

SUBSTANCE ABUSE & MENTAL HEALTH

# AREA PLAN

FISCAL YEAR TWENTY FIFTEEN



FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 964,754	\$ 2,475,005	\$ 240,639	\$ 574,039	\$ 618,751	\$ 8,085,843	\$ 248,153	\$ 19,237	\$ 183,747	\$ 310,500	\$ 341,120	\$ 539,194	\$ 14,600,982

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)	59,800	290,400		20,000	65,600	1,289,200							\$ 1,725,000	150	\$ 11,500
Residential Care (171 & 173)	81,500	262,000	27,000	45,000	42,000	1,024,500			5,000	4,000	39,000	20,000	\$ 1,550,000	210	\$ 7,381
Outpatient Care (22-24 and 30-50)	203,254	1,219,605	156,639	279,839	313,151	1,666,827	206,153		160,000	242,500	284,120	209,894	\$ 4,941,982	3,950	\$ 1,251
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	28,200	32,000		4,500	14,000	111,300	4,000			4,000	6,000	6,000	\$ 210,000	615	\$ 341
Psychotropic Medication Management (61 & 62)	110,000	310,000	42,000	26,000	69,000	2,029,000	38,000			60,000	6,000	35,000	\$ 2,725,000	2,040	\$ 1,336
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	72,000	210,000	10,000	6,000	38,000	1,007,000						7,000	\$ 1,350,000	625	\$ 2,160
Case Management (120 & 130)	50,000	110,000	5,000	7,000	59,000	856,000					6,000	7,000	\$ 1,100,000	675	\$ 1,630
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	62,000	12,000		5,000	8,000	63,000		9,000	10,000			90,000	\$ 259,000	180	\$ 1,439
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	150,000	22,000		5,000	7,000	2,016		10,237	8,747			95,000	\$ 300,000	350	\$ 857
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	8,000	7,000			3,000	37,000						20,000	\$ 75,000		
Services to persons incarcerated in a county jail or other county correctional facility				175,700								34,300	\$ 210,000	800	\$ 263
Adult Outplacement (USH Liaison)	140,000												\$ 140,000	80	\$ 1,750
Other Non-mandated MH Services												15,000	\$ 15,000	70	\$ 214
FY2015 Mental Health Expenditures Budget	\$ 964,754	\$ 2,475,005	\$ 240,639	\$ 574,039	\$ 618,751	\$ 8,085,843	\$ 248,153	\$ 19,237	\$ 183,747	\$ 310,500	\$ 341,120	\$ 539,194	\$ 14,600,982		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	670,093	1,719,075	167,142	398,713	429,768	5,598,218	185,723	-	127,626	215,665	236,933	374,510	\$ 10,123,466	3,250	\$ 3,115
YOUTH/CHILDREN	294,661	755,930	73,497	175,326	188,983	2,487,625	62,430	19,237	56,121	94,835	104,187	164,684	\$ 4,477,516	1,550	\$ 2,889
Total FY2015 Mental Health Expenditures	\$ 964,754	\$ 2,475,005	\$ 240,639	\$ 574,039	\$ 618,751	\$ 8,085,843	\$ 248,153	\$ 19,237	\$ 183,747	\$ 310,500	\$ 341,120	\$ 539,194	\$ 14,600,982	4,800	\$ 3,042

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue									
FY2015 Mental Health Revenue by Source	\$ 360,018								\$ 360,018

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL	50,168								\$ 50,168	147	\$ 341
MCOT 24-Hour Crisis Care-ADMIN	4,627								\$ 4,627		
FRF-CLINICAL	111,800								\$ 111,800	130	\$ 860
FRF-ADMIN	10,311								\$ 10,311		
School Based Behavioral Health-CLINICAL	167,650								\$ 167,650	128	\$ 1,310
School Based Behavioral Health-ADMIN	15,462								\$ 15,462		
FY2015 Mental Health Expenditures Budget	\$ 360,018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 360,018	405	\$ 889

\* Data reported on this worksheet is a breakdown of data reported on Form A.

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

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Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2015 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 1,125,000	ADULT	85	\$ 13,235
\$ 600,000	CHILD/YOUTH	65	\$ 9,231
<b>Residential Care Budget</b>			
\$ 1,532,000	ADULT	210	\$ 7,295
\$ 18,000	CHILD/YOUTH	2	\$ 9,000
<b>Outpatient Care Budget</b>			
\$ 2,941,666	ADULT	2,420	\$ 1,216
\$ 2,000,316	CHILD/YOUTH	1,530	\$ 1,307
<b>24-Hour Crisis Care Budget</b>			
\$ 155,300	ADULT	455	\$ 341
\$ 54,700	CHILD/YOUTH	160	\$ 342
<b>Psychotropic Medication Management Budget</b>			
\$ 1,865,000	ADULT	1,410	\$ 1,323
\$ 860,000	CHILD/YOUTH	630	\$ 1,365
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 945,000	ADULT	400	\$ 2,363
\$ 405,000	CHILD/YOUTH	225	\$ 1,800
<b>Case Management Budget</b>			
\$ 825,000	ADULT	500	\$ 1,650
\$ 275,000	CHILD/YOUTH	175	\$ 1,571
<b>Community Supports Budget (including Respite)</b>			
\$ 129,500	ADULT (Housing)	90	\$ 1,439
\$ 129,500	CHILD/YOUTH (Respite)	90	\$ 1,439
<b>Peer Support Services Budget</b>			
\$ 195,000	ADULT	225	\$ 867
\$ 105,000	CHILD/YOUTH (includes FRF)	125	\$ 840
<b>Consultation &amp; Education Services Budget</b>			
\$ 52,500	ADULT		
\$ 22,500	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 210,000	ADULT Jail Services	800	\$ 263
<b>Outplacement Budget</b>			
\$ 140,000	ADULT	80	\$ 1,750
<b>Other Non-mandated Services Budget</b>			
\$ 7,500	ADULT	\$ 35	\$ 214
\$ 7,500	CHILD/YOUTH	\$ 35	\$ 214

**Summary**

**Totals**

\$ 10,123,466	Total Adult
\$ 4,477,516	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

<b>Unfunded (\$2.7 million)</b>			
\$ 189,900	ADULT	210	\$ 904
\$ 50,739	CHILD/YOUTH	55	\$ 923
<b>Unfunded (all other)</b>			
\$ 607,000	ADULT	670	\$ 906
\$ 152,000	CHILD/YOUTH	170	\$ 894

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	142,223

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	135,112	210	643.39
MCOT 24-Hour Crisis Care-ADMIN	7,111		
FRF-CLINICAL			#DIV/0!
FRF-ADMIN			
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 142,223	210	677.25

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	
Fringe Benefits	
Travel/ Transportation	
Space Costs	3,100
Utilities	3,000
Communications	
Equipment/ Furniture	1,011
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 7,111

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	7,111
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	7,111
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	7,111
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

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Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 951,712	\$ 81,780	\$ 330,054	\$ 20,445	\$ 267,175	\$ 749,614	\$ 211,401	\$ 27,000	\$ 85,280	\$ 1,036,180	\$ 3,760,641

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only											\$ -		#DIV/0!
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)		6,796		1,699	20,305						\$ 28,800	5	\$ 5,760
Long Term (Over 30 days: ASAM III.1 or III.3)											\$ -		#DIV/0!
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	428,270	34,500	140,000	8,500	182,000	321,930	81,412	12,000	26,000	414,710	\$ 1,649,322	1,075	\$ 1,534
Intensive Outpatient (ASAM II.5 or II.1)	523,442	40,484	190,054	10,246	64,870	427,684	129,989	15,000	59,280	455,470	\$ 1,916,519	360	\$ 5,324
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)										166,000	\$ 166,000	90	\$ 1,844
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 951,712	\$ 81,780	\$ 330,054	\$ 20,445	\$ 267,175	\$ 749,614	\$ 211,401	\$ 27,000	\$ 85,280	\$ 1,036,180	\$ 3,760,641		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 480,000	\$ 10,000	\$ 100,000	\$ 3,000	\$ 90,000	\$ 171,000	\$ 211,401	\$ 6,000	\$ 25,000	\$ 54,949	\$ 1,151,350	340	\$ 3,386
Women (18+)	\$ 125,000	\$ 30,000	\$ 40,000	\$ 5,000	\$ 35,000	\$ 90,000		\$ 4,000	\$ 8,000	\$ 40,777	\$ 377,777	115	\$ 3,285
Men (18+)	\$ 264,712	\$ 38,780	\$ 170,054	\$ 11,445	\$ 131,675	\$ 432,114		\$ 14,000	\$ 43,280	\$ 900,454	\$ 2,006,514	650	\$ 3,087
Youth (0 - 17)	\$ 82,000	\$ 3,000	\$ 20,000	\$ 1,000	\$ 10,500	\$ 56,500		\$ 3,000	\$ 9,000	\$ 40,000	\$ 225,000	115	\$ 1,957
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 951,712	\$ 81,780	\$ 330,054	\$ 20,445	\$ 267,175	\$ 749,614	\$ 211,401	\$ 27,000	\$ 85,280	\$ 1,036,180	\$ 3,760,641	1,220	\$ 3,082

