

Salt Lake County

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Salt Lake County

Instructions:

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

1) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

The Salt Lake County Division of Behavioral Health Services (DBHS), acting as the local substance abuse authority in Salt Lake County, has contracted with Assessment & Referral Services (ARS) at the University of Utah's Department of Psychiatry and the Huntsman Mental Health Institute (HMHI), since 2003, to provide comprehensive screening and assessment for individuals who have been **charged with or** convicted of Driving Under the Influence of Alcohol/Drugs or Impaired Driving.

This contractual relationship came into being as a means to meet the legal requirements under the minimum mandatory sentencing guidelines for DUI offenders in the State of Utah as well as meet the needs of the courts and offenders alike. Subsidized dollars are provided to ARS in order to ensure that every DUI offender in Salt Lake County has financial access to screening and assessment via a sliding fee scale based on an individual's total income. If individuals are without income, homeless or virtually homeless they are provided with this service at no cost to them. ARS provides assessments only, they do not provide any education or treatment services, thus they are able to provide objective assessments eliminating any conflict of interest to the individual related to referrals for education or treatment. ARS screens for an offender's ability to pay for education and treatment services and refers to resources (such as applying for Medicaid) to ensure that finances are not a barrier to completing referrals. If an offender has health insurance or the ability to self-pay for services, they are referred to an agency that accepts their insurance or can provide appropriate treatment services that are affordable. ARS has also been given authority to grant Salt Lake County subsidies to individuals who do not have the means to pay for treatment services, do not qualify for Medicaid, have little to no income and no health insurance. Thus, finances, or the lack thereof, do not present a barrier for compliance with the court-ordered assessment or ARS recommendations related to their DUI.

DUI offenders are provided a screening via the SASSI-4, and a full assessment is conducted which employs screening and assessment tools approved by the Salt Lake County Division of Behavioral Health Services and that are evidence-based tools. They include, but are not limited to a full biopsychosocial interview, The SASSI-4, The Risk & Needs Triage, information from the Bureau of Criminal Investigation, The Colombia-Suicide Severity Rating Scale, GAD-7, PHQ-9, LS/CMI information (obtained from collateral source if individuals have been placed on supervised probation), collateral information from a multitude of sources when required, The Diagnostic & Statistical Manual of

Mental Health Disorders, Fifth Edition and the American Society of Addiction Medicine Placement Criteria.

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

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

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

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

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

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

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

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

USARA Peer Recovery Coaches (PRC), aka Certified Peer Support Specialists, provide on-call support to visit patients seeking medical care in hospitals, emergency departments, healthcare clinics, and social detox, when they present with opioid and substance use related symptoms. The PRC engages the individual where they are in their Stage of Change and uses motivational interviewing techniques to engage the person, offering information and resources to assist with immediate needs (i.e. Naloxone kits, resources related to SDOH, treatment resources, harm reduction, etc.). The PRC, with consent from the client, provides follow up contact with them post discharge for continued intervention and support for as long as the person chooses to remain engaged.

Describe any outreach and engagement efforts designed to reach individuals who are actively

using alcohol and other drugs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Although some components of these enrollment efforts were curtailed due to COVID-19, such as in-court enrollment assistance, stakeholders will be working to resume them as soon as restrictions allow. For example, Criminal Justice Services Drug Court personnel stated they will notify us when stakeholders are allowed to return to court for this purpose. Providers were also immediately notified when the new administration opened up a new special enrollment period, and expanded eligibility to new populations, such as those who have received unemployment or those above 400% FPL.

In addition, in 2019, DBHS began working with the State Medicaid Office, the four Accountable Care Organizations (ACOs), and the Local Authorities from Weber, Davis, Utah and Washington Counties to support an integrated benefit for the Adult Medicaid Expansion Population. Numerous meetings were held with these stakeholders, and later with the Salt Lake County Provider Network. Through these

meetings, the ACOs agreed to contract with the Salt Lake County essential provider network. As the integration effort neared implementation on January 1, 2020, we engaged our provider network with the ACOs to facilitate agreement on many of the needed next steps: guidelines for utilization management; billing requirements; and coordination of county funded services not covered by Medicaid. Since implementation, DBHS has worked diligently to support resolution of concerns identified by the provider network as they arise, and look forward to a successful integrated benefit. DBHS recognizes that an integrated physical and behavioral health benefit is in the best interest of the residents we serve.

Barriers to maintaining coverage:

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

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

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

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

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

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

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

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

Additionally, Optum and DBHS are working with their provider network to match a list provided by the SMO, with clients receiving services through them, to support individuals in remaining enrolled when possible, and to connect clients to Take Care Utah when needed, to assist with Marketplace Plan enrollment.

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

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

Describe activities to reduce overdose.

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

Opioid overdose prevention continues to be a key facet of all treatment programming supported by DBHS. The division has worked closely within the contracted provider network over the last few years to fund and distribute thousands of Narcan (Naloxone) nasal kits to agencies and programs that serve at-risk clients, their friends, family members and their significant others when financially viable.

Beginning with the global pandemic, finances became a concern based on the economic uncertainty experienced. The support of Naloxone within programs continued in FY21 and FY22, but rather than directly funding and distributing kits to agencies and programs, DBHS worked with OSUMH and the Utah Department of Health to provide access to Naloxone and associated educational resources. A small number of kits (85) were distributed by DBHS to specialty programs (USARA, Intensive Supervision Probation, and the Forensic ACT (FACT) Team) across FY21 and FY22. DBHS will continue to educate providers on access to kits and training through these channels. All contracted providers are required to adhere to OSUMH Division Directives on identifying overdose and risk factors, administering Naloxone, maintaining and distributing kits to individuals, friends, family and significant others, and providing training to clients and staff. Adherence to these directives is part of the agency site monitoring performed by DBHS.

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

Beginning in January 2023, the RSS program began requiring all recovery residences to provide evidence of Naloxone kits, training and materials on Naloxone administration, and information on identifying an opioid overdose. As part of the new monitoring process and site visits, these items must be available and visible to all clients in our contracted recovery residences.

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

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

Examples of these efforts include the great lengths that have been taken over the years to enroll as many individuals as possible in the appropriate Medicaid plan. DBHS has worked extensively with all

the ACOs to integrate them into our Coordinating Council, where strategies are discussed to improve contracting and payment, increase access and to streamline coordination. The division has also held numerous trainings and coordinations to assist agencies in enrollment strategies. Salt Lake County consistently leads out on enrollment numbers for individuals with behavioral health conditions.

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

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

Shanel Long

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

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

Volunteers of America Men's Adult Detoxification Center: This social model residential detoxification and withdrawal management program provides 80 beds for men 18 and older in need of detoxification & withdrawal management services. This facility is located at 252 W. Brooklyn Ave. Salt Lake City, UT, 84101.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. In addition, women may bring their children age 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. In addition, clients have access to a lovely outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123.

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

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

By the end of 2023 we will be moving locations to 1875 S Redwood Road and expanding our beds by

50.

DBHS provides access to dedicated law enforcement jail diversion detox beds at both VOA facilities.

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

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

N/A

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

Shanel Long

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

DBHS and Optum currently contract with four residential treatment providers for ASAM 3.1, 3.3, and/or 3.5 services. A process of pre-authorization and utilization review is in place in order to utilize residential services appropriately. The following agencies perform this pre-authorization function:

- Optum for Medicaid clients;
- ARS for Drug Offender Reform Act (DORA), ISP (Intensive Supervision Probation), Family Recovery Court, and juvenile drug court clients; and
- DBHS for all other adults and youth.

Contracted Providers and the associated ASAM level of care (LOC) they provide:

First Step House – Men only 3.1, 3.3, 3.5

House of Hope – Women; Parents with Children 3.1, 3.3, 3.5

Odyssey House – Adult, Parents with Children 3.1, 3.3, and 3.5; Youth 3.1 and 3.5

Valley Behavioral Health – Adult 3.5 and 3.1; Parents with Children 3.5

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica Little

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

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

Project Reality has two locations in Salt Lake County, one in their historical location of SLC and a second office in Murray. Project Reality provides ASAM 1.0 LOC services and collaborates with other providers for patients who need a higher LOC. This can include medication management, individual therapy, group therapy, integrated medical/SUD/MH services, and case management. Additionally, Project Reality does provide daily off-site dosing at the VOA/CCC Detox and other providers as needed. In addition to the 1.0 LOC services listed above, Project Reality also provides primary care and mental health services, including office-based buprenorphine treatment, for community members. These additional services have been added as part of the expanded integrated care services at their clinic in order to serve a larger population of county residents and bridge the gap in care that many people in underserved populations face. Expanded primary care services are facilitated by a family medicine physician and physician assistants. Some of these services include, but are not limited to: chronic disease diagnosis and management, including hepatitis C, diabetes, and hypertension, acute care visits, women's health, smoking cessation, and infectious disease screening and management, etc.

Through the competitive RFA process, De Novo was added as a DBHS provider in FY23. De Novo Services has been in business for eleven years. They are an outpatient program (ASAM Level 1.0).

De Novo has the ability to provide up to one individual session and five groups a week for individuals in treatment. They treat all substance use and the co-occurring psychiatric disorders of depression and anxiety. They provide master's level therapy as needed as well as counseling from Substance Use Disorder Counselors. They also have physician assistants who are highly qualified to treat addictions and prescribe medication for the treatment of anxiety and depression. They regularly work with the Legal Defender's Association to work with individuals they refer who are coming out of the local jails. De Novo specializes in medication-assisted treatment, including Campral and naltrexone/Vivitrol for alcohol use disorders, methadone, buprenorphine/Suboxone and Vivitrol for opioid use disorders and Chantix and nicotine patches for assistance in smoking cessation. De Novo operates on a harm reduction philosophy unless an individual is referred by an agency with a no-tolerance policy, such as the criminal justice system. This means they will work with individuals who may be at the action stage for their alcohol use but in precontemplation for methamphetamine or cocaine use.

Optum/DBHS has added Tranquility Place which offers methadone as opioid replacement therapy.

In addition, BayMark (BAART Programs) and Discovery House were added to the network. They offer methadone and buprenorphine within Salt Lake County.

