.
- p. Providers who contract out for services are required to report client service data to the DSAMH for these clients regardless of who is providing the service or where that service is being provided and should be reported in the approved through the appropriate data system.
- q. With emphasis on Employment First, mental health providers will update employment status in event files in accordance with the published data specification.

iii. Adult and Youth Consumer Satisfaction Surveys

- a. The Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS/YSS-F) Method
  - 1. Introduction: The MHSIP is a self-report consumer satisfaction survey for adults in mental health and/or substance use disorder treatment. There are two parallel versions of the survey for youth in substance use disorder and/or mental health treatment, one for youth (YSS) and one for children and youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
  - 2. Data Collection Procedures: The surveys are available in English and Spanish. The surveys are given as a point-in-time convenience survey during the approved survey period (from January 1<sup>st</sup> through May 1<sup>st</sup> of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The MHSIP is given to adult substance use disorder and mental health consumers regardless of the modality of treatment or length of stay in treatment. The YSS survey is given to open youth (ages 12-17) substance use disorder and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the children/youth consumer (all ages).
  - 3. Scoring and Data Analysis:
    - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
    - (b) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers based on the appropriate age population for each survey.

Only youth 12-17 will be counted in clients served for the YSS, but all children/youth under the age of 18 will be counted in the client counts for the YSS-F. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.

- (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
- (d) Comparison from the previous year's scorecard will be shown.

iv. OQ/YOQ Requirements and Reporting Guidelines:

- a. DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs who experience serious mental illness or serious emotional disturbance as defined by the Utah scale on serious mental illness including substance use disorders and the Utah scale for children/adolescents with serious emotional disorders. The instruments will require repeated administrations.
- b. DSAMH will require that the OQ/YOQ be given to patients and consumers who experience serious mental illness or serious emotional disturbance. At intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).
- c. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments to individuals who experience serious mental illness or serious emotional disturbance at every encounter for relevant services. The instruments are to be completed by the patient/consumer or by the parent/guardian for consumers under the age of 12.
- d. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires a policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
- e. Scoring and Data Analysis:
  - 1. DSAMH will be a user of this system, similarly to LMHAs, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with LMHAs and used to inform others regarding system effectiveness and clinical best practice.
  - 2. Clients who receive an assessment only service, or are served while in jail during the course of the reporting period, will be excluded from the client served denominator.
  - 3. Children 5 and under will be excluded from the client served denominator.
  - 4. LMHAs will be required to satisfy frequency requirements for a



- majority of the annual unduplicated number of clients served (denominator used for clients participating scorecard measure).
5. LMHAs who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red and may receive a finding in the audit report.
  6. Client match rates for clients with serious mental illness and serious emotional disturbance must exceed 90% for the provider to be included in the outcome results. This will result in the provider not having results shown on the scorecard with insufficient data and may result in a finding. It is highly recommended that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health Record (EHR) so identifying data items are kept accurate in the OQA system.
- v. Substance Use Disorder Universal and Selective Prevention Data: The LA shall enter prevention data into the DSAMH approved system within 45 calendar days of the delivery of service.

## G. PERFORMANCE MEASURES

- i. Mental Health Performance Measures:
  - a. The mental health scorecard shall be used to measure performance. Monitoring reports for FY2021 shall contain automatic findings resulting from any red scores, a yellow score shall indicate need for further review and a green (or black) score shall be reported as a positive outcome in the monitoring report.
  - b. Performance indicators on the scorecard will be reviewed with the centers by the DSAMH during monitoring visits.
  - c. For successful performance, the Local Mental Health Authorities shall meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment; Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment and/or unemployed but seeking work); Enrolled/Attendance in School; Supported Housing; Clients Served; Unfunded Clients Served; Percent in Need Served; Percent in Need SPMI/SED Served and Clients Served in Jail/Justice Services. Providers are encouraged during FY2021 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).
- ii. Substance Use Disorder Performance Measures FY2022. Achievement of these measures will be reviewed in the annual site visit.
  - a. Prevention:
    1. Prevalence of perceptions of harm/risk for youth related to substance use and for specific substances, including alcohol, tobacco products, marijuana, cocaine, prescription drugs, methamphetamine, and