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court										352,262	\$ 352,262	142	\$ 2,481
FY2015 DORA										322,317	\$ 322,317	103	\$ 3,129

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue						\$ 411,864						\$ 411,864

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct						123,559							\$ 123,559	\$ 98,847
Universal Indirect						131,796							\$ 131,796	\$ 105,437
Selective Services						94,729							\$ 94,729	\$ 75,783
Indicated Services						61,780							\$ 61,780	\$ 49,424
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 411,864	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 411,864	\$ 329,491

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 74,136	\$ 222,407	\$ 16,475	\$ 65,898	\$ 28,830	\$ 4,119	\$ 411,864

## Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

### **1) Access and Eligibility for Mental Health and/or Substance Abuse Clients**

**Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?**

Residents of Davis County are eligible to receive mental health services at Davis Behavioral Health regardless of their ability to pay or their mental status. Those who meet SPMI/SED criteria are screened and enter into DBH traditional services. Non SPMI/SED is offered services through the DBH Living Well Program that provides evaluation, brief treatment and medication management consultation. Further, all clients have access to prevention programs such as; anxiety, depression, relationship and stress management.

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?**

Residents of Davis County that are determined to need addiction treatment are eligible for services. Those who do not meet treatment criteria are offered prevention classes such as Prime for Life. DBH offers a full continuum of services (prevention, outpatient, Intensive outpatient, day treatment and residential).

**What are the criteria used to determine who is eligible for a public subsidy?**

Eligible mental health patients must be Davis County residents. Those receiving traditional mental health services are determined using SPMI/SED criteria. Mental health patients who do not meet SPIM/SED criteria will receive non-traditional services such as education classes and brief interventions.

Individuals receiving public subsidy for SUD treatment must be Davis county residents and have a diagnosed SUD. Those without a diagnosed SUD are referred to Prevention and Education programs.

**How is this amount of public subsidy determined?**

All clients' fees will be based on the usual and customary rates established by our local authority or a negotiated contracted cost of services. DBH obtains income information, e.g. pay stub, tax return, etc., from the patient during pre-screening or screening. The patient's family size and income are calculated using the EMR software. The EMR with then set the fee.

**How is information about eligibility and fees communicated to prospective clients?**

All clients will be provided a written explanation of the fee policy at the time of their intake appointment. The patient must sign the patient fee agreement. To receive the discounted fee, patients must provide complete income and insurance information.

**Are you a National Health Service Core (NHSC) provider? No.**

## Governance and Oversight Narrative

### 2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

DBH conducts at least one annual monitoring review with each subcontractor. The initial assessment and treatment plan are required and reviewed for medical necessity before initial authorization is given for services. The same is required for ongoing authorizations.

DBH requires all subcontractors follow Medicaid and Division of Substance Abuse and Mental Health, clinical documentation requirements. Further, DBH, also audits for administrative documentation and duties. This includes insurances cards, correct coding, ROI (if applicable), and safety plans (if applicable), clinical license, acceptable malpractice insurance, background check, and business license. We also, require subcontractors provide evidence of completing monthly LEIE verification and policy and procedures for completing this as well as policy and procedures for verifying that employed clinical staff are in good standing with DOPL is required.

Subcontractors must acknowledge by signature that they do not charge Medicaid clients copays, no show/cancellation fees, or difference in rates set forth by DBH. They must also acknowledge by signature that they have read and will abide by DBH's policy and procedures listed in the contract and available to them on our external website. These include Client Right's, Access to Care, QAPI, Grievances, Peer Review, Corporate Compliance Policy, Advance Directives, Practice Guidelines, Medicaid Member Handbook, & Notice of Privacy Practices.

If deficiencies or areas of improvement are noted, corrective action will be taken. Contractor will pay back funds paid for services that are disallowed due to lack of documentation, inconsistencies with treatment plans or goals, lack of substantiated medical necessity, or lack of adherence to Utah's Preferred Practice Guidelines.

**Form A – Mental Health Budget Narrative**

Instructions:

- In the boxes below, please provide an answer/description for each question.

**1a) Adult Inpatient**

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

Davis Behavioral Health maintains contracts and referral relationships with McKay Dee Hospital in Ogden, Davis Hospital in Layton, Lakeview Hospital in Bountiful, University Neuropsychiatric Institute in Salt Lake City, Highland Ridge Hospital in Sandy, Provo Canyon Behavioral Hospital in Orem, and Utah State Hospital in Provo for consumers who require a 24-hour protected environment for the purposes of safety, security, assessment and stabilization of acute behavioral healthcare emergencies or crises. Therapeutic services must include medical care requiring 24-hour hospitalization with skilled nursing within the structure of a therapeutic milieu, with medical supervision by a physician and the availability of an appropriate initial medical assessment and ongoing medical management to evaluate and manage co-occurring medical conditions.

**Include expected increases or decreases from the previous year and explain any variance.**

DBH estimates an increase of 5-10 individuals. DBH typically experiences small increases as more individuals move into the county and as Medicaid enrollees increase.

**Describe any significant programmatic changes from the previous year.**

DBH added a Family Resource Facilitator to our inpatient team. This FRF can consult, when indicated, with the hospital treatment team when new adult clients are admitted. He coordinates with hospital staff and families when applicable to improve disposition planning, assist with continuity of care, and facilitate treatment in the least restrictive environment.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

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

Davis Behavioral Health maintains contracts and referral relationships with McKay Dee Behavioral Health Institute in Ogden, University Neuropsychiatric Institute in Salt Lake City, Primary Children's Medical Center in Salt Lake City, and Utah State Hospital in Provo for children and youth who are experiencing a level of distress that may result in significant danger to themselves or others; thus requiring a secure treatment environment with the availability of 24-hour medical monitoring.

We have also had youth receive services at Salt Lake Behavioral, Highland Ridge Hospital (SLC) and Provo Canyon. Although we have worked to coordinate treatment and discharge planning with these providers, coordination of care has been difficult and we only use these settings when there are no other beds available.

**Include expected increases or decreases from the previous year and explain any variance.**

DBH expects increases from FY14. We estimate 25-50, due to the possibility of Medicaid expansion.

**Describe any significant programmatic changes from the previous year.**

DBH added a Family Resource Facilitator to our inpatient team. This FRF attends hospital treatment team whenever new children/youth are admitted. He also coordinates with any hospital that has our children as patients to improve disposition planning and shorten the length of hospital stays whenever possible. The FRF also contacts families during the inpatient stay to make sure they are included in treatment decisions and upon discharge he follows up with family to assist with a smooth transition from the hospital back to the community.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

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

The Crisis Recovery Unit (CRU) is a 24-hour/seven days a week, short-term, crisis stabilization, residential program for Davis County Medicaid, court committed consumers, or unfunded DBH clients who need a higher level of care than traditional outpatient services. CRU is also used as a step-down unit for consumers who have been in inpatient psychiatric units and as a transition point for consumers who are in the process of discharging from the Utah State Hospital. We provide active treatment (individual therapy, individual behavior management, skills groups and psychotherapy group) and admit clients seven days a week. CRU Clinical staffs have made a concerted effort in the past year to involve family and other natural supports in a client's treatment through use of family and recovery team meetings.

CRU has continued to use PRN staffing its staffing patterns to be more in line with actual client needs. PRN psychiatric technicians are used for evening and weekend shifts. Those assigned to these shift are paid a per diem rate to be on call and are required to come in if called. PRN staff members are used to augment regular staff in the event of high census or high acuity clients. This change has allowed for more reliable staff availability.

The CRU and FAST team continue to share resources and have been very helpful in sharing resources to meet the needs of both clients in the residential program and those requiring more intensive services in the community. Because clients in the CRU have so many urgent case management needs, we are working to make this service available on the weekends.

CRU has also utilized a peer specialist in its programming in the past year. This individual meets with clients as they are admitted to engage them and share her hope for recovery through use of her own recovery story. She is then available as a support to the throughout their stay at the CRU and makes a follow-up call once they have been discharged. She has also been trained in WHAM and we would like to offer this to clients while they are in the CRU.

Location: 2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

FY 13 residential numbers included some clients who resided in supported housing. Therefore, the FY 13 residential numbers may not have been completely accurate. In FY 15 we project seeing roughly 210-220 individuals in adult residential.

We will plan to increase case management services, especially on the weekend. We are also planning more of an emphasis on wellness through providing WHAM and smoking cessation resources.

**Describe any significant programmatic changes from the previous year.**

The FAST team is supervised by the CRU manager and is working to expand into evening and weekend hours in the coming year.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

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

In the past year, placement for residential care primarily has been through Brookshire, with one child at Chrysalis through a shared cost agreement with DCFS. Brookshire has provided a home setting in the community, keeping children as close to their own community as possible.