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

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

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

DBHS monitors SOR programming, including the work done at Project Reality and within the Jail MAT program, to ensure access and quality of care. Reports are provided to OSUMH biannually regarding client and service counts, as well as identifying staffing and other program challenges. DBHS meets with providers regularly to assist with any coordination challenges. The state scorecard is also used to

address access and client counts. With enhanced payer plans and resources, monitoring success and access becomes much more challenging, as clients shift payers mid-episode of care. DBHS also works with agencies to ensure they are up to date on the required GPRA survey counts. De Novo received a DBHS network contract at the beginning of FY23, while Tranquility Place, BAART and Discovery House all became paneled with Optum, in response to the growing need for methadone (among other MAT) services based on analysis of our network and community need.

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

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

DBHS continues to provide access to Vivitrol for clients actively engaged in SUD treatment, as well as to those working towards treatment engagement. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections to provide medical care and Vivitrol injections to participating clients. Referrals can come from any DBHS network provider, through CATS in the Jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, through community health centers, or through Intensive Supervision Probation. Those who attend regular case management appointments and remain engaged in treatment, as well as those working with case management teams with a goal of accessing ongoing treatment, are eligible to receive monthly Vivitrol treatment at no additional charge to the client, as long as they continue to meet income qualifications.

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

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

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

DBHS has contracted with Clinical Consultants to further expand the availability of Buprenorphine and Naltrexone and other office-based MAT services to county residents eligible for federal SSOR funding. DBHS has made consistent efforts to coordinate with the SSOR OTPs to transfer over any clients who are eligible to utilize SSOR funds.

Please also see 4) Opioid Treatment Program (OTP-Methadone) for details regarding De Novo

Services, who began providing these services in FY23.

In addition, BayMark (BAART Programs) and Discovery House were added to the network. They offer methadone and buprenorphine within Salt Lake County.

Optum is in the process of adding Discovery House to our Medicaid network to provide non-methadone MAT services.

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

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

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

Additionally, the RSS team meets often to discuss data collection, quality of care, and case management best practices for the Vivitrol and other programs. A specific fee schedule was developed to ensure the program was supporting the most appropriate and vulnerable populations. Reports on spend, client counts, services and access are reviewed internally and sent to outside stakeholders quarterly. DBHS works closely with the Department of Corrections, Salt Lake County Jail, and the provider clinics to ensure quality of care and the referral process meet client needs and reduce barriers to treatment.

6) Outpatient (Non-Methadone – ASAM I)

Shanel Long

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

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

Contracted Providers:

Asian Association of Utah Refugee & Immigrant Center – Adult; Youth

BayMark - BAART Programs; (Medicaid only)

Clinical Consultants – Adult; Youth

De Novo – Adult

Discovery House; (Medicaid only)

First Step House – Adult

House of Hope – Women; Children with Parents

Next Level Recovery – Adult; Youth; (Medicaid only)

Odyssey House – Adult; Youth; Children with Parents

Project Reality – Adult

Salt Lake County Division of Youth Services – Youth

Tranquility Place; (Medicaid only)

Valley Behavioral Health – Adult; Children with Parents; Youth (not currently providing)

Volunteers of America/Cornerstone Counseling/Family Counseling Center – Adult; Children with Parents

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

Shanel Long

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

DBHS and Optum contracts with 8 agencies to provide ASAM 2.1 and/or 2.5 for youth, women, mothers with dependent children, and general adult patients in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by VOA/FCC, Odyssey House, and VOA/CCC for all levels of care and can be accessed by any client currently served.

Contracted Providers:

Clinical Consultants – Adult 2.1

First Step House – Adult 2.5, 2.1

House of Hope – Women; Children with Parents 2.1

Next Level Recovery – Adult; Youth 2.1; (Medicaid only)

Odyssey House – Adult; Youth; Children with Parents 2.1, 2.5

Salt Lake County Division of Youth Services – Youth 2.1

Valley Behavioral Health – Adult 2.1, 2.5; Children with Parents 2.1; Youth (not currently providing)

Volunteers of America / Cornerstone Counseling – Adult; Children with Parents 2.1 Adult; Children with Parents 2.5

8) Recovery Support Services

Thom Dunford

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

DBHS operates the Parole Access to Recovery (PATR) and Intensive Supervision Probation Recovery Support Services (RSS) programs to provide clients with services that support their ongoing recovery. DBHS contracts with providers to offer services that typically are not part of SUD treatment but that increase the likelihood the client will experience long-term recovery. Common services provided by the PATR and RSS programs are housing assistance, medical and dental services, transportation assistance and employment assistance. DBHS and contracted providers actively support USARA's (Utah Support Advocates for Recovery Awareness) efforts to advocate for recovery awareness. DBHS supports the Recovery Oriented Systems of Care initiative.

In May 2019, DBHS assumed management of the Sober Living Program that began as a pilot in FY19 spearheaded by state legislative leadership, the Department of Workforce Services, the State Division

of Substance Abuse and Mental Health and Salt Lake County. Clients participating in residential treatment ready to step down into outpatient services, any Salt Lake County drug court, eligible participants from Volunteers of America (VOA) detox programming, or recent graduates of CATS are eligible for the Sober Living Program which offered originally up to 6 months of funding assistance at a contracted provider that is licensed as a recovery residence (or to a much smaller extent as a residential support provider). Additional need for sober housing from the Salt Lake County contracted network of providers is addressed on an as-needed basis. During FY21, DBHS provided program flexibility and relaxed protocols (allowing clients to return multiple times based on job loss, or allowing clients to stay longer than 6 months) due to the negative economic impacts of the pandemic. During FY22, this was further extended to allow clients to stay between 9 and 12 months when certain criteria were met. [This same flexibility was afforded through March of 2023, but due to financial constraints, the ability to extend clients out to 9 to 12 months was rolled back beginning in April 2023. Clients will only be eligible for extensions beyond 6 months based on extenuating circumstances.](#)

Also during FY22, DBHS responded to an RFA for ARPA funds through OSUMH for additional recovery housing. This resulted in DBHS being awarded approximately \$2.3M which was subcontracted to House of Hope (through the County's contract with Housing Connect) to purchase and renovate a large property in Salt Lake City, in an effort to create [between 13 and 24](#) additional units of sober housing ([depending on the makeup of staff and clients living on site](#)) for women and women with children. This project serves a very specific niche, underserved population in Salt Lake County. [House of Hope held an official ribbon cutting for the program in March of 2023, and was granted its Health and Human Services license in April of 2023. The first clients will begin to be housed in May 2023.](#) In FY24, DBHS anticipates providing approximately 900 clients with sober living vouchers. Due to funding and other resource constraints, the monthly program capacity is approximately 300 vouchers. [During the majority of FY23, the program was housing on average 330 clients monthly, well above the budgeted capacity, by utilizing county reserve funds to cover this expense.](#)

During FY24-FY26, DBHS anticipates to fund and contract for [over 250](#) housing units through Housing Connect for individuals and families currently, or at-risk of being homeless. In FY22, through the support of DBHS, VOA was able to renovate and repurpose an existing facility into a boarding home for SMI females participating in County network ACT programming. The facility, called The Theodora, officially opened for housing in April 2022. The vast majority of the recipients of rental assistance through this contract have criminal justice involvement, a substance use disorder and/or mental illness. Funding under this contract is broken into 55 units for the State Hospital Diversion program, 55 units for the Project RIO Housing (master leased units for SMI clients), [58](#) units for HARP Housing (short and long term rental assistance), 22 units at the VOA Denver Apartments, 14 units at The Theodora, 25 units at the Central City Apartments (see more below on these tax credit projects), and 6 master lease units at First Step House's Fisher House (congregate site for SMI clients referred to housing through their Mental Health Court participation). All partners referring into these programs are obligated to provide in-home case management for their clients in order to ensure housing stability. DBHS also partners with Housing Connect by providing in-kind match for many federally-subsidized housing programs. The budget for these programs is addressed in the MH area plan.

DBHS/Optum continues to work with community partners on two [low-income housing tax credit \(LIHTC\)](#) projects. The first project, the Denver Apartments, is a partnership between DBHS, Optum, Housing Connect, and GIV Group. In 2018 VOA was awarded tax credits to fund housing for 22 VOA ACT Team participants, while supporting wraparound services through the ACT Team. The project was greatly supported by the Salt Lake County Council through a \$400,000 capital investment, and was opened November 1, 2019. The second project, the Central City Apartments, is a partnership between DBHS, Optum, First Step House, Blue Line Development, Housing Connect and the Salt Lake City Housing Authority, to develop 75 units of housing for those who qualify as having a severe mental illness (SMI). [Of these 75 units, 25 of them are vouchered through the Housing Connect Contract](#)

mentioned above. This tax credit project targets individuals exiting the USH, often with co-occurring substance use disorders, as well as those who are frequent utilizers of inpatient services. The project opened in Fall 2020.

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

For the RSS programs, DBHS meets internally and externally with County, State and other partner agencies to review progress and success. Items reviewed in these meetings include budgets, wait lists, referral numbers and services provided. As gaps are identified, the RSS team identifies strategies to meet client needs. Additionally, internal budget and access reports are distributed monthly.

Within the Sober Living Program specifically, additional strategies have been implemented in FY23 to improve the quality and quantity of sober living residences, including creating a specific residence quality standard form, more frequent site visits, and a much more comprehensive monitoring procedure. Great improvements have already been seen since the implementation of these efforts. OSUMH also requires that the Sober Living Program monitors clients for ongoing use, through weekly urinalysis (UA) testing for all clients. Attached to the state funds, the program is required to maintain less than 10% positive UA rate monthly. This is tracked by agency and gender, and is reported on monthly. In instances where specific program rates begin to increase, work is done to notify the provider, to look at causes, and to implement strategies. If an agency cannot bring the rates back in line with program standards, the agency is no longer able to contract with the program.

DBHS reviews monthly budget and capacity reports in partnership with Housing Connect that include capacity, run rates, budgets, referral progress and unmet need. Quarterly meetings are held with all referring agencies to discuss any concerns or gaps that are identified from the monthly data review. Stakeholder meetings are held frequently to ensure quality improvements are made when necessary. DBHS has been strongly committed to quality improvements in FY23 and looking forward into future fiscal years.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

Providing and receiving peer support stands as an integral component of rehabilitation and recovery. Salt Lake County and Optum are dedicated to the Peer Support Specialist Program and work to expand the peer workforce in Salt Lake County.