- heroin(proposed).
  - 2. Percent of retail establishments within the LA area that refused to sell tobacco to minors during Synar tobacco compliance checks. (Target for FY2022 is 90%).
  - 3. Number of “Eliminate Alcohol Sales to Youth” (EASY) alcohol compliance checks within the LA area. (Target for FY2021 is an increase from the previous year).
  - 4. Percentage of communities within LA (identified in area plan) using an evidence based operating system.
  - 5. Number of non-prevention professional coalition members that attend a prevention conference. (CADCA, NPN, Coalition Summit, Fall Conference, etc.).
- b. Early intervention (harm reduction, screening, assessment, indicated prevention, youth treatment):
- 1. Number of naloxone kits distributed, and number of naloxone prescriptions dispensed (proposed).
  - 2. Number of individuals initiating and completing DUI educational series (Prime for Life) (Proposed)
  - 3. Number and rate of criminogenic risk screens (LSI-R:SV) completed.
  - 4. Number of clients screened for substance use disorders (proposed)
  - 5. Number of indicated prevention programs implemented. (proposed)
  - 6. Number of individuals (youth and adults) initiating and completing an indicated prevention program proposed)
- c. Treatment:
- 1. Percentage of individuals with alcohol and opioid use disorder receiving any form of MAT in the past year (proposed).
  - 2. Number of individuals receiving methadone, buprenorphine, and extended release naltrexone in opioid treatment programs.(proposed)
  - 3. The percentage of clients who remain in treatment over 90 days.
  - 4. The percentage of clients with a successful completion of an episode of treatment without a readmission within 30 days.
  - 5. The percentage of clients completing the DSAMH required client satisfaction surveys (MHSIP, YSS, and YSF).
  - 6. The percentage of clients with opioid use disorder served with SOR funds that complete the GPRA (Proposed).
  - 7. Percent of justice involved clients with identified criminogenic risk.
  - 8. Percent of clients completing SURE Outcome Tool (New)
  - 9. Number of pregnant women or women with children entering substance use disorder treatment (proposed)
  - 10. Number of adolescents entering substance use disorder treatment (proposed)
- d. Recovery Support Services
- 1. Number of communities with a recovery community organization (proposed)
  - 2. Number of peer recovery coaches working in community settings (proposed)

- iii. Substance Use Disorder Client and Community Outcome Measures FY2022. Achievement of these measures will be reviewed in the annual site visit
  - a. Prevention
    - 1. Percent of youth alcohol use within the past 30 days;
    - 2. Percent of youth and adult prescription drug misuse within the past 30 days;
    - 3. Percent of youth marijuana use within the past 30 days;
    - 4. Percent of youth nicotine use, including e-cigs within the Past 30 day use;
    - 5. Adult binge drinking rates.
  - b. Early Intervention
    - 1. Percent of DUI educational series participants with improved attitudes and behaviors as measured by Prime For Life Pre and Post test;
    - 2. Number and rate of DUI arrests and convictions;
    - 3. Reduction in drug overdose deaths; and
    - 4. Number of persons served through pre-booking jail diversion through law enforcement use of access to Receiving Centers for screening and assessment (New).
  - c. Treatment
    - 1. Decreased alcohol use at discharge.
    - 2. Increased abstinence from alcohol at discharge.
    - 3. Decreased drug use at discharge.
    - 4. Abstinence from drug use at discharge.
    - 5. Increased employment or school participation.
    - 6. Percentage of clients with no arrests within 30 days of discharge.
    - 7. Decreased criminal justice involvement at discharge.
    - 8. Decreased tobacco use.
    - 9. Percentage of clients on probation or parole with successful termination of supervision (proposed).
    - 10. Percentage of clients involved in civil custody cases with successful resolution of child welfare cases (proposed).
    - 11. Overall outcomes score on SURE outcome tool (New).
  - d. Recovery Support Services
    - 1. Percentage of clients voluntarily participating in community recovery support organization or activity at discharge.

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