We hope to continue to keep out of home placements at a minimum. We continue to emphasize the philosophy of treating children in their own home or community whenever possible. We have tried to put as many services as possible in a home prior to the consideration of a placement. We have utilized Families First which is intensive in-home services prior to considering placement and as a step down from hospital placements. We have also utilized day treatment programs and after school programs as a way to keep children functioning at home.

In the event residential services are needed, DBH contracts with the following agencies for residential care: Kidstar, Utah Youth Village, RISE, Brookshire, Chrysalis.

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

Attempts have been made to divert and shorten the stays for children and youth who have been referred to the Utah State Hospital. Unfortunately there have been several children that have not been clients at DBH who have ended up in a long hospital stay due to lack of cooperation with parents and lack of resources in the community. In addition, there has been a significant change in administration at BHI and UNI which has resulted in a philosophical change. There has been a considerable increase in requests to complete admission packets. Education has been difficult. Dr. Herrmann will provide a presentation for our community partners and hospitals in order to educate on the criteria for admission.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

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

Outpatient services are provided in a central location at the Main Street Clinic. Adult outpatient therapists assist each client to achieve and sustain his/her highest level of functional independence and well-being. An interdisciplinary team approach engages outpatient consumers in a network of support and care in the process of recovery. Consumers are individually evaluated and treatment planning is conducted within a recovery model framework. Each client is viewed as participating in his/her own recovery process and treatment planning is individualized. Consumers can participate in a variety of groups offered for specifically defined treatment concerns. Individual therapy is also offered. Outpatient therapists use the Outcome Questionnaire as a clinical tool and outcome measure. Consumers take the OQ at every session and review results as part of therapy. The outpatient supervisor is now responsible for both the mental health and substance abuse teams. This change has been very effective in increasing communication between the teams, in adding addition training and mentoring (both for mental health staff to learn addictions treatment and substance abuse staff to enhance their skills with those with co-occurring mental illness). Having a single supervisor has cut down on delays in transfers between program and enhanced access and quality outcomes.

The outpatient teams, both in mental health and substance abuse have also been working on making the treatment plan more relevant by training to better use of short-term goals and objectives which are measurable in small steps and change frequently as the client progresses. The initial assessment is also being revised to allow it to be a living document that changes and grows throughout treatment. This change will allow clinicians to better focus on engagement skills in the initial sessions. We are also moving small team meetings to occur at the same time so that we can periodically use this time slot for training staff on all teams around interventions for dual treatment.

This year, the adult outpatient team will put an emphasis on suicide prevention/intervention through use of the CSSI (Columbia-Suicide Severity Rating Scale). We will pilot this tool by using it with new, unknown clients. DBH will also increase its use of safety planning in combination with the CSSI, DBH Risk Assessment and Safety Plan.

A large training initiative is underway in DBH Adult Outpatient Services to train staff on interventions for complex forms of trauma. One training has been held for staff on Secondary Post Traumatic Stress. In May of 2014 all staff will be trained in Seeking Safety and coaching and monitoring protocols have been put into place to ensure that staff learn to use this evidence-based practice to fidelity. We also have training at the end of May which will address treatment trauma in the context of DBT for clients who have Borderline Personality Disorder.

DBH Adult Outpatient services have continued to improve access to care by offering two time slots daily for same-day initial evaluations. With this change, those who are calling for services are able to get help that same day. This has been very helpful in reducing no shows and more immediately meeting client needs.

Location: 934 South Main Street in Layton, Utah

Provider: Davis Behavioral Health and some contract providers

**Include expected increases or decreases from the previous year and explain any variance. None**

**Describe any significant programmatic changes from the previous year.**

DBH will be offering the evidence-based practice of Seeking Safety as an intervention for clients with significant trauma histories.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

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

Services are provided at 934 South Main in Layton. Most services are provided directly by DBH staff, with a few clients receiving individual therapy from subcontracted providers throughout the county.

We use a multi-disciplinary clinical team approach of providing services that will assist a child and his/her family to develop adaptive strategies and skills.

- Assessment and Evaluation
- Family, individual and group therapy
- Skill Development
- Targeted Case Management
- Family Resource Facilitator services
- Multiple therapeutic groups. The DBT group with the parent component continues to be an excellent addition.
- Wraparound services.
- Respite (individual and group). Although turnover with skills development specialists is an on-going issue, we have been able to have four who have remained throughout the year. We continue to provide services where clients are able to practice in group settings where each client has a one-on-one mentor. We continue to provide a Friday night "Take Five" program.
- Medication management
- Day Treatment for adolescents

Location: 934 South Main Street in Layton, Utah

Provider: Davis Behavioral Health and some contract providers

**Include expected increases or decreases from the previous year and explain any variance.** No expected change.

**Describe any significant programmatic changes from the previous year.**

- The Children and Youth team is on target for on-going initiative for enhancing trauma informed and trauma specific programs.
- Each client completes a trauma screening (the TEQ) at the initial assessment appointment. We have included this as part of our monitoring tool; the information gathered from the TEQ is informing clinician assessments and impacting treatment planning.
- With the exception of recently hired staff, all therapists have completed the TF-CBT 10-hour on-line training. This training is a requirement for all new therapists to have completed within the first month of employment. In addition, approximately 80% of therapists have completed the 2 day TF-CBT training and are receiving on-going consultation.
- Non-clinical staff have also received training on providing a trauma informed environment.
- Changes have been made in our environment to provide a welcoming and safe atmosphere.
- A Parent Advisory team has been identified and oriented. They will be tasked with coming up with a plan to improve services based on information from the YSS and YSS-F.
- Interested staff received Mindfulness Based Stress Reduction (MBSR) training and participated in monthly Reflective Supervision in order to provide support for those experiencing or at risk of secondary traumatic stress.

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

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

The Davis Behavioral Health 24-hour crisis line is a service available to the general public. An advanced degree mental health therapist is available 24-hours/day to screen, evaluate and treat consumers upon request for the purpose of mitigating imminent risk, reducing current behavioral health symptoms, and making triage decisions regarding the immediate and long-range therapeutic services that can be provided. During normal business hours, clinicians specializing in crisis response and risk assessment are available to assist all crisis situations and interventions over the telephone or in person. During night-time hours, weekends and holidays, the DBH residential facility (CRU) serves as a crisis answering service, screening calls for non-emergency requests and referring all other calls to an on-call crisis worker. An on-call psychiatrist is also available 24-hours/day, seven days/week for consultation as needed. DBH psychiatrists can give orders for admission to the CRU at any time when the clinical situation warrants. DBH also offers a mobile crisis outreach service as part of the 24-hour crisis system. This mobile outreach service allows DBH staff, consisting of advanced degree therapists, case managers, and nurses (working under the direction of a psychiatrist) to provide assessment, crisis intervention, suicide prevention, referral, and emotional support/assistance to individuals in their home or in the community on a 24-hour basis.

Davis Behavioral Health has built a partnership with several local law-enforcement agencies in the south end of Davis County (Bountiful Police Department, West Bountiful Police Department, Woods Cross Police Department, and North Salt Lake Police Department) to provide 24 hour response to mental health or substance abuse related calls received by these departments. Members of DBH's crisis team respond on scene accompanied by and at the request of the local law enforcement to assist with situations that involve mental health or substance abuse related issues.

In addition, DBH crisis personnel have worked this past year in a collaborative manner to help police officers throughout Davis County become CIT certified.

Location: In the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

The FY 13 number of adults served through crisis services did not include all clients identified as being in crisis (those that came to their regularly scheduled appointment in crisis, phone crisis). The FY15 numbers will include all services indicated as crisis. Therefore, we anticipate an increase and project to serve 455 individuals.

**Describe any significant programmatic changes from the previous year.**

DBH is piloting the Columbia-Suicide Severity Rating Scale (C-SSRS) with the plan of making that scale available in risk assessments.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

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

The 24-hour crisis line is a service available to the general public. An advanced degree mental health therapist is available 24-hours/day to screen, evaluate and treat consumers on request for the purpose of mitigating imminent risk, reducing current behavioral health symptoms, and making triage decisions regarding the immediate and long-range therapeutic services that can be provided. During normal business hours, clinicians specializing in crisis response and risk assessment are available to assist all crisis situations and interventions over the telephone or in person. During night-time hours, weekends and holidays, the DBH residential facility (CRU) serves as a crisis answering service, screening calls for non-emergency requests and referring all other calls to an on-call crisis worker. An on-call psychiatrist is available 24-hours/day, seven days/week for consultation as needed. DBH also offers a mobile crisis outreach service as part of the 24-hour crisis system. This mobile outreach service allows DBH staff, consisting of advanced degree therapists, case managers, skills development specialists, family resource coordinators, and nurses under the direction of a psychiatrist, to provide assessment, crisis intervention, suicide prevention, referral, and emotional support/assistance to individuals in their home or in the community on a 24-hour basis. A DBH case manager responds to all Children/Youth crisis contacts within 48 business hours with a follow-up call to assess if additional crisis services are needed and to review the outcome of the initial crisis service.