Certified Peer Support Specialists are currently employed at Valley Behavioral Health, First Step House, Odyssey House, House of Hope, Volunteers of America, Silverado Counseling services, University of Utah Warm Line and Mobile Crisis Outreach Team, Psychiatric and Behavioral Solutions, and Central City Housing.

Peer Support Specialists provide consumers with linkage to support services for SUD issues, mental health, physical health and social services. This service promotes the recovery model and provides tools for coping with and recovering from a substance use disorder.

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

Referrals are made to the Optum Peer Support Specialists via providers, community stakeholders and internal Optum staff and committees. Optum educates our providers and expects them to identify when PSS services could be beneficial. If providers do not offer this service in-house, they refer the case to Optum. Peer services are expected to be prescribed in a Treatment Plan. Documentation should include a corresponding treatment goal, the services rendered, and clinical review of the member's progress toward that goal.

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

10) Quality & Access Improvements

Shanel Long

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What interim or contingency services are available to individuals who may be on a wait list?

The expansions of Medicaid in 2017 – 2020, brought an unprecedented opportunity to expand mental health and substance use disorder services for individuals suffering from behavioral health conditions. In Salt Lake County, this opportunity more than tripled the capacity of some services and led to “openings as needed” rather than long wait lists in certain areas such as residential treatment in substance use disorder (SUD) settings.

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

Marry that with the severe impacts of COVID-19 beginning in 2020, we now find ourselves in a workforce crisis. Some providers have buildings and/or beds available for our residents with funding streams identified, but they go unused due to the lack of staff to serve these clients.

Due to COVID-19, providers had been seeing a lack of court referrals and admissions directly from the jail. While these numbers have improved to nearly pre-pandemic levels, they are still seeing an increase in admissions from hospitals, the streets, and shelters. These individuals require medical and medication stabilization, are often in acute withdrawal, etc., whereas individuals coming from the jail are generally more stable.

Although the shortfall in workforce capacity was identified and highlighted with stakeholders early on by Salt Lake County, and aggressive actions taken, the gap in the behavioral health workforce was too great to solve on its own. Thanks to advocacy from the Utah Substance Use and Mental Health Advisory Council and other stakeholders, numerous legislative actions have contributed to addressing this problem, yet substantial gaps still exist, as evidenced by the Utah State Hospital closing beds in 2022. The 2023 general session addressed this problem in a myriad of ways, including but not limited to, an increase in 175 university slots for those in the behavioral health field, and funding for the Workforce Loan Repayment Program (with approved sites matching 20% of the award). Additionally, rate increases were passed for social detox, 5 community mental health codes, and for the administration of methadone.

Statewide funding was also appropriated for additional Mobile Crisis Outreach Teams, Assertive Community Treatment Teams, and jail medication assisted treatment programs (in counties able to provide matching funds through Opioid Settlement dollars).

The passage of HB 32 during the 2020 general session, allowed for counties to apply for funding to

develop and implement Receiving Centers. DBHS was awarded funding for a new non-refusal Receiving Center. SLCo transferred the property, and thanks to the Huntsman Mental Health Institute (HMHI) and additional partners and funding, a groundbreaking occurred May 2021. This program will serve Salt Lake County community members who are in psychiatric or substance use-related crisis; however, the new Receiving Center will accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox. Due to this facility not becoming operational until 2025, the Salt Lake County Council voted to dedicate \$2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC is built and operational. It will be a non-refusal center with the ability to expand to 12 chairs (increasing from 5 in the current facility).

Additional increases in capacity include:

- A planned expansion of the Volunteers of America Social Detox Programs, increasing capacity by 50 beds (from 112 to 162 beds), by the end of 2023, and relocating services to 1875 S Redwood Road.
- A new youth 16-bed residential program (Copa) serving clients that may have co-occurring substance use disorders.
- Two new adult mental health residential programs (often with co-occurring substance use disorders), and
- Multiple new housing programs (highlighted in other sections of this area plan).

There is a waiting list for residential LOCs for those who do not have some form of Medicaid, **if the client does not fall under one of the qualifiers on the Federal Priority list**. DBHS/Optum has strongly encouraged all providers to offer lower level SUD services until an opening is available when any given client is on a waiting list for higher levels of care (ASAM 2.1 – 3.5). Each provider maintains their own waiting list. The contracted providers have a person(s) designated for intakes. This individual maintains the waiting list. Most providers require clients to call in each day/week (program specific) to check-in, express their continued interest in SUD treatment, and will be told at that time if they can now be admitted or if their place on the waitlist has changed. Approximate dates are given for when the client may expect admission, but these can vary greatly due to the nature of those in SUD treatment and the course of treatment.

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

- See attached Quality and Improvements - VBH SLCo – Eliminating Health Disparities Goals and Action Plan
- See attached Quality and Improvements - Optum Cultural Responsiveness Plan

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency’s services and funding.

Please refer to the first section in #10 above (Quality & Access Improvements).

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

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

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

Additionally, Optum and DBHS are working with their provider network to match a list provided by the SMO, with clients receiving services through them, to support individuals in remaining enrolled when possible, and to connect clients to Take Care Utah when needed, to assist with Marketplace Plan enrollment.

An additional impact will be the gradual loss of the enhanced COVID-related Medicaid match (6.2%). This funding drops to:

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

The implementation of increased rates (social detox, administration of methadone, and 5 community mental health codes), new programs, the unknown shifts in membership due to the unwinding (in a prepaid health plan), and an ever increasing state Medicaid match rate, finds us in an unprecedented moment in time, making accurate estimates of numbers served and budgets nearly impossible.

Optum/DBHS continues to assess network gaps and needs based on Geomaps, feedback from members and providers, and community stakeholders. Optum holds multi-disciplinary meetings semi-monthly to review network needs and requests to join the Medicaid network for SLCo. As reported above, Optum/DBHS has added several MAT providers to our Medicaid network over the past 18 months. We understand that with the Medicaid “unwinding” there will be a shift in Medicaid eligibility and possible increased movement to non-Medicaid. Providers will be encouraged to work with members to assure continued eligibility when appropriate, and work with non-Medicaid funds when appropriate.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

DBHS strives to ensure that community stakeholders are aware of the services DBHS provides and how to access them. A primary way DBHS ensures this awareness is by regular attendance at community stakeholder meetings. Some of the meetings DBHS representatives attend are: the Mental Health Court Advisory Committee, the Salt Lake Juvenile Court Multi-Agency Staffings, the Salt Lake Regional Advisory Committee, the Salt Lake City School District Mental Health Roundtable, the Utah

State Child Welfare Improvement Council, The Utah Youth Initiative, the OSUMH ATR Steering Committee, the Family Investment Coalition, Utah Health Policy Project Healthcare Roundtable, the Medical Care Advisory Committee, the Salt Lake Valley Coalition to End Homelessness Health and Wellness Core Function Group, [Adult Drug Court Steering Committee](#), [Family Recovery Court Steering Committee](#), and others.

DBHS is a member of the Criminal Justice Advisory Council, where ongoing systemic needs are addressed monthly, coordinated and planned for. The committee includes representatives from the courts, law enforcement, mayors, county council, state legislators, Legal Defenders Association, District Attorney's office, Department of Corrections, Criminal Justice Services, Human Services, Diversity Affairs, and an individual with lived experience in the criminal justice system. One example is the new Receiving Center. This item is periodically on the agenda to provide updates and receive feedback from stakeholders.

Additionally, staff at DBHS provide regular trainings and educational opportunities to providers and community stakeholders regarding services offered and DBHS programs administered. Such opportunities include but are not limited to trainings held for the courts, Criminal Justice Services, the Legal Defenders Association, the Salt Lake County Jail, and the Criminal Justice Advisory Council.

In FY23, Optum [provided a mandatory training for network providers](#), covering [treatment planning and reviews](#).

[Additionally, a training on discharge planning is slated for Fall 2023. This will also be mandatory for network providers.](#) CEUs will be offered on behalf of the Utah Chapter of NASW for the training.

What evidence-based practices do you provide (you may attach a list if needed)? Describe the process you use to ensure fidelity?

All of the practices listed below are recognized by SAMHSA and are offered in the DBHS/Optum SLCo Network.

- Assertive Community Treatment (ACT)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing (MI)
- Cognitive Behavior Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- IPS Supported Employment
- Family Psychoeducation
- Supported Housing
- Consumer Operated Services
- Critical Time Intervention
- Parent Child Interaction Therapy
- Behavior Therapy
- Integrated Dual Disorders Treatment
- Exposure Therapy for PTSD
- Seeking Safety
- Mental Health First Aid
- Wellness Recovery Action Plan (WRAP)
- QPR Gatekeeper Training for Suicide Prevention
- Interpersonal Therapy (IPT)
- Medication-Assisted Treatment (MAT)
- Moral Reconciliation Therapy (MRT)

All contracted providers are mandated to conduct supervision for EBP and it is the responsibility of each individual agency to meet fidelity requirements. This is verified during each annual monitoring visit. In addition to the regular reviews and re-authorizations described below in the quality of care section, the quality assurance team provides oversight and ongoing consultation and training to the network of providers based on the annual contract compliance/improvement audits. Trainings are focused on the use of individualized, client-centered services; development of standardized assessment and treatment planning tools; the utilization of ASAM patient placement criteria; continued stay criteria; utilization review; and more rigorous quality assurance/improvement, fiscal and administrative oversight requirements.

Additionally, ongoing training is provided to help educate and inform all providers on the ASAM criteria and manual.

Describe your plan and priorities to improve the quality of care.

DBHS' priority has always been to provide constant and consistent utilization management and quality assurance (i.e., monitoring visits) in order to ensure that any given client is afforded the best quality of care in the most appropriate treatment level. To this end, DBHS has created a system whereby all ASAM LOCs greater than 1.0 must seek preauthorization and be reviewed based on the standards set forth by OSUMH and Medicaid. This entails the primary clinician completing a treatment plan update with a corresponding progress note. The clinician then notifies DBHS via a universal mailbox established for this purpose that a given file is ready for review. Each request is handled on a case-by-case basis. Should a client meet criteria to continue at the current level, a reauthorization is granted according to pre-established standards set by OSUMH and Medicaid. If DBHS disagrees with the request to continue at the current LOC, then a plan is established by the agency to place the client in the most appropriate LOC according to the most recent ASAM assessment within the treatment plan review. No client is immediately discharged. Should a client be assessed as needing a higher LOC, a similar process is required.