Davis Behavioral Health has developed a partnership with several local law-enforcement agencies in the south end of Davis County (Bountiful Police Department, West Bountiful Police Department, Woods Cross Police Department, and North Salt Lake Police Department) to provide 24 hour response to mental health or substance abuse related calls received by these departments. Members of DBH's crisis team will respond on scene accompanied by and at the request of the local law enforcement to assist with situations that involve mental health or substance abuse related issues.

DBH has met with DCFS and JJS workers to let them know of our mobile outreach efforts in hopes that their staff and clients will avail themselves of this service. Furthermore, in the fall of 2013, we met with the Davis School District and was granted permission to send information home with students on MOST (Mobile Outreach and Stabilization Team), thereby expanding the reach of these services.

Location: In the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

Based on our partnership with local law enforcement agencies, Davis School District, DCFS and JJS (described above), we expect an increase in the amount of crisis services provided, but we do not anticipate a large budget impact.

**Describe any significant programmatic changes from the previous year.**

The FRF from our Mobile Crisis team has an expanded job assignment. He is attending regular staffing meetings at McKay Dee BHI in order to better coordinate discharge planning for both DBH clients and other Davis County residents that need assistance. He is also attending additional meetings at UNI so that he can develop a more supportive relationship which will benefit clients.

Finally, DBH is piloting the Columbia-Suicide Severity Rating Scale (C-SSRS) with the plan of making that scale available in risk assessments.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

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

The adult medical team consists of 3 psychiatrists (1.5 FTE), 3 APRNs (2.25 FTE), 10 RNs (7.75 FTE and 2 PRN), 1 LPNs (1 FTE) and 4 medical assistants. Medication management at DBH includes the following key elements: making accurate diagnosis for use of the medication; medication reduction based on clinical judgment and consumer request; addressing behaviors related to medications, reducing possible side effects of the medication; monitoring for metabolic disorders, diabetes and adverse reactions; conducting AIMS assessment; documenting all of the above in the client chart.

DBH continues to run a medication evaluation clinic. With the medication evaluation clinic, emergency cases are evaluated within one week. Due to the recent loss of a psychiatrist, Non- emergent cases are unable to be seen for about 3 months. We are currently recruiting an APRN to help us return to seeing patients in a timelier manner. In addition, we have 13 hours a week of “walk-in” medication clinic for already established patients, giving them the opportunity to be seen on an urgent basis, without scheduling an appointment. Our long acting injectable clinic includes 75 clients.

Medication management is offered in the clinic for outpatient clients and is also offered daily at our Med Clinic on the Layton Campus. Our FAST (quasi-ACT) team delivers medications to the homes of consumers who are likely to decompensate without medication and who have difficulty coming into the clinic. An LPN participates on the FAST team and is acts as a liaison between the primary care physician and our mental health agency. In addition, the med clinic nurses notify case managers each day regarding clients who did not show up for medication and the case managers perform outreach to help engage the Med Clinic clients in care.

Medication management is also included as part of our residential care services. It includes evaluation and treatment by a psychiatrist, as well as medication management services provided by an RN, who will assess for side effects as well as educate the clients regarding their medications.

Location: 934 South Main in Layton, UT 84041  
2250 North 1700 West in Layton, Utah 84041  
Provided: Directly and through a contracted provider

**Include expected increases or decreases from the previous year and explain any variance.**

DBH had a psychiatrist leave the agency in 2013. It is expected that the psychiatrist will be replaced by an APRN this year. The switch to an APRN will result in cost savings in regards to personnel costs.

**Describe any significant programmatic changes from the previous year.**

Davis Behavioral Health will begin to provide medical consultation to the community. Individuals can be referred by their primary care physician to a DBH medical provider for med consultation that may last up to three visits before the individual is referred back to their primary care provide for continued service.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

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

All services are provided directly by DBH staff at 934 S Main Street in Layton.

The children and youth medical team consists of Dr. Chris Lang, child psychiatrist, Heather Bernard, APRN with a child/adolescent specialty endorsement, Frankie Davis APRN and 2 medical assistants. Medication management at DBH includes the following key elements: supporting diagnosis for use of the medication; medication reduction based on clinical judgment and consumer request; addressing behaviors and possible side effects of the medication; monitoring for metabolic disorders, diabetes and adverse reactions; conducting AIMS assessment; documenting all of the above in the client chart.

With the Early Intervention grant, DBH has the ability to provide medication management services to youth who have been referred through our Aldea (school based) program.

Location: 934 South Main Street in Layton, Utah

Provided: Directly and through a contracted provider

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

## Form A – Mental Health Budget Narrative

### **1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

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

DBH Psychosocial Rehabilitation and Psycho-education Services program is Journey House (JH), which operates under the International Center for Clubhouse Development (ICCD) model. JH continues to grow and thrive. Daily attendance at Journey House averages around 32-37 members who work in the business, career development or kitchen units. JH has been a catalyst in securing/supporting 27 members with employment within DBH and seven members working in independent employment in the community. JH with collaboration with Adult Education has enrolled and has weekly attendance of 3 members working towards their high school diploma. The business unit manages the Nifty Thrifty (thrift shop on site) and the finances from the Snack Shack. The kitchen unit manages the logistics for the Snack Shack. Proceeds from the thrift shop and Snack Shack assist in payment for member activities and yearly conferences. All services within JH are directly provided by DBH employees. JH has taken on a challenge the past few months of being health conscience. The following is a list of JH goals in regards to wellness:

1. No longer using table salt in food preparation
2. Three times per week peer specialist lead exercise classes for members
3. Snack Shack prices have changed to encourage healthy food purchases. (coke -.75 cents, juice and water .25 cents)
4. JH will have their own garden on their back porch this grow season
5. Food preparation of healthy foods for breakfast and lunch, less starches and filler foods
6. Additional case management services offered for coordination with primary care providers
7. Certified Peer Specialists assigned to assist identified clients with needs in the community, housing, wellness MD appointments.
8. Davis County Health Department continued collaboration of Living Well with Chronic Conditions.
9. JH provided a weekly grocery group that has peer specialist on the group to assist members with making healthy choices for purchasing food.
10. Dedicated information board in JH to promote exercise and general good health information
11. Condoms available to promote sexual health

JH has weekly outreach to members who have not been in attendance. There are weekly Wednesday night activities that many members enjoy; bowling, dinner and a movie, going to the park, attending Jazz games, and Grizzly Hockey to name a few. In the summer months JH has mini retreats to work with members on team building and re-training of the standards that make clubhouses an evidence-based program. JH is open on Thanksgiving and Christmas to meet the needs of the members and provided a meaningful place to spend these special days.

Journey House hopes to obtain Clubhouse International Certification over the next two years. JH is part of the ICCD clubhouse network and pays dues to the clubhouse network. The annual Clubhouse Utah Conference will be hosted by Journey House with the support of Davis Behavioral Health in May 2014.

TEP's continue to be developed in the community to help members with regaining skills through time-limited work. Journey House has a strong Supported Employment Program with Davis Behavioral Health.

JH houses the transitional youth program, Step Forward. The 16-24 year old members are able to participate in JH daily programming and also have additional needs met through afternoon group skills programming and case management services. Step Forward goals focus on skills towards independence which includes; housing, education, employment, and activities of daily living.

Location: 2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** Slight increase

**Describe any significant programmatic changes from the previous year.**

Journey House has the following goals for the next year:

1. Continued work towards accreditation
2. Two or more TEP's developed
3. Advisory Board developed
4. Youth in Transition program assimilated into the daily programming of JH for accreditation

**Form A – Mental Health Budget Narrative**

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

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

Psychosocial rehabilitation is provided by skills development specialists and case managers. Skills Development Specialists serve as role models and mentors to teach and reinforce appropriate behavior in active community settings. These mentors coordinate closely with the families of clients and with the treatment staff. These services help to ensure treatment success and assist in mastery of behavioral, cognitive and emotional functioning skills that have been lost as a result of mental illness.

DBH and Davis School District also offer Quest, a day treatment program for adolescents. This program combines on-site education with psychosocial rehabilitation and therapy services. Quest works with youth and their parents to address issues that are keeping youth from being successful in the typical school setting

One of the strengths of DBH's SDS program is the impact it has on families of youth who are at risk of out-of-home placements. When a family is willing to have intensive in-home services, (and when we have sufficient staff) we deploy skills workers into the home. While we bill for some of these services, the skills worker may be in the home 4 – 7 days per week for multiple hours as they provide skills, respite and "in-home milieu management." This program has prevented some families from disrupting adoptions. It is intense, high stress and extremely valuable.

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

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

Adult outpatient case managers work to actively coordinate, advocate, link and monitor services to assist consumers with treatment needs. Case managers know community services and wraparound service planning and bring the richness of their skills to consumers and families. Case managers complete a case management needs assessment on all clients through use of the DLA. From this assessment they develop a written, individualized service plan to ensure the consumer's access to needed services with input from the consumer, family and other agencies who have a knowledge of the consumer's needs.

Case managers are deployed in several programs within DBH's adult services. We now have a dual outpatient case management team which serves both mental health and substance abuse clients and consists of five case managers. This team operates the ATR (Access to Recovery) program which can provide assistance to those struggling with addictions in areas not typically covered by traditional funding sources such as rental assistance, bus passes, gas cards, medical-copays, dental care etc.

CRU also has two full-time case managers to address any case management needs which lead to the client's crisis admission and is planning to add case management services through the weekend. The FAST team (mobile outreach) has four and one-half case managers who provide many services in the clients' homes, including medication management. One case manager for the FAST team is an LPN who can assist clients with their medical needs.

Journey House has 3.5 case managers who work within the clubhouse model to provide case management services for its members. The case manager for the Youth in Transition Program (Step Forward) is also located within Journey House and provides case management for young consumers. Another outpatient case manager is a member of the Intensive Services Team and has a case load of clients with more severe needs. DBH is also beginning to use several of the peer specialists to extend the work of case management for clients with more intensive needs. The Layton Campus is doing monthly training to case managers for improved documentation, self-care and finding value in meaningful work, motivation, and sharing of resources.

The Housing case manager now has an assignment to visit each client in DBH housing on a monthly basis to assess the condition of the client's apartment and any needs to help the individual move forward. In this role she has provided limited case management within the scope of her housing role to assist in linking clients with community housing resources.

Case managers coordinate closely with the families of consumers and with the treatment staff. Individual skills development services help to ensure treatment success and assist in mastery of behavioral, cognitive, and emotional functioning. With case managers located in so many areas we have a strong need for good coordination between programs. Therefore, our EHR (Credible) is now being used to make case management referrals and a single individual maintains a data base of case management referrals, assignments and closures.

Location: 934 South Main Street in Layton, Utah and in the community  
2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** Slight increase. We expect to add additional case management services to CRU through the weekend and additional case management resources to support our housing services.

**Describe any significant programmatic changes from the previous year.**

Case management now includes ATR resources for adult clients with mental illness who also have substance use concerns.

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

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

Case management services are provided directly by DBH staff at 934 S Main Street, client homes and in the community.

Our new electronic record has provided a process where the supervisor is notified immediately of referrals for Case management including a priority system. Case managers are using the D.L.A. to identify areas of need.

Case managers assess and document a client's need for community resources and services. They work closely with families and therapists to ensure that clients gain access to needed services. The case managers know community resources and the wraparound model.

Case managers continue to provide families with a Strengths, Needs and Cultural Discovery service. This has been very meaningful for families and has assisted in treatment sessions.

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

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**Form A – Mental Health Budget Narrative**

**1o) Adult Community Supports (housing & respite services)**

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

DBH has housing resources available for 86 mental health consumers. DBH housing resources come from a variety of sources including HUD Homeless grant monies; two HUD sponsored group homes with live-in resident managers; tax-credit properties (HOPE apartments); two DBH owned duplexes; DBH owned four-plex and two attached small houses, DBH scattered rented apartments; DBH sponsored master-leased apartments (including a cluster of apartments where some of our most severe clients live along with a staff member who is a live-in-companion). One four-plex is set aside for Safe-and Sober Housing for women participating in the WRC day-treatment substance abuse program.

Respite services are provided by case managers and peer advocates in DBH housing. Two peer specialists have been assigned to do regular visits to consumers in DBH housing. These peer specialists assess clients' needs, help with teaching of household cleaning skills and report back to the DBH housing coordinator on a weekly basis so that additional needs can be assigned to the appropriate clinical team. The peer specialists also conduct a skills group for eight consumers in our South group home on a weekly basis. In addition the housing coordinator does a monthly visit to all consumers in our housing to assess the condition of their apartment, assist with their transition plan and make referrals to case managers for additional needed assistance.

Our HUD North Group Homes began a Certified Peer Specialist weekly group similar to HUD South weekly group to help clients regain skills towards more independence.

The process of placing clients in DBH housing and transitioning them to other community housing continues to improve. A housing committee consisting of representatives from finance and clinical meets weekly. The clinical team is responsible for placement recommendations and approves any lease violations or potential evictions. The financial team assures that regulatory requirements are met and that housing services at DBH remain financially viable. The financial team is now providing a monthly report on rents owed that is very helpful in making placement decisions. DBH has two staff members who are regular partners on the Davis Council Homeless and Coordinating Council. DBH was an active participant in the annual homeless count and we will partner with sister agencies to conduct the SPDAT assessment. DBH will coordinate with community partners in finding housing for individuals in our community.

Location: In the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

DBH plans to make more intensive efforts to remove barriers which are preventing them from transitioning to the community and therefore increase the availability of DBH housing resources.

**Form A – Mental Health Budget Narrative**

**1p) Children/Youth Community Supports (housing & respite services)**

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

DBH presently has several part-time skills specialists who provide services in the community to children/youth as well as providing individual and group respite. Although some are only able to work minimal hours due to their schedules, they have been an asset to our programs in providing skill development for kids as well as respite services for families. In addition, case managers and skills specialists provide in-home assessments and skills training to youth and families. We also have asked therapists to try to provide in home therapy as appropriate at the beginning or ending of their work day.

We have 1 part time FRF who provides services to any client in Davis County who is seeking help. She is an asset to our program and continues to provide excellent services to clients as well as providing staff with a better understanding of the experience of families in the mental health system. She is willing to speak up and expresses herself well in meetings and is always willing to review processes as well as documents for families to make sure these are written in a sensitive and clear manner

As noted previously, DBH also offers an in-home skills program for families of youth who are at risk of out-of-home placements. When a family is willing to have intensive in-home services, (and when we have sufficient staff) we deploy skills workers into the home. While we bill for some of these services, the skills worker may be in the home 4 – 7 days per week for multiple hours as they provide skills, respite and “in-home milieu management.” This program has prevented some families from disrupting adoptions. It is intense, high stress and extremely valuable.

Location: In the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

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

Davis Behavioral Health-Adult Peer Support Services (PSS) are provided by Certified Peer Specialists (CPS). Currently DBH has nine CPS hired, with two being in full-time positions. The CPSs are integrated in DBH finance, Crisis Recovery Unit, transportation, office support, housing, and Layton Campus Case Management. All services are provided by DBH CPS directly to clients through their individualized services and they promote client self-determination and decision-making.

All DBH CPS attend weekly group supervision. Topics covered are documentation practices, training for wellness, how employment affects the CPS, boundaries, sharing of recovery story rather than sharing life story, etc. Peer specialists are currently being trained to provide the WHAM program within their various areas of responsibility. Two Peer Specialists will begin their training to become certified facilitators in the evidence based program of “Living Well with Chronic Conditions” (such as diabetes and high-blood pressure). They have participated in these programs with the Davis County Health Department at Journey House and have been asked if they would be interested in becoming certified facilitators. The information that has been gained from these classes is shared with all DBH clients who are contacted in their housing by the Certified Peer Specialists.

Location: 2250 North 1700 West in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

DBH recognizes the importance of client recovery and the direct impact that peer specialists can have on other clients. DBH will continue to encourage clients grounded in their own recovery to apply and attend the state offered CPS training. As funding permits, DBH will continue to hire trained individuals for direct care and other positions within the DBH system.

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

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

We have the luxury of employing 5 excellent FRF's (currently 1 vacancy) who are certified to provide Peer Support Services. They have offices available at DBH and at schools but are mostly providing services in homes and the community. They work closely with the parents of the children who are identified as needing these services. These FRFs are uniquely skilled at navigating the demands of an agency with the needs of families. They are adept at engagement, finding resources, helping families identify natural supports, bring team together, representing family voice in professional settings.

Three of our FRFs are designated as school-based providers, one is attached to our outpatient clinic and one is part of our inpatient/MOST team. We have found that this delineation is only useful as a referral mechanism because all of the FRFs work with any Davis County family requesting services (as demand allows).

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

As noted in the inpatient section, one of our FRFs is now used to assist families in navigating the hospital setting as well as helping children/youth transition to the homes. This has been a tremendously valuable service.

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

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

DBH is active in educating the Davis County community, sponsoring seminars and training on mental health, substance abuse and topics related to recovery. Please find the following description:

- CIT training was provided for Davis County law enforcement.
- Statewide consultation on development/Implementation of Youth CIT
- On-going training to the community on Mental Health Court
- On-going training on Civil Commitment Processes,
- On-going training on Mobile Outreach Crisis Services.
- DBH provides licensed therapist to respond to critical incidents in the community.
- Participation in various ecumenical trainings
- Training to local NAMI
- On-going physician curb-side consults
- Periodic columns in a local newspaper on mental health topics
- DBH provided an ethics training for staff and community partners.
- DBH provides field instruction for several MSW, Ph.D., and SSW students from various universities
- DBH provides education on mental illness to local housing communities when asked.