Through the above, the quality of care is monitored constantly. DBHS requires all providers to notify the Division when any new or ongoing authorization is needed. At that time, a Quality Assurance (QA) Coordinator will review the most recent treatment plan/ASAM update for medical necessity. These requests are not automatically approved. If medical necessity is met, then the authorization is granted. If not, then a plan is developed to transition the client to the next appropriate level of care according to the most recent ASAM assessment. DBHS receives multiple requests every day for authorizations and this is a significant part of the responsibility of the QA Coordinators. In addition to this, every provider is audited each year. This involves pulling a random sample of files and thoroughly reviewing each file. A report is issued wherein clinical, administrative, and financial concerns are addressed. If necessary, a corrective action plan is requested within specified time frames.

Optum, ARS/IGS and DBHS have developed similar preauthorization processes in order to reduce confusion with providers. The overall medical necessity expectations and licensure of those reviewing the request are the same. Slight procedural variations are present such as how authorizations are communicated.

DBHS and Optum continue to support providers in their use of evidenced-based practices; however, the individual providers have the responsibility of obtaining training for evidence-based practices. All current providers have to provide evidenced-based practices, including the supervision required by the EBP, by contract. DBHS and Optum have seen increased use of EBPs by providers including increased use of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution-focused Therapy, Trauma Awareness Focused Therapy, Strengthening Families, and gender specific treatments.

During FY23, DBHS brought in Scott Boyles from Train For Change Companies to do ASAM trainings. There were four trainings, identical in the intent and purpose, which was to review admission and continued stay review criteria for each level of care, focusing on the higher levels of care. Each training was at or near capacity. DBHS is committed to continue to provide trainings for each of the coming fiscal years, presenting training that is complementary to what OSUMH is already providing.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

The majority of DBHS/Optum providers offer telehealth services. The services on the authorization for telehealth mirror the in person (in clinic) services, as pertinent. In regular communication with providers (by phone, in training, etc.), we have found that many of our providers have gone through or are completing the process to continue telehealth services beyond the pandemic.

While no specific telehealth system is required for our providers, they submit an attestation confirming that the videoconferencing technology is compliant with HIPAA requirements and meets current American Telemedicine Association minimum standards. In addition, the following requirements must be met to perform telehealth services:

- HIPAA and bandwidth requirements
- Compliance with applicable laws, rules, regulations, and state requirements to provide telehealth services along with coding requirements and documented protocols
- Standards for appropriate, private and secure room/environment
- Secure documentation rules in accordance with HIPAA
- Protocols to assure equipment functions properly with a backup plan in case of failure
- Licensing standards for the state

All providers currently providing telehealth services have completed training on the following which will still apply if they attest and continue to provide telehealth services:

- Proper claim submission protocols
- Appropriate malpractice insurance for providing telehealth services

Telehealth services are included in treatment record reviews during monitoring visits of our providers. Auditors will ensure all required components of the service provided are included, even as the service was not rendered in person. Justification of ongoing treatment and demonstrated improvement through treatment plan reviews of SMART treatment objectives is expected. When individuals are not improving, the treatment plan is to be adjusted accordingly.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

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

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent

to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either "HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT"; or "INEFFECTIVE".

As a network system, multiple agencies within the DBHS network have worked with the CPC to assess, and then implement strategies to improve their services, in particular around individuals with current or past justice involvement. In recent years, First Step House and Odyssey House have worked extensively with the CPC, among other agencies.

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

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

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

11) Services to Persons Incarcerated in a County Jail or Correctional Facility **Thomas Dunford**

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

Corrections Addictions Treatment Services (CATS) at Oxbow and Adult Detention Center Jails, South Salt Lake City: CATS is an addictions treatment therapeutic community based on an intensive outpatient level of care (9 - 19) hours per week of [therapeutic and skill-based](#) treatment services based on the therapeutic community model.

The program is operated within both the ADC and Oxbow Jails. The capacity for males is 152 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program and [DBHS'](#) housing programming. Upon completion of the CATS program, all inmates are eligible to apply for TAM Medicaid and be provided with a clinical referral into a county approved agency.

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

[3 Year Plan:](#)

[Odyssey House is exploring a possible expansion of services into the Medium Security levels within the](#)

[Salt Lake County jail, pending approval from the jail.](#)

The DBHS Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, and into the community, continues to serve clients inside the Jail, as well as those engaging in SUD treatment, clients working towards treatment engagement, or those continuing services in the community. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections. Any Salt Lake County resident [who meets income qualifications](#) and is engaged in SUD treatment or continuing care services, as well as those working with case management teams with a goal of accessing ongoing treatment, are eligible to participate in the Vivitrol program. Our criminal justice partners, including CATS in the jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, and Intensive Supervision Probation, constitute the bulk of our referrals. Those who attend regular case management appointments and remain engaged in treatment are eligible to receive monthly Vivitrol treatment at no additional charge to the client [as long as they continue to meet income qualifications](#).

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

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

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

[The Jail Resource Reentry Program](#) is also cited at the jail, is voluntary and offers support to individuals as they transition back into the community to avoid recidivism and provide services to prevent them returning to the same circumstances that led to their arrest, helping to make the community safer. Salt Lake County Criminal Justice Services, the Salt Lake Legal Defenders Association and Valley Behavioral Health assist individuals to assist them in navigating the complexity of criminal justice and social services systems. Clients receive have access to email, phone calls and free Wi-Fi; phone charging stations; snacks, water, female personal hygiene products; SNAP/Medicaid enrollment; Department of Workforce Services (DWS) information; a safe place to wait for services; transport options (bus tokens, VOA van service, homeless van services); homeless housing referrals; donated clothing items are available on-site.

DBHS operates many additional programs aimed at diverting individuals from the county jail by providing services prior to arrest; while incarcerated in order to reduce their time of incarceration; and through transition services for incarcerated individuals as they are released from jail. These services are funded entirely with State and County funds. Please refer to the Justice Services section for

additional information on these programs.

Describe any significant programmatic changes from the previous year.

Not significant.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

The Salt Lake County Jail has an intoxication and withdrawal policy to ensure safe and effective drug and alcohol withdrawal and clinical management of patients in withdrawal. A program of medical detoxification will be initiated for each patient incarcerated in the jails who is physically and/or psychologically dependent on the following: alcohol, opiates, stimulants, sedative, hypnotic or hallucinogenic drugs.

Health Services within the jail is responsible to provide procedures for the clinical management of these patients. The protocols for intoxication and detoxification are approved by the responsible physician, are current and are consistent with nationally accepted treatment guidelines. Medical detoxification is performed at the jail under medical supervision or at a local hospital depending on the severity of Symptoms.

Patients are screened by a registered nurse and mental health professional for drug and alcohol abuse or dependence, in processing at the nurses pre-screen, and during the comprehensive nurse and mental health screenings.

These screenings will include a detailed history of the type of drug; duration of use; frequency of use; approximate dose; last dose; history of prior withdrawal; history of prior treatment for withdrawal; and current signs or symptoms of withdrawal.

All patients found to be withdrawing from a physiologically addicting drug will be treated in accordance with recommended medical practice. Treatment will be determined by the individual needs of the patient as well as the type and severity of the drug withdrawal. Patients at risk for progression to more severe levels of withdrawal are transferred to the Acute Medical, Acute Mental Health, or Sub-Acute Mental Health units, or to an outside medical provider for observation, treatment and stabilization.

The DBHS Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, and into the community, continues to serve clients inside the Jail, as well as those engaging in SUD treatment, clients working towards treatment engagement, or those continuing care services in the community. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections. Any Salt Lake County resident [who meets income qualifications and is](#) engaged in SUD treatment or continuing care services, as well as those working with case management teams with a goal of accessing ongoing treatment, are eligible to participate in the Vivitrol program. Our criminal justice partners, including CATS in the jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, and Intensive Supervision Probation, constitute the bulk of our referrals. Those who attend regular case management appointments and remain engaged in treatment are eligible to receive monthly Vivitrol treatment at no additional charge to the client [as long as they continue to meet income qualifications](#).

In 2019, federal grant dollars allowed for an expansion of MAT services in the jail. Qualifying program participants with an opioid or alcohol use disorder have access to MAT, SUD behavioral therapies, and

coordinated referrals to community treatment services upon release. MAT Program medications may include methadone, buprenorphine or Naltrexone (Vivitrol). The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality.

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

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

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.

DBHS does not spend any SAPT funds on jail-based programming. The division utilizes County funds, SSOR Grant (previously STR and SOR) dollars, and other State funds for these programs.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

Providers within the SLCo network have taken steps towards integrating physical health and behavioral health services. Additional coordination between behavioral health providers and physical health providers occurs. Please find examples below of integrated efforts within their programs:

Odyssey House (OH)

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

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

Additionally, Martindale providers in conjunction with Soap to Hope, provide weekly street-based medical care to sex workers and homeless individuals, typically treating wounds, STDs, MAT, among others. These individuals are typically resistant to coming into a traditional medical setting because of

fear of going to jail or getting in trouble with their pimp, so they are going to them and having real Success.

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

First Step House (FSH)

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

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

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

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

Valley Behavioral Health (VBH)

- [Valley launched the integrated care clinic at the North Valley building in early 2022 and closed the program in December 2022.](#)
 - [Valley is currently negotiating with a provider in the community to reopen the clinic in 2024 and provide on-site services at the North Valley building.](#)
 - [Approximately 800 patients affected by the closing were referred and connected to primary care providers in the community.](#)

- Valley continues to provide integrated on-site and telehealth primary care services to our residential substance use treatment programs.
- Valley launched the chronic care management program in 2021 and closed it in 2022. We plan to reopen this program through the future primary care community provider plan discussed above.
- The on-site integrated care clinic for Valley West serving youth, families, and children was never opened and the provision of these services will be part of the community primary provider plan discussed above.

Clinical Consultants

Clinical Consultants developed a Family Primary Care practice within their building in West Jordan. They have two medical exam rooms and three employees currently delivering services. This includes a 20-hour/week DO (Doctor of Osteopathic Medicine), and two-family practice nurse practitioners. Clinical Consultants is one of the Salt Lake County network providers of MAT services.

By the end of FY 21, they began to offer physical exams, preventative health, primary care, routine medical care, STD screenings, vaccines, and urgent illness care (in addition to MAT). In addition to serving their behavioral health clients, they have opened access to the general public.