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

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

DBH is active in educating the Davis County community, sponsoring seminars and training on mental health, substance abuse and topics related to recovery. Please find the following description:

- CIT training was provided for Davis County law enforcement.
- On-going training to the community on Mental Health Court,
- On-going training on NDFP and Civil Commitment Processes
- On-going training and consultation on Mobile Outreach Crisis Services.
- DBH provides licensed therapists to respond to critical incidents in the community. There have been several of these during the past year where DBH has been asked to participate in debriefing traumas and being available for students when there have been suicides or untimely deaths.
- We provide weekly consultation to the Children’s Justice center and the Juvenile court as well as participating in the bi-monthly Davis County Interagency Committee in staffing high risk youth and collaborating together to provide for their needs.
- Davis School District requested we come and provide an in-service to their school psychologists and social workers.
- Our prescribers offer routine “curbside consults.”
- DBH provided several workshops on the ACE study and secondary trauma; community partners were invited to attend.
- DBH provides in-service to the Davis County NAMI affiliate as well as various church groups.

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

As we have partnered with numerous schools, we have had the opportunity to provide consultation and education to school staff and have made many new contacts as FRF’s have found or developed resources.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

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

Mental health services are provided to inmates of the Davis County Jail, located at 800 W State Street in Farmington. Two full-time therapists provide a variety of services including:

- Assessment of inmates' mental health needs and referral to medical staff for psychiatric medications.
- Crisis evaluations, classifications, and supervision determinations that jail personnel request on inmates.
- Review of inmates who enter the jail with psychiatric medications and triage services with outside providers.
- Individual counseling for immediate needs of inmates.
- Assessment and community referrals when inmates leave the jail.
- Group therapy interventions for jail inmates in the areas of anger management, cognitive behavior modification, self-esteem, emotional control issues, and interpersonal relations.
- Screening for potential Mental Health Court participation.

Location: 800 West State Street in Farmington, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

Davis Behavioral Health has partnered with the Veteran's Administration and the Davis County Jail to implement the Veterans Justice Outreach (VJO) program into the Davis County Jail. The goal of the VJO program is to promote the successful community integration of veterans upon release from jail, by engaging them in appropriate treatment and rehabilitation programs that will help them prevent homelessness, readjust to community life, and desist from the commission of new crimes or probation violations. The VA Salt Lake City Health Care System has several designated VJO Specialists that are responsible for direct outreach, assessment, and case management for justice involved veterans in local jails. VJO will assist with setting up mental health and substance abuse treatment upon release and homeless and housing services as indicated by the assessment.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

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

Outplacement funds are used for clients who are at risk of admission to the Utah State Hospital or are transitioning out of the state hospital. DBH has used outplacement funds to help clients secure housing, to purchase medications when no other option is available or to purchase needed household items to maintain stable housing. This past year we have been able to move three very long time consumers from our North HUD Group home to the HOPE apartments by adding cleaning services through the use of outplacement funds. These funds are also used to support clients who have had long and/or multiple USH admission by hiring a part-time tech to provide live-in supports in one of our housing units.

Location: In the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

We hope to continue to use Outplacement funds to provide less restrictive placements for youth who are being considered for admission to the Utah State Hospital. Some of the options that we anticipate will be used will be through contracted providers such as Foundations or Utah Youth Village to provide in home treatment or a placement at a treatment home.

We hope to be able to intervene earlier with those youth who are not known to DBH but end up in serious enough situations that admission to the state hospital is requested. Most of the children/youth who are placed at the Utah State hospital come from the private sector or another Human service agency and DBH does not have the opportunity to look at other options. Although our Mobile Crisis services are being accessed, we have not yet seen other Human Service agencies utilize MOST prior to placement of children/youth at an inpatient facility.

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

As we strive to shorten USH lengths of stay and divert children from out-of-community placements, we anticipate an increase in the request for OP funds—especially for those children whose mental health condition is exacerbated by neurological/developmental conditions.

*On behalf of Davis County children, DBH is extremely grateful for the financial support DSAMH has provided through outplacement funds.*

**Describe any significant programmatic changes from the previous year.**

- 13 sets of parents were able to attend family therapy at the Utah State Hospital by providing gas cards.
- Community placements for 3 youth who met the criteria for admission to the state hospital but the out placement funds provided an opportunity to try a less restrictive option in the community. All 3 of these youth have done very well in these placements and it is anticipated they will be returning to live with their families soon.
- A cost share with DCFS on a high cost placement for a boy who was not able to return directly home from the USH.
- An opportunity for a family whose son returned to their home from the USH to have intensive home services through Families First with Utah Youth Village.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

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

During this past year Davis Behavioral Health has seen a significant increase in non-Medicaid members of our community inquiring about services. During recent months the number of non-Medicaid inquires have averaged around 200 per month. As the Living well clinic has grown and demand has grown DBH has been able to allocate a full time clinician (LCSW) to the Living Well Clinic. Increased efforts have been made and will continue to be made to be a therapeutic resource to all members in our community. When appropriate every attempt is made to provide awareness of other resources in the community that may be appropriate. It will continue to be our objective to offer some level of services to everyone who calls DBH. The response and participation to services offered through the Living well Clinic has been very positive.

In an effort to better meet community needs we are now offering something to everyone who calls for services. Although some people decline our services (primarily because they seek medication) DBH Treatment and Prevention services offer:

- 1 – 3 sessions of individual, couples or family therapy
- Group therapy for depression, anxiety and relationship issues
- Parenting classes

Location: 934 South Main Street in Layton, Utah  
2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

Services that have been successful will continue. It is anticipated that the demand for services will continue to increase

**Describe any significant programmatic changes from the previous year.**

Living Well is .now two years old. It continues to be very successful and has allowed us to serve more of the unfunded populations with at least a consultation level of services or with very brief therapy.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

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

During this past year Davis Behavioral Health has seen a significant increase in non-Medicaid members of our community inquiring about services. During recent months the number of non-Medicaid inquires have averaged around 200 per month. As the Living well clinic has grown and demand has grown DBH has been able to allocate a full time clinician (LCSW) to the Living Well Clinic. Increased efforts have been made and will continue to be made to be a therapeutic resource to all members in our community. When appropriate every attempt is made to provide awareness of other resources in the community that may be appropriate. It will continue to be our objective to offer some level of services to everyone who calls DBH. The response and participation to services offered through the Living well Clinic has been very positive.

In an effort to better meet community needs we are now offering something to everyone who calls for services. Although some people decline our services (primarily because they seek medication) DBH Treatment and Prevention services offer:

- 1 – 6 sessions of individual or family therapy
- Cool Minds (mindfulness based stress reduction class for teens)
- Parenting classes

In addition to the Living Well Clinic, we continue to serve unfunded children and youth who meet the SED criteria with our therapist at the Davis Learning Center.

Location: 934 South Main Street in Layton, Utah  
Davis County schools

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

Services that have been successful will continue. It is anticipated that the demand for services will continue to increase.

**Describe any significant programmatic changes from the previous year.**

Living Well is .now two years old. It continues to be very successful and has allowed us to serve more of the unfunded populations with at least a consultation level of services or with very brief therapy.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

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

We have the opportunity to provide the Grand Families Program for Davis County. We provide a therapist to facilitate the children's group and the Grand Families program provides the facilitators for the adults as well as assisting them with resources and often assists them through court procedures when needed. The program is for anyone in Davis County. It has been successful and we are now into our second 10 week session. Attendance is amazing.

We were able to receive some money from a private donor which gives us the opportunity to provide things like bicycle repairs, gas cards for parents to bring their children to treatment sessions, piano lessons, little league sports etc. It is amazing how providing some of these small things can make a huge difference.

In addition, we have hired a therapist who provides an education and support group for parents of children with Autism. Representative Payee Services are provided to approximately 130 more complex need clients within Davis County. This has significantly helped with the increasing the ability of folks to live in the community who historically had been at risk and risk of homelessness.

Location: 934 South Main Street in Layton, Utah  
2250 North 1700 West in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form A – Mental Health Budget Narrative**

**2. Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

**• Competitive employment in the community**

Through DBH Journey House Psycho-education/psychosocial rehabilitation program 7 individuals have been placed in independent employment in the community. These clients participated in JH and were eventually able to find independent employment. Additionally, through JH participation there have been 27 individuals placed in part-time employment positions in the community or within DBH in the janitorial services, food services, and maintenance services.

Our outpatient case managers continue to work with clients to help them secure employment in the community. Case managers assist with needed supports to ensure employment success. This has been a difficult area primarily due to the poor economy, but we have had some notable success with a few clients who have moved on from DBH employment to competitive employment.

**• Collaborative efforts involving other community partners**

DBH maintains its contracts with Utah Works where we have a custodial contract at Ogden Regional Center and the Freeport Center.

**• Employment of consumers as staff**

There are 16 individuals placed in employment positions part time with DBH in the janitorial services, food services, and maintenance services. . There are multiple individuals who are part of DBH staff who are also in recovery. These individuals are integrated in DBH finance, Crisis Recovery Unit, transportation, office support, school-based services, CY outpatient and housing, therapy, case management, etc.

**• Peer Specialists/Family Resource Facilitators**

There are nine individuals who have completed the certified peer specialist training with the state and are now permanently employed with DBH as peer specialists, and an additional 5 FRFs.

**• Supported Employment to fidelity**

DBH JH is the identified supported employment program and is working toward ICCD certification. JH is able to refer clients as needed to DBH part-time employment positions within the janitorial services, maintenance services, and nutrition services.

## Form A – Mental Health Budget Narrative

### 3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

#### **Evidence Based Practices**

- In December all children and youth therapists were trained in TF-CBT. We have contracted with PCMC to provide on-going supervision to help us with fidelity adherence.
- Every new CY therapist will complete the 10 hour on-line TF-CBT course.
- The CYF team was trained in Mindfulness Based Stress Reduction.
- Several DBH staff are participating in DBT supervision on a bi-monthly basis to enhance this evidence-based practice. Supervision is done with both Adult Mental Health and Children and Youth Mental Health staff on a combined basis .
- DBH Adult Team is working toward becoming proficient in techniques to treat complex trauma. We will train, coach and monitor in the use of Seeking Safety.

#### **Outcome Based Practices**

- DBH has implemented the ROSC principles of on-going assessment hoping that we will be able to better engage clients and improve treatment outcomes for CYF, Adult MH and Adult SUD.
- DBH Adult Services will pilot the use of the CSSI to assess risk of self-harm, including developing safety plans with clients.

#### **Increased service capacity**

- DBH has implemented the ROSC principles of on-going assessment hoping that we will be able to better engage clients and improve treatment outcomes for CYF, Adult MH and Adult SUD.
- DBH Adult Services will pilot the use of the CSSI to assess risk of self-harm, including developing safety plans with clients.

#### **Increased access**

- In addition to implementing an on-line tool for screening for behavioral health conditions, we have also opened our doors to an after-hours clinic where we can provide treatment to more non-Medicaid Davis County residents.
- With the addition of 3 therapists to CYF, we have improved access to after school appointments (although there will never be enough of those).

#### **Efforts to respond to community input/need**

- As part of DBH's system of care process our CEO chaired a subcommittee regarding community request to increase access to mental health services. DBH has created a parent advisory committee who is tasked with helping us develop strategies to address some of the client concerns from satisfaction surveys.

#### **Coalition development**

- Davis Behavioral health maintains relationships with several county agencies; these include DCFS, JJS, DSPD, and Davis School District. DBH meets monthly in a community meeting with each of these agencies to collaborate on helping children and youth in the community.
- DBH staff are very actively involved in the Davis County Homeless Coordinating Council. DBH will have staff trained on the SPDAT – the assessment tool used county-wide to determine the intensity of an individual's housing needs. We will also offer housing resources (as available and appropriate) to clients of other agencies.

#### **OQ**

- In order to continue to increase the number of administrations among adults, DBH has begun to offer incentives to clients who participate in the OQ process. Each client is allowed one drawing entry per OQ taken. Two winners will be chosen each month. Further, as the clinical team continues to increase the usage of the OQ during sessions it's anticipated that clients won't resist taking the OQ and clinicians will encourage them to take it (many clients have refused to take the OQ).

## Form A – Mental Health Budget Narrative

### **4. Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

DBH has one Adult Outpatient team with dual members. We will also make efforts to have other small team meetings occur at the same time so that additional training on dual issues can easily be facilitated. A group is held on a weekly basis for client who are seriously mentally ill and another dual group is offered for adult clients in the Adult Mental Health Outpatient team. In addition a DBH substance abuse therapist and a mental health therapist are providing a DBT group for clients in regular SUD services for whom borderline personality issues are getting in the way of successfully completing SUD treatment. A dually diagnosed group is held each week at CRU and all clients at MRC and WRC are treated in a co-occurring approach.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

Davis Behavioral Health is providing medical consultation to primary care providers. Individuals can be referred by their primary care physician to a DBH medical provider for med consultation that may last up to three visits before the individual is referred back to their primary care provider for continued service. Further, DBH identifies the primary care provider for each client who enters treatment. If DBH provides any med management for these individuals we send them a letter at least every six months; included in the letter will be the patient's medication list and diagnoses. DBH regularly meets with primary care providers in the community as well as Midtown clinic. For patients whose illness may impair their ability to effectively see primary care, case managers will link the patient to the PCP and may take them to their appointment; for some patients our nurses contact the PCP regarding treatment recommendations including medication changes or need for labs, etc. Our docs also provide consultation to interested PCPs.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

DBH provides clients with the skills, knowledge and strategies necessary for a healthy, complete lifestyle in recovery. The focus of treatment includes treating the person as a whole. This means working with the clients to assess their emotional, physical, behavioral health and other needs. We jointly plan services and work with clients to obtain indicated interventions and assistance from DBH or other outside agencies. We also work with families and other formal and informal supports to link and connect with needed resources that will ensure clients have the best potential for recovery.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

DBH continues to work on reminding clients in a firm, but friendly manner that we are a smoke-free campus(s). We are committed to the consistent, but kind effort required by this. We will also enhance our resources and referrals for those who want to stop smoking, by adding this element to our initial assessment and by exploring resources to bring smoking cessation classes into current programming.

**Form A – Mental Health Budget Narrative**

**5a) Children/Youth Mental Health Early Intervention**

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.**

DHB's outpatient FRF provides formal wraparound services for families and youth with complex needs both in the community (for example, she is currently engaged in a fidelity wrap plan with a youth from JJS) and for clients at DBH. This FRF also works with families at DBH and in the community to help them gain access to needed services and resources.

Our school-based Family Resource Facilitators provide information and support and engage the identified child and parents in a planning process that results in a unique set of community services and natural supports that are individualized for that child and family to achieve a positive set of outcomes. When the child/youth is at risk for an out-of-home placement, they also offer the family the opportunity to participate in a formal (fidelity adherent) wrap around process.

FRFs seek referrals from Davis School District school administrators/counselors who then make the first outreach to the families, introducing them to the FRF service. An FRF then meets with the family in the school setting to explain the wraparound activities such as identifying and accessing needed resources, building formal and informal supports that strengthen the family, and sharing service planning across agencies (thereby reducing duplicated services.) Our FRFs have developed good partnering relationships with the schools, DCFS caseworkers, DWFS, and a myriad of other county social service programs (both formal and informal) to assist the family in regaining and maintaining a positive level of functioning.

Our Family Resource Facilitation is a direct service provided by DBH and funded through the Early Intervention state grant.

All EI services (except the school partner) will be provided by DBH staff at locations throughout the community (client homes, schools, etc.).

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

Yes.

**Include expected increases or decreases from the previous year and explain any variance.**

None

**Describe any significant programmatic changes from the previous year.**

None

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? Yes**

**Form A – Mental Health Budget Narrative**

**5b) Children/Youth Mental Health Early Intervention**

**Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.**

**MOBILE OUTREACH STABILIZATION TEAM:**

DBH Mobile Outreach Stabilization Team (MOST) is a twenty-four hour, seven days per week, crisis-intervention service for children experiencing behavioral health or psychiatric emergencies. The service may be delivered through a face-to-face mobile response to the child's home, school or location preferred by the family, or by telephone intervention when appropriate. The service includes 48-hour follow-up for all crisis calls regardless of whether MOST was deployed or not. DBH will utilize our 24 hour crisis line for notification of crisis calls, and as the number to be given to community partners.

The MOST of DBH will continue providing the following:

- a. A full time therapist, dedicated specifically to crisis is housed at the DBH Main Street Clinic.
- b. Daytime calls will be forwarded to her/him with an immediate response to the caller for additional information.
- c. An FRF/SDS will accompany the therapist responding to locations outside of the school or DBH.
- d. Evening calls will be taken by our regular after hours crisis team, and they will offer MOST when appropriate.
- e. During the evening hours and holidays, the crisis worker will contact a staff member in our crisis pool who will accompany the therapist to the home, hospital, or other location when appropriate.
- f. If the child/youth can be stabilized at home, at a relative/friend's home or needs a crisis bed, the FRF/CM/SDS will stay with the child/youth until there is consensus that the child/youth has stabilized and the FRF/CM/SDS is no longer needed.
- g. The information will be given to the crisis team FRF who will make follow-up calls within 48 hours to review the MOST process with the family and to determine what additional services are needed.

We have purchased a home that we hope to convert to a receiving-type center to accommodate children/youth who need a brief intervention of up to 23 hours in order to avoid un-necessary hospitalization. This would be an expansion of our Mobile Crisis service. In reviewing hospitalizations over the past year, it is estimated that approximately 30% of these could have been handled in a time out situation for families. Of those hospitalized, it is estimated that approximately 25% of these could have been discharged earlier if they had the opportunity to step down to a less restrictive environment.