In February of 2022 Clinical Consultants began to provide the local community with free COVID-19 testing. In April 2022, they completed an internship agreement for placement of APRN Interns. They have been approved as panel providers for medical networks with Healthy U and have applications pending with HealthChoice, Molina and SelectHealth. They are presently interviewing Medical Assistants for immediate full-time hire. Their prescribers are now set up with a medical software and e-script system. They continue to deliver the services with the above staff.

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

Clinical Consultants has completed Utah Medicaid credentialing for integrated care. They have become approved providers for Steward and Health Choice, and are in the final contracting phase with Healthy U.

Volunteers of America (VOA)

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

VOA has a medical assistant to triage client needs, coordinate care, and make the referral to primary care services seamlessly. For several years they have been a recipient of the Utah State Primary Care Grant which provides funding to pay for the primary care needs of clients who are unfunded.

Wasatch Homeless Health Care Inc. dba. Fourth Street Clinic

Fourth Street Clinic is committed to providing integrated health care services for those in our community that are experiencing homelessness. Through offering high quality medical, dental, behavioral and supportive health care services, including an onsite pharmacy, unsheltered individuals have access to essential treatment and care. Through low barrier, integrated health care, Fourth Street Clinic is a partner in ending homelessness, promoting community health, and achieving across-

the-board health care savings. Fourth Street Clinic's integrated health team provides psychotherapy, [behavioral health](#) counseling, psychiatric evaluation and management, health and wellness, primary care provider collaboration and substance use disorder assessment, including Medication Assisted Treatment, and treatment referrals.

[Optum is in the process of credentialing Red Tractor Family Medicine and Psychiatry, Families First Pediatrics, and Wasatch Pediatrics for integrated services.](#)

[COPA Health is finalizing an integrated clinic in Murray, Utah to work with all ACOs, TAM, and Optum.](#)

Salt Lake County Vivitrol Program

Strong partnerships have been developed with Midtown Community Health Center in South Salt Lake, Odyssey House's Martindale Clinic, and Utah Partners for Health (UPFH) in West Jordan. Not only are clients referred to these clinics for their Vivitrol screenings and injections, clients are also offered access to primary care services through these same encounters. At Midtown and UPFH, with so many complicating health factors often arising during Vivitrol engagement, DBHS, in coordination with DSAMH, agreed to fund an enhanced office visit cost, to assist with covering the costs of other routine screens that may be necessary during a client's visit with medical professionals. In turn, the clinics provide the full spectrum of physical health care for Vivitrol clients as they actively attend their appointments. At Martindale, clients are also offered access to primary healthcare. All partner clinics accept Medicaid and private insurance as well.

In addition to the efforts mentioned above, Optum meets and collaborates weekly with the four Accountable Care Organizations (ACOs) to staff complex cases, coordinate care for Civil Commitment Court, facilitate aftercare post IP Detox, make case management referrals, and identify medical and BH Resources [and inform the ACOs of BH IP stays. Optum also provides information about the planned aftercare and discharge medications. This collaboration results](#) in improved engagement and access for our most vulnerable clients. The ACOs use this information to ensure follow-up with discharge services and support as needed.

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

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

The Division currently contracts with Fourth Street Clinic for behavioral health assessments for uninsured homeless clients. Our other partner clinics, Midtown Community Health Center, Martindale Health Clinic and Utah Partners for Health administer Vivitrol [and Sublocade](#) to clients who are opioid or alcohol dependent. We continually seek out opportunities to increase the availability of integrated physical and behavioral health care to our clients through our partnerships with primary care providers. DBHS also funds mental health treatment for some Vivitrol clients at Utah Partners for Health, so that they may receive their MAT and therapeutic services at the same clinic. Additionally, Martindale Clinic offers physical health services to RSS clients.

The DBHS/Optum treatment network is committed to addressing co-occurring disorders. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) and females (CORE 2). Additionally, RIC-AAU is now a dual diagnosis enhanced program. In FY21, Odyssey House opened a residential program for women who have co-occurring disorders and are justice involved. [In FY23 Odyssey House opened a residential program for men who have co-occurring disorders.](#)

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

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

Optum Care Advocates continue to collaborate with the respective ACOs on a case-by-case basis when it is noted that the [member's](#) medical needs, such as HIV, AIDS, Diabetes and Pregnancy, are a component of their SUD treatment and/or a part of their recovery. Each ACO has an identified person that is our contact point. The ACO then staffs the case and Optum will be contacted in return with their recommendation and/or plan to help address the medical status. Optum then coordinates with the treating provider what the medical plan is and who to coordinate with for their collaborative care. In some cases, Optum has been able to proactively access health care services for consumers coming out of USH, so that medical support is available upon immediate return to the community. This process is fluid and responsive on an as-needed basis in order to be flexible in meeting consumer needs.

Optum [recently enhanced their documentation system](#) to enhance our system and allow for formal identification and tracking of social determinants of health and medical concerns. It will organize documentation of these efforts on behalf of the Optum Clinical Team. In mandatory Optum SLCo provider trainings in March 2022, guidelines for gathering information related to the medical histories of the member and their family were included. During trainings and audits, providers are advised to contact the Optum Medical/BH Integration Specialist and Clinical Team to facilitate connection with the appropriate medical plan contacts.

Describe your plan to reduce tobacco and nicotine use in SFY 2024, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

DBHS/Optum continues to educate providers on the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Screening for use and abuse with referrals to smoking cessation supports continues to be addressed at provider meetings and trainings for MH and SUD treatment providers. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation

of these efforts. Except for the very small providers, all providers have some level of cessation services, from the basic referring to a quitline (and helping the client access that) to formal classes. In addition, for those who do want to quit tobacco, CBT is used, and MI for those who have not committed yet to quitting. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also being educated to ensure that any type of nicotine delivery system is addressed with the client. Salt Lake County/Optom has also incorporated a review of nicotine-free environment initiatives during audits providing a forum for another conversation about the importance of offering cessation services to clients. The Optum Recovery & Resiliency Team has incorporated education about tobacco cessation in their CPSS trainings. [DBHS and Optum continue to offer these trainings each fiscal year, and will continue to do so.](#)

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

For the Optum network, during the recent mandatory provider training focused on comprehensive assessments, clinicians offered guidance on the inclusion of the medical histories of individuals and their families. Providers are to consider the member's culture and living conditions which may also influence their physical, social, emotional and spiritual wellbeing. Providers are expected to request a release of information to collaborate with the individual's primary care physician, behavioral health prescriber and other key medical and behavioral health providers to encourage coordinated care.

Provider policies and procedures, as well as treatment records, are monitored to ensure assessment and coordination of treatment are considered for all who receive treatment. Providers within the Optum SLCo Network may also offer specific training for the clinicians and other service providers within their facilities/agencies/groups. Optum and SLCo refer treatment providers and members to Take Care Utah and care coordinators through the member's ACO to obtain links to a PCP and other supports for medical care and maintenance.

Within DBHS, while we do not provide any direct services to any population, staff are encouraged to attend various trainings that focus on client care. These include, but are not limited to, Generations, [the OSUMH Fall Conference on Substance Use Disorders](#), and Critical Issues.

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

Please refer to the response to the outcome measures in each of these sections:

- 1) Early Intervention
- 4) Treatment for Opioid Use Disorder (OTP-Methadone)
- 5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine)
- 8) Recovery Support Services
- 10) Quality & Access Improvements
- 16) Justice Services

13) Women's Treatment Services

Rebecca King

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

DBHS and Optum contract to provide women's treatment with eight providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, Midtown, Clinical Consultants, Martindale Clinic, and Project Reality. Services include 5 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 7

locations for MAT services.

Additionally, DBHS and Optum contract to provide gender specific treatment for parenting and/or pregnant women and accompanying children with five providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, and Project Reality. Services include 5 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 10 locations for MAT services.

Some of the specific, specialized services provided to women include:

- House of Hope and Odyssey House collaborate with Project Reality and DeNovo for their clients who are on methadone treatment.

Additionally, Odyssey House has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use disorders and their infants after delivery.

- Project Reality is currently providing multiple services for women and pregnant women. The agency partners with obstetricians and high risk pregnancy obstetric services all over Salt Lake County. Project Reality has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use disorders and their infants after delivery. Project Reality delivers OTP medication to the 'rooming in' program at the University of Utah Medical Center to support mothers caring for infants who stay in the hospital. Women, in general, are offered specialized women's groups that rotate topics to address a number of specific women's issues. Project Reality also provides referrals to women's specific programs such as House of Hope, Odyssey House women's and children program, and YWCA; provide parenting classes for families with children; and access to supplies for emergencies with children such as diapers, and toys to keep children occupied in the room while women are in their therapy sessions in the same room. Pregnant patients also have access to the expanded care services listed under 4) Opioid Treatment Program (OTP-Methadone).

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.

Children of families receiving substance use disorder treatment receive therapeutic/developmental services during the day while their parents are attending group/individual therapy sessions. These services include assessment, individual and family therapy, practicing pro-social and health behaviors. For children in the transition program they are eligible to continue receiving services while their parents work and move into permanent or transitional housing.

All programs also coordinate care with DCFS and CPS assisting mothers to meet service plan goals, arrange visitation as allowed by the court or family agreement, and contingency plans for emergencies.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

The parent and children programs provide case management assistance with obtaining children's records such as birth certificates and social security cards, obtaining Medicaid or other financial supports, and monitoring court dates. Efforts are made to set up educational, mental health, and/or

developmental referrals for current and future assistance. Case management services also involve working with families to manage financial assistance already in place.

Childcare includes services provided directly to children without parents present such as maintaining daily routines, assisting with activities of daily living, or engaging in recreational activities.

Transportation includes child and family appointments outside of the program, attending court, or other events necessary to healthy family functioning.

Describe any significant programmatic changes from the previous year.

No significant changes

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

With Brent Kelsey's approval, beginning in SFY22, DBHS is no longer utilizing the WTX to fund residential women and children's treatment. The funding was approved to be used to fund the USARA Recovery Support Coaching program (see program summary on page 47).

Please describe the proposed use of the WTX funds

The \$210,000 will be used to fund the USARA Recovery Support Coaching program.

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

USARA serves the entire State of Utah.