Location: 934 South Main Street in Layton, Utah and in the community  
Future Receiving Center—281 West 300 North in Kaysville, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

None

**Describe any significant programmatic changes from the previous year.**

None

**Describe outcomes that you will gather and report on.**

DBH plans to respond to all data questions on the EI Data & Outcomes Report

**Form A – Mental Health Budget Narrative**

**5c) Children/Youth Mental Health Early Intervention**

**Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.**

SCHOOL BASED MENTAL HEALTH: Coordinated practices that provide access to behavioral health services in schools to support academic success and help keep children and families united. Taking the services to where the children are (schools) will reduce the barriers of family participation such as transportation issues and social stigma and provide opportunities for support team meetings with both family and school present.

Therapists: approximately 8 hours per week for each of the five eight schools.

- Screening and triage, Assessments, Group, Individual and/or Family therapy

FRF/CM: Approximately 15 hours per week at each school. They will provide the following services:

- Intake
- As appropriate: YOQ; D.L.A; Strengths, Needs and Cultural Discovery; coordination of resources;
- Skills group to identify high risk students and to provide early intervention to students whose mental health needs are not severe enough to pathologize. These groups are the entry way into many families who otherwise would not be interested in behavioral health services.
- Provide or refer to full “wrap” plan when needed; represent family voice in staffings with the school partner, FRF and identified family teams.

FRF with WRAP AROUND: We plan to continue to have the FRF’s working with families and youth who have complex needs to build a plan that incorporates both formal supports (e.g. mental health /substance about treatment, educational assistance, juvenile court engagement etc.) and information supports (family members, Boy Scouts, clergy, etc.) that will help the child and his/her family exit the mental health system to live full and productive lives.

FAMILY SUPPORT IN TREATMENT: In addition to the on-going use of family voice in our staffings and community partner meetings, we have also formed a family advisory council that will meet quarterly to help DBH improve processes. FRFs will work with each family to identify needs and to help prioritize them. Using a strength-based approach, they will work with families to create a support team and design a custom made strength based strategy to meet the family needs. FRFs will work directly with families and other Human Service partners in helping family to convey their vision and ensure the systems of care are focused on families strengths, goals and abilities

Location: 934 South Main Street in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

None

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

No significant changes to the program. Some new schools will be included. The schools we plan to provide services too are: Syracuse High, Clearfield High, No. Davis Jr., Sunset Jr., Lincoln Elem., VaeView Elem., Mountain/Canyon Alternative High.

**Describe outcomes that you will gather and report on.**

DBH plans to respond to all data questions on the EI Data & Outcomes Report

**Form A – Mental Health Budget Narrative**

**6. Suicide Prevention, Intervention and Postvention**

**Describe the current services in place in suicide prevention, intervention and postvention.**

- DBH will utilize the DSAMH assessment tool
- Prevention: DBH has partnered with the school district in offering mental health education to counselors and administrators regarding trauma-informed care and its relation to the recognition of signs and symptoms of emotional distress.
- Prevention and Intervention: We have used EI funds to place a therapist and FRF in one of the district's two HOPE schools this year and will include the other school this coming year. (In Syracuse presently and will add Clearfield High) (HOPE is the suicide prevention program that teams up with a cohort of vigilant students on campus.) School referrals provide early intervention to those experiencing suicidal symptoms.
- Prevention, Intervention, and Postvention: DBH has delivered over 7500 crisis outreach flyers to students in Title I schools in the district. This information directs the emotionally and mentally distressed to a team who will come to the home to deescalate and support the child or family during a crisis situation. This team also commits to following up with care referrals and community supports, often including the assistance of a Family Resource Facilitator.
- DBH joins DSD crisis workers in offering education and support to parents, educators and family members after a suicide or suicide attempt.
- DBH provides debriefing to community members when there has been a death that has community impact.
- DBH participates in the quarterly crisis team training held at the school district.

**Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

DBH has created a coalition of community agencies to address suicide prevention (Davis HELPS). This group is developing strategies that address policies and practices. These include: promoting public awareness and improving the ability of service providers to identify and support at-risk individuals through prevention, intervention and postvention programs such as QPR, Mental Health First Aid and suicide screening tools.

Further, DBH will conduct an assessment of our staff knowledge and skills regarding suicide prevention strategies. Also, DBH will provide staff evidence based training such as Seeking Safety.

**Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.**

For all Children and Youth clients who have received a crisis service, the crisis team FRF will make follow-up calls within 48 hours to review the crisis process with the family and to determine what additional services are needed. DBH is considering a similar process with the adult population. This may be somewhat challenging for our limited resources as the volume of calls is significantly higher with the adult population than with the Children and Youth population. DBH requires that all inpatient admissions for our Medicaid population be screened and authorized through our 24-hour crisis team. This allows for immediate collaboration with local hospital crisis workers and allows DBH to schedule next day or other urgent appointments should those clients not be admitted to an inpatient unit. This also begins our inpatient authorization process which assists in getting urgent appointments scheduled within a few days after discharge. In addition, should any of our clients have a no show for their post hospitalization appointment, the appropriate outreach team is contacted and outreach efforts are made to engage/re-engage the consumer.

DBH, contracts with hospitals within Davis County as well as Weber county and some SL county hospitals. The DBH inpatient utilization team interacts with these hospitals on a daily basis regarding all clients admitted for mental or behavioral health issues; including suicide. Further, DBH sends a liaison to many of the hospitals on a weekly basis. Further, DBH participates with local hospitals on the Davis HELPS coalition.

## Form B – Substance Abuse Treatment Budget Narrative

Instructions:

In the boxes below, please provide an answer/description for each question.

### 1) Screening and Assessment

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

Davis Behavioral Health provides Adult & Adolescent Substance Abuse Screenings. Both Adult and Adolescent Substance Abuse Screenings are performed in their respective departments by DBH employees.

Screenings are held weekly for any Davis County resident who is seeking SUD services. Many people seeking services do not need treatment but rather a referral to class or a prevention intervention; thus, having a screening clinic provides rapid access to the most appropriate level of care.

The screening process consists of the following:

1. Drug & Alcohol History
2. Substance Abuse Interview
3. Available Screening Instruments for use are:
  - A. Adults:
    - (1) SASSI
    - (2) Michigan Alcohol / Drug Screening Test
    - (3) CAGE
  - B. Adolescent:
    - (1) SASSI-A
    - (2) Adolescent Drug Abuse Diagnosis
    - (3) CRAFFT A&D adolescent screening
4. ASAM
5. Preliminary ASAM placement Decision/Recommendation

Location: 934 South Main Street in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form B – Substance Abuse Treatment Budget Narrative**  
**(2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

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

Services are provided through referrals other agencies.

DBH uses hospitals within its network for this service.

Activities: ASAM Level IV: Medically Managed Inpatient Treatment

Hospital Inpatient Services including Detoxification for consumers are available at local hospitals.

Locations: Salt Lake (UNI), Davis County (Lakeview), Ogden (McKay Dee or Ogden Regional) or other inpatient facilities as needed by client.

Provider: Referred to Provider

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

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

Activities: ASAM Levels: III.1,3, 5.

DBH provides 8 sober-living beds to women in the Women’s Recovery Center (WRC). A DBH psychiatrist provides weekly evaluation and medication management.

We also provide a residential level of care to both men and women in the Davis County Jail who reside in the Jail Work Center and are transported by DBH to the Men’s Recover Center (MRC) and the Women’s Recovery Center (WRC) for partial hospitalization/day-treatment.

Locations: 2250 North 1700 West in Layton, Utah (MRC & WRC)  
Davis County Jail in Farmington, Utah

DBH also refers to the House of Hope and Volunteers of America in Salt Lake City, Utah. We do have a contract with the House of Hope, but not with VOA.

Individuals in need of detoxification services are referred to:

Ogden Regional Hospital  
5475 S. 500 E.  
Ogden, Utah

Lakeview Hospital  
635 E. Medical Dr.  
Bountiful, Utah

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

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

**Activities:** ASAM Level III.7: Medically Managed Inpatient Treatment.

DBH refers to local hospitals for these services.

Location: Salt Lake (Highland Ridge Hospital)

Ogden (Ogden Regional) or other inpatient facilities as needed by client

Provider: Referred to Provider

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous.** None

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

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

Activities: ASAM Level III: Free Standing Residential

Davis Behavioral Health Crisis Recovery Unit (CRU). Substance abuse evaluation and treatment is available to clients at our CRU, which is primarily a short-term residential unit for clients with severe mental illness. However, all clients at CRU will receive individual therapy and a dually diagnosed treatment group. For those clients whose treatment needs are more severe, Substance Abuse services are provided at the WRC or MRC, if the client's mental illness will allow them that level of intense treatment. Substance use disorder treatment services are highly tailored for clients at the CRU and are matched to the client's ability to participate.

Location: 2250 North 1700 West, Bldg. D in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3**

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

Activities ASAM Level III: Free Standing Residential

DBH refers to Odyssey, House of Hope and Volunteers