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

Sent to Brent Kelsey on 4/24/23.

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

USARA reports that they served 100 from Salt Lake County, 21 from Ogden, 24 from St George, 22 from Price, and 11 from Moab, totaling 178 served.

14) Adolescent (Youth) Treatment

Shanin Rapp

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

DBHS and Optum contract to provide treatment for adolescents through four providers located throughout the County. Providers include Odyssey House, Youth Services, Clinical Consultants, and Asian Association. Services include 8 outpatient sites, 3 intensive-outpatient sites, 1 day treatment sites, 1 residential site, and 1 site for social detox. Medical detox is available to youth needing this

service as well.

Some of the evidence-based practices employed by our providers are:

- Multifamily Psychoeducation Group (MFG)
- Trauma Focused Cognitive Behavior Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Cognitive Behavior Therapy
- Behavior Therapy
- Integrated Dual Disorders Treatment
- Seeking Safety
- Wellness Recovery Action Plan (WRAP)

Additionally, some offer gender specific treatment.

In order to incorporate the ten key elements of quality adolescent treatment, DBHS will have this as a discussion item during the monthly PSCC meetings. Additionally, DBHS and Optum have a robust monitoring system (see "Governance and Oversight Narrative" for more detail). DBHS and Optum will incorporate the key elements of quality adolescent treatment into the monitoring tools. This includes providing immediate feedback and training to the providers as problems are identified.

Also, Salt Lake County Division of Youth Services (DYS) has clinical outpatient services for adolescents. These are conducted by licensed mental health therapists. There are components of SUD discussions in all of the above.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Optum receives referrals for youth from a variety of sources including: families, juvenile drug court, school districts, inpatient facilities, other treatment agencies that do not typically offer specialty SUD treatment services, Multi-Agency Staffing, and System of Care. To ensure that the Salt Lake County community stakeholders continue to remain aware of the SUD resources available, Optum has met with several agencies including, but not limited to, juvenile court/probation officers and school district meetings. Additionally, Optum has offered trainings to Mental Health providers regarding SUD related topics. During these trainings, providers are reminded of the SUD resources available through the Optum Network. Optum's Clinical Operations team also offers referrals to families who may call in requesting information on SUD resources available for their child.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

Each agency providing treatment collaborates closely with other State agencies serving children and youth to ensure that needs are being met. Both DBHS and Optum monitor these efforts and request that providers document their efforts at collaboration in the client plan. DBHS and Optum participate in frequent Multi-Agency Staffings (MAS). This staffing also includes representatives from Juvenile Court, Granite School District, and other treatment providers including SUD.

15) Drug Court

Shanel Long

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Adult Drug Court clients are required to screen high-risk based on the LS/CMI assessment to be eligible for the Adult Drug Court program. Potential clients are identified by the Legal Defenders Association and are referred to the District Attorney (DA) who screens based on criteria. The DA then refers clients to CJS for the LS/CMI. Upon completion of the assessment, CJS sends the LS/CMI results to the DA who uses the results and other legal information to assign to a Judge and Court. CJS also arranges for an ASAM assessment to be conducted by Assessment Referral Services (ARS). Upon completion of the assessment, CJS sends the treatment recommendation and appropriateness back to the DA to make a final determination. Once this process is complete, clients who are eligible plead into the program. CJS supports adherence to Best Practices and recommends a maximum of 125 clients per court [and is currently operating at that capacity.](#)

Family Recovery Court (FRC): Clients participating in the FRC program must meet the eligibility criteria of being high risk and high need, have reunification services ordered, and voluntarily sign-up for FRC. DBHS works closely with the Third District Juvenile Court and DCFS to identify clients that may be eligible for the FRC program. FRC is using the ASAM assessment and/or the RANT to assess the needs of clients and determine risk. Indicators of high risk would include DCFS involvement, order for reunification services, and treatment needs indicating an ASAM 2.1 or higher LOC. There are four Family Recovery Courts in Salt Lake County. The number of participants served in each FRC is an average of 25, which is approximately 100 participants collectively per year. [Numbers were lower last year due to the pandemic, but have rebounded this year. The court is currently at 75, with 2.5 months to go in FY23.](#)

Juvenile Drug Treatment Court (JDTC): Participants in the JDTC program must meet the eligibility criteria of being moderate or high risk and high need. DBHS works closely with the Third District Juvenile Court to identify participants that may be eligible for the program. The JDTC program uses the Pre-Screen Risk Assessment, Protective and Risk Assessment, and SASSI to identify moderate and high risk/high need youth. Additionally, all JDTC participants receive an ASAM assessment to determine the appropriate level of care for treatment. There is one Juvenile Drug Treatment Court in Salt Lake County. The [number of](#) participants served is an average of 25 participants per calendar year.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). [Describe your efforts to have Certified Peer Support specialists working with Drug Courts?](#) How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Adult Drug Court (DC) clients receive SUD treatment through DBHS contracted providers (ASAM 1.0, 2.1, 2.5, 3.1, 3.3 and 3.5). Clinicians at CJS provide clinical case management services and bridge any treatment service gap with internal therapeutic based classes including Seeking Safety and MRT. Additionally, clients receive case management supervision services and cognitive based journaling classes while in Drug Court through CJS.

During initial court orientation, clients complete an application for Medicaid/TAM; if the client is incarcerated, the case manager sends the referral to UHPP upon their release. If the client's paperwork was not completed or they need to reapply, the case manager refers the client to a Medicaid enrollment specialist. Clinical Case Managers monitor treatment and funding/Medicaid eligibility in collaboration with the treatment provider.

CJS uses several evidence-based curriculums with drug court clients including Seeking Safety, Moral Recognition Therapy (MRT), and Courage to Change. All staff who provide these curriculums were trained and certified by qualified trainers and receive regular boosters via webinars, DVDs, etc.

[CJS also has a partnership with Utah Support Advocates for Recovery Awareness \(USARA\) and has a](#)

representative that attends each court to support clients by providing information regarding recovery meetings and peer support services provided at USARA. Drug Court participants are highly encouraged to take advantage of peer support specialists and are expected to attend recovery support meetings regularly.

Family Recovery Court: Participants have access to DBHS' full network of contracted providers for treatment and case management services that include outpatient, day treatment, and residential treatment services. Additionally, DBHS contracts with an ARS assessment worker to conduct initial assessments, authorize funding and to serve as a liaison between treatment providers and the Court. Participants are assisted with Medicaid enrollment in multiple touchpoints. Participants are required to obtain sober support, which is often a peer coach with Utah Support Advocates for Recovery Awareness (USARA) but may also be a sponsor. [USARA is providing a peer support coach as part of each of the Family Recovery Court teams. They are also present for staffings before court to provide expertise from their perspective and experiences. This has become invaluable.](#)

Juvenile Drug Treatment Court: Participants have access to DBHS' full network of contracted youth providers for treatment and case management services that include outpatient, day treatment, and residential treatment services. Third District Juvenile Court staff collaborate with the [Assessment & Referral Services \(ARS\) liaison and treatment providers](#) to assist with Medicaid enrollment services. Salt Lake County Youth Services provides a Peer Family Support Specialist as part of the JDTC treatment team. She is housed at a Juvenile Probation Office for accessibility for families.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

All adult Drug Court clients [needing MAT are eligible to participate in DBHS' MAT services](#). All services are contracted out which include methadone or suboxone through Project Reality and the Vivitrol Program. The injections for the Vivitrol Program are administered via Odyssey House's Martindale clinic, within the county jail, at Utah Partners for Health, or Midtown Community Health Center. Clinical Consultants also offers Suboxone and Vivitrol through their outpatient MAT clinic. Agencies who do not have direct MAT services are able to refer clients to the previously listed service providers. Vivitrol services are described under the RSS Section. CJS also has a dedicated MAT [clinical](#) case manager for clients currently utilizing MAT services in the community who need additional help navigating these services.

FRC participants may engage in MAT support through community clinics that offer methadone, Suboxone and Vivitrol based on client preference and clinical recommendations. FRC does not provide direct MAT services but is supportive of participants seeking MAT through a licensed private Provider.

The JDTC does not provide MAT services for youth participants.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court contracts with Averhealth for drug testing. Averhealth uses current research and complies with the national standards for drug testing techniques. Averhealth can provide a breadth of drug testing. Every client is given a five or eight panel drug test, and usually given a random specialty test to determine if cross addiction is occurring. Averhealth provides observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect adulterated samples. Clients who are receiving ASAM 3.1 and above are usually drug tested at the facility where treatment is

being provided. In some cases, if the provider does not have the resources for drug testing or is not able to provide the frequency of 2-3 times per week, including weekends and holidays, the client will be sent to Averhealth to test. Averhealth provides random testing to our clients 6 days a week including Monday through Friday, on Saturday or Sunday and on at least three federal holidays. To better serve the client, Averhealth also provides confirmation tests to better determine the client's use and which specific drug was used.

Family Recovery Court and Juvenile Drug Treatment Court participants are tested randomly at a minimum of twice a week, including weekends and holidays, by the treatment provider they are being served through or through a contracted agency (i.e., Averhealth). FRC participants are not charged a fee for drug testing. Participants drug testing through Averhealth are given a five-panel drug test, which includes a breathalyzer. Additionally, they provide observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect adulterated samples. In some cases, if the provider does not have the resources for specific drug testing or is not able to provide the minimum drug testing requirements, the participant will be required to drug test through their treatment provider and Averhealth.

List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court: There are no fees associated with Drug Court. Clients are only responsible for paying any restitution associated with their case. Outside of residential treatment, clients may be asked to pay by their individual treatment providers/sober living program depending on individual circumstances. If the treatment provider is within the Salt Lake County DBHS network, they will be assessed for payment based on the DBHS sliding scale fee schedule. Clients also pay for their own tests through Averhealth, but CJS can provide fee waivers on a case-by-case basis.

Participants in Family Recovery Court and Juvenile Drug Treatment Court are not assessed fees for their participation in these specialty treatment courts. When accessing treatment, these expenses are generally covered by Medicaid. In cases where the participant does not have Medicaid and the treatment provider is within the Salt Lake County DBHS network, they will be assessed for payment based on the DBHS sliding scale fee schedule. Drug testing fees are covered through the contract with Averhealth or the treatment provider they are receiving treatment services from.

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

Criminogenic Screening and Assessment Tools

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

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders to reduce criminogenic risk factors.

DBHS Alternatives to Incarceration Program Initiatives

Project RIO (Right Person In/Right Person Out) began in 2006 when the Salt Lake County Criminal

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

Sequential Intercept #1 - Law Enforcement & Emergency Services

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

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

- **Receiving Center (RC)** - An HMHI short stay facility (up to 23 hours) designed as an additional point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. Clients may receive assessments, medications and other support. It may be used by law enforcement officers, EMS personnel and others as a receiving facility for individuals who are brought there voluntarily or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the “Living Room” model, which includes peer support staff as well as clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits, inpatient admissions, or incarceration by providing a safe, supportive and welcoming environment that treats each person as a “guest” while providing the critical time people need to work through their crisis.

Although progressive for its time upon opening in 2012, the Receiving Center is currently underutilized by law enforcement and emergency services due to a combination of issues. Physical set-up of the current space and gaps in funding for robust medical care have led the majority of law enforcement cases to be sent through emergency rooms for medical clearance which is a significant barrier to utilization. The geographical location is also not central to the jurisdictions most in need of the service, taking law enforcement serving those areas off the

streets for longer than is practical. Care in this setting has been impacted in 2021 and 2022 due to the COVID-19 pandemic due to the living room model, which presents significant challenges to communal care without risk of community outbreak. This led to some delays in acceptance and periodic reduction in bed capacity.

DBHS was awarded funding for a new non-refusal Receiving Center, and thanks to additional partners and funding, a groundbreaking occurred in May 2021. This program will serve Salt Lake County community members who are in psychiatric or substance use-related crisis from a central, accessible location in South Salt Lake. The new Receiving Center (RC) has been designed and funded to operate as a true non-refusal facility that will accept any and all individuals including community walk-ins, secure drop-offs from police, fire & EMS, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

Due to this facility not becoming operational until 2025, the Salt Lake County Council voted to dedicate \$2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC is built and operational. It will be a non-refusal center with the ability to expand to 12 chairs (increasing from 5 in the current facility).

• **Volunteers of America Detox Centers ***

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

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

Volunteers of America Men's Adult Detoxification Center: This social model residential detoxification and withdrawal management program provides 80 beds for men 18 and older in need of detoxification & withdrawal management services. This facility is located at 252 W. Brooklyn Ave. Salt Lake City, UT, 84101.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. In addition, women may bring their children age 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. In addition, clients have access to an outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123.

Both programs offer a trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at these facilities for up to 30 days as they work with their case manager to link to behavioral health

services. These services include connection to essential substance use treatment, Medicaid enrollment, primary care referral, assistance with legal issues, reconnecting with family, etc.

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

By the end of 2023 they will be moving locations to 1875 S Redwood Road and expanding their beds by 50.

● **Unified Police Department (UPD) Mental Health Unit (MHU) ***

Supported with JRI funding, a licensed mental health therapist is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. The UPD Mental Health Unit serves the cities of Kearns, Magna, Holladay, Millcreek, Midvale, Canyons, Copperton, Cottonwood Heights, Draper, Sandy, Murray, South Salt Lake, Brighton and White City, and also provides additional assistance to other law enforcement agencies throughout the county upon request to: Salt Lake City, UTA, Bluffdale, South Jordan, West Jordan, Herriman and West Valley City. The objectives of the Mental Health Unit are to:

- Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
- Provide mental health consumers and their families with linkages to services and supports
- Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate
- Reduce repeated law enforcement responses to the same location, and
- Free up patrol officers to respond to other calls.

The Mental Health Unit is a partnership of law enforcement agencies in Salt Lake County. Currently there are 12 MHU officers and one mental health therapist that respond to calls throughout the county.

This effort enjoys a commitment to problem solving and a fruitful collaboration between law enforcement, DBHS, HMHI, and the greater community of Salt Lake County.

Sequential Intercept #2 – Jail

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

Mental Health services are funded through a direct appropriation from the County Council to the SLCo Sheriff's Office. [In addition to providing mental health services and medication management, jail mental health case managers coordinate services and releases for the severely mentally ill](#)

population. This includes such things as verifying medications, obtaining outside treatment records, post-release planning, providing community resources, connecting clients to in-reach services as available, collaborating/communicating with community stakeholders such as community behavioral health providers, the Legal Defenders Office social workers, and participating in Mental Health Court staffings, Top 10 staffings, and the Metro Mental Health monthly roundtable.

The Salt Lake County Jail has two dedicated units that can address more severe mental health needs – a 17-bed unit for individuals who have been identified as high risk for suicide and a 48-bed unit for individuals with a mental health diagnosis that would benefit from not being with the general population. In addition to these, the jail team provides group therapy and crisis services for individuals in the general population.

DBHS funds the SUD services in the jail, including:

Corrections Addictions Treatment Services (CATS) at Oxbow and Adult Detention Center Jails, South Salt Lake City: CATS is an addictions treatment therapeutic community based on an intensive outpatient level of care (9 - 19) hours per week of [therapeutic and skill-based](#) treatment services based on the therapeutic community model.

The program is operated within both the ADC and Oxbow Jails. The capacity for males is 152 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program and [Salt Lake County Behavioral Health Services'](#) housing programming. Upon completion of the CATS program, all inmates are eligible to apply for TAM Medicaid and be provided with a clinical referral into a county approved agency.

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

3 Year Plan:

[Odyssey House is exploring a possible expansion of services into the Medium Security levels within the Salt Lake County jail, pending approval.](#)

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

- **State Competency Jail Restoration Program** - This program is operated by the state and works to restore inmates to competency while awaiting a hospital bed.

- **Community Response Team (CRT) *** - This Valley Behavioral Health (VBH) team works with severely mentally ill (SMI) clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC (Assess, Plan, Identify and Coordinate) Plan, a pre-release relationship with the inmate, assure

medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail.

● **Salt Lake County Criminal Justice Services Pretrial Services** - This is a risk-based service to release individuals from jail while awaiting a court hearing. Utilizing the least restrictive conditions possible, Pretrial:

- Provides a non-financial release from jail and case management or tracking through case disposition.
- Provides information about upcoming court dates
- Utilizes evidence-based assessments and tools to identify appropriate resources and create case plans to help reduce barriers to success. Assessments used include Public Safety Assessment (PSA) and the Gender Informed Needs Assessment (GINA).
- Assists in connecting individuals to treatment.

● **County Pre-file Intervention Program (CPIP)** - This is a pre-filing diversion program that targets people who have been arrested for minor, non-violent crimes. Instead of filing criminal charges against them, prosecutors connect them to case workers who help them with required classes or other resources they might need. It is a voluntary program. People accused of violent crimes or domestic violence are not eligible. Participants stay out of the criminal justice system entirely if they complete the requirements and don't commit any new crimes while in the program, which lasts between four and six months.

Sequential Intercept #3 – Courts

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

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

● **Drug Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of working with individuals with a substance use disorder, such as strict probation or mandatory imprisonment, did not address the

fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. DBHS funds services and care coordination for this population.

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

- **Case Resolution Coordinator** - An attorney funded through Salt Lake County, housed in the Legal Defenders Office, that helps individuals with behavioral health conditions resolve multiple court cases throughout the valley (in coordination with other court orders). Through close coordination of treatment and judicial oversight, individuals are diverted from incarceration, avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

Sequential Intercept #4 – Reentry

- **Top Ten** - Once a month, DBHS facilitates a group that meets to staff frequently booked individuals with severe mental illness. Partners include the Legal Defender's Association (LDA), Valley Behavioral Health, HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Center, 4th Street Clinic, Criminal Justice Services, Division of Services for People with Disabilities (DSPD), and Odyssey House. Team goals are to:
 - Ensure jail mental health is aware of an individual's diagnosis and medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of an individual's diagnosis and medications prescribed in jail prior to release.
 - Develop a pre-release relationship with the inmate prior to release whenever possible.
 - Work to assertively engage the client in treatment upon release, address continuity of care/medications and transport if appropriate.
 - Refer into appropriate programs (Mental Health Court, ACT Teams, dual-diagnosis residential programs, Jail Diversion Outreach Team, other outpatient services, housing, DSPD services, etc.).
 - Communicate with the individual's attorney.
 - Communicate with county supervising case managers, state AP&P officers or other private supervising agencies.
 - Coordinate jail releases when appropriate.
 - Support the client to resolve open court cases.
 - Coordinate with medical providers when appropriate.
 - Coordinate with other community providers (VA, private providers, etc.).
 - Assist with housing, entitlements, and other needed supports.
 - Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.

Additional IT support [is provided by](#) the Salt Lake County Mayor's Office of Criminal Justice Initiatives, providing real time information regarding bookings, charges, court cases, and other pertinent information.

- **Jail Diversion Outreach Team (JDOT) *** - This VBH assertive community treatment "like" team is a multidisciplinary team that assists severely mentally ill individuals that are frequent recidivists in the county jail.

- **CORE (Co-occurring, Re-Entry & Empowerment) *** - VBH CORE 1 and CORE 2, offer services to adult male and female individuals suffering from co-occurring disorders including substance use disorders and serious mental illness. These 16-bed residential facilities are designed to provide wraparound services both on-site and in the community, integrating mental health and substance use disorder treatment and focusing on medium/high risk and medium/high need individuals with supportive housing attached upon discharge. These programs were implemented due to community requests and have demonstrated impressive outcomes over the years with the ultimate goal of successful reentry and a reduction in jail recidivism.

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

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

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

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

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

- **ATI Transport *** - This VBH program transports severely mentally ill inmates released from the jail at a specific time (avoiding nighttime releases) and transports them to a community-based treatment provider for assessment and services.

- **DORA *** - A collaboration between Adult Probation and Parole, the court system and behavioral health service providers utilizing smarter sentencing guidelines for better treatment outcomes.

- **The Fourth Street Clinic** - Collaborates with the jail health system to help provide continuity of care for individuals who are registered patients at Fourth Street Clinic, supporting these patients to continue the medications and treatment they were receiving prior to incarceration. Staff at FSC are also able to coordinate with the jail health system to help provide continuity of care when individuals experiencing homelessness are released from jail and want to re-establish care with the clinic.
- **DWS Medicaid Eligibility Specialists** - DBHS funds a Medicaid Eligibility Specialist to assist with enrollment into Medicaid. Prior to the pandemic, this was a mobile position, visiting various locations such as the jail, court settings and Criminal Justice Services. Currently these services are provided remotely. Another DWS Medicaid Eligibility Specialist is embedded within the largest behavioral health provider.
- **Navigator and Certified Application Counselor Assistance** - DBHS providers, the jail, Criminal Justice Services, the Legal Defenders Association, Homeless Resource Centers, state corrections programs, and others, collaborate with navigators and certified application counselors to enroll individuals in Marketplace Plans, Medicaid and other health plan options, through Take Care Utah. Prior to the pandemic, these services were provided at many different locations, including court settings, the jail, provider locations, pretrial and probation settings. Currently they are a blend of in-person, and remote services. DBHS worked aggressively throughout the years to develop a coordinated response to enrollment efforts within the criminal justice and behavioral health populations.
- **Gap Funding *** - DBHS provides gap funding to assist with medications and treatment for uninsured severely mentally ill individuals being released from jail.
- **Jail Resource Reentry Program** - is voluntary and offers support to individuals as they transition back into the community to avoid recidivism and provide services to prevent them returning to the same circumstances that led to their arrest, helping to make the community safer. Salt Lake County Criminal Justice Services, the Salt Lake Legal Defenders Association and Valley Behavioral Health assist individuals to assist them in navigating the complexity of criminal justice and social services systems. Clients receive have access to email, phone calls and free Wi-Fi; phone charging stations; snacks, water, female personal hygiene products; SNAP/Medicaid enrollment; Department of Workforce Services (DWS) information; a safe place to wait for services; transport options (bus tokens, VOA van service, homeless van services); homeless housing referrals; donated clothing items are available on-site.

Sequential Intercept #5 – Community

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

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

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

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

● **Intensive Supervision Probation (ISP) Program *** - DBHS continues to partner with the Sheriff's Office and CJS on the ISP program. This program targets high-risk, high-need (SUD) individuals sentenced to county probation at CJS. Clients are evaluated using the LS/CMI risk tool, along with an ASAM assessment to determine appropriate level of supervision and care. They are supervised in the community by deputies from the Sheriff's Office and receive intensive case management services through CJS. DBHS continues to provide dedicated assessment staff working in coordination with the deputies and case managers, as well as prioritized access to treatment services for the uninsured and underinsured populations. Through this model there has been an increase in the number of clients who present for an assessment and treatment, reductions in the wait times associated with accessing treatment, and lower attrition rates when compared to the overall system. Through the expansion and evolution of the program, Recovery Support Services (case managed at DBHS), access to evidence-based MAT (case managed at DBHS and offered through a network of providers), and peer-led recovery coaching (through a contract with USARA) [are accessible to ISP participants](#). Between 2015 and 2021, over 60% of all clients have been referred due to drug-related offenses and over 99% have struggled from moderate or greater SUD. Additionally, over 32% of all clients have identified opiates as a primary substance of abuse (26.9% of all males and 35.7% of all females).

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

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

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

In a 2021 evaluation, 406 clients were admitted into the ISP program during a 12 month period (January 2020 – December 2020). Since the program's inception 320 individuals have graduated, and multiple successful outcomes documented: 75.4% of all clients referred into ISP have been assessed for treatment. Looking at a snapshot of the program in March of FY20, 73.1% of all open clients remain actively engaged in treatment. Graduates of the program enjoy a 34% reduction in risk scores. Successful clients saw an 86% reduction in new-charge bookings (comparing one year prior to one year post-program intake); revoked clients showed a 59.2% reduction; with the total population showing a 71.6% reduction.

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

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

- **Mental Health Court Housing** – beginning in FY22, mental health court housing units (2 master leased units and 6 units at First Step House's Fisher House) transferred from Salt Lake County Criminal Justice Services to DBHS.
- **Rep Payee Services** - a supportive service to individuals in need of assistance in managing their finances. Many individuals with severe and persistent mental illness, cycling through the criminal justice system, benefit from this type of service.
- **Supported Employment Programs** – multiple Salt Lake County network providers operate successful employment assistance programs for justice-involved populations.

• **USARA (Utah Support Advocates for Recovery Awareness)** - DBHS assists with funding for this program. This organization provides peer recovery support services, delivered by peer recovery coaches, a non-clinical support that brings the lived experience of recovery along with training and supervision to assist individuals in initiating and/or maintaining recovery. They also provide support groups for families and friends who are concerned about someone with a substance use disorder.

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

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

One of the new clinics is located in West Jordan, through Clinical Consultants, the other is located in Murray, through Project Reality. Federal grant dollars are utilized to maintain these clinics. [Additionally, Discovery House, Tranquility Place, and BayMark have been added to our network of providers.](#)

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

As an example, ~170 SUD residential beds existed in 2016, and currently exceeds 600, more than tripling capacity within the Salt Lake County network. Additional services have expanded outside this network as well.

Criminogenic Screening and Assessment Tools

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

Strategies used with low and high risk offenders

All clients are screened for criminogenic risk using validated, JRI-recommended tools (either the LS/CMI, the LSI, or the RANT) depending on the agency. Based on capacity at each agency, and the ability to stratify residential and outpatient programs by risk, clients are separated into the most appropriate setting. For example, Odyssey House places all 'intense' and 'very high' risk clients at their Millcreek campus. All 'high' clients go to the Downtown facility. All moderate clients attend Lighthouse, and all 'moderate-low' clients attend the Meadowbrook facility. Because of the size of the programs at Odyssey House, they would not have low-risk clients in service with high-risk clients. For the outpatient side of services, OH places all lower risk clients in the weekend IOP/OP Expedition Program. Not as

much flexibility exists for outpatients. Other agencies do not have as much flexibility because of the size of their programs and other financial constraints. First Step House for instance does not serve many, if any, low-risk clients. They do have some higher and intense risk programs that will serve only clients scoring in the 25+ range of the LS/CMI (REACH Program). Lower risk clients at FSH are typically referred to other programs for services, where they can receive differentiated services based on their lower risk scores. In our criminal justice programs (such as the ISP Program), many different EBPs are utilized to work with lower risk (all clients are at least a 20 on the LS/CMI) clients. These include EPICS (Effective Practices in Community Supervision), BITS (Brief Intervention Tools), Seeking Safety, and risk-based case planning based on the Risk, Needs, Responsivity (RNR) model.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

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

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

Due to this facility not becoming operational until 2025, the Salt Lake County Council voted to dedicate \$2.5M (ARPA funding) towards a temporary RC to act as a bridge until the new RC is built and operational. It will be a non-refusal center with the ability to expand to 12 chairs (increasing from 5 in the current facility).

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

DBHS recognizes Justice Reinvestment Initiative (JRI) Programming as a countywide initiative affecting multiple stakeholders including law enforcement, the county jail, courts, criminal justice services, legal defender’s office and district attorney’s office. As a result, when implementing a JRI strategy DBHS was

committed to broad support of county stakeholders, including approval from the following Criminal Justice Advisory Council stakeholders prior to implementing programming with JRI community-based treatment funding:

Mayor Jenny Wilson	Salt Lake County Mayor
Sheriff Rosie Rivera	Salt Lake County Sheriff's Office
Hon. Brendan McCullagh Judge	West Valley City Justice Court
Jean Hill	CJAC Coordinator
Honorable Jojo Liu Judge	Salt Lake City Justice Court
Jim Bradley	Salt Lake County Council
Dave Alvord	Salt Lake County Council
Jack Carruth	Chief of Police, South Salt Lake City
Karen Crompton	Director Salt Lake County Human Services
Sim Gill	District Attorney, Salt Lake County
Kele Griffone	Director, Criminal Justice Services
Representative Jim Dunnigan	Utah House of Representatives
Senator Stephanie Pitcher	Utah State Senate
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Association
Kim Brock	Third District Court Executive
Jim Peters	State Justice Court Administrator
Honorable Mark Kouris	Presiding Judge, Third District Court
Honorable Susan Eisenman	Third District Juvenile Court
Aimee Griffiths	AP&P Region Chief
Andrew Johnston	Salt Lake City Homeless Policy and Outreach
Tiffany King	Crime Victim Advocate
Jason Marzuran	Chief, Unified Police Department, LEADS Chair
Wayne Niederhauser	Office of Homeless Services
Jeff Silvestrini	Mayor, Millcreek City
Tim Whalen	Director, Salt Lake County Behavioral Health Services
Pamela Vickrey	Utah Juvenile Defender Attorneys, Executive Director
Scott Fisher	Salt Lake City Municipal Prosecutor
Luna Banuri	Chair, SL County Council on Diversity Affairs, Subcommittee on Criminal Justice & Law Enforcement

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

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

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Examples of services to these populations include:

Volunteers of America, Utah's Treatment Services Division (Cornerstone Counseling Center/Family Counseling Center - VOA/CCC/FCC) - has several programs to assist children and youth who are justice-involved with local DCFS, DJJS, Juvenile Courts, etc. Both CCC and FCC provide direct mental health services based on the client-centered biopsychosocial assessment. Services are provided by Licensed Mental Health Therapists as well as therapists working towards full licensure and Advanced Practice Registered Nurses (APRNs). Medication management services are provided for youth aged 16 years and older. Other available services include individual therapy (including play therapy) for children four years and older, group therapy as indicated by current census, and family therapy. Additionally, CCC provides Parent Child Interaction Therapy (PCIT), [an evidence-based practice](#), for children aged two and a half up to seven years old.

Odyssey House - Their adolescent continuum serves JJS and DCFS youth and works closely with JJYS and DCFS workers to coordinate care. Their school-based behavioral health services work with JJYS and DCFS youth K-12 schools in every district in the county. [The Youth Afterschool Program was developed in partnership with JJYS and demonstrates significant recidivism reductions](#). Finally, their Parents with Children Program works with DCFS custody youth to re-unify them with their parents while concurrently providing mental health and developmental services.

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

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

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

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

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and

Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsibility, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either "HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT"; or "INEFFECTIVE".

As a network system, multiple agencies within the DBHS network have worked with the CPC to assess, and then implement strategies to improve their services, in particular around individuals with current or past justice involvement. In recent years, First Step House and Odyssey House have worked extensively with the CPC, among other agencies.

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

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

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

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A) - Completed on Form A

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

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

For those not participating in this grant program, please indicate "N/A" in the box below.

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

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

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

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

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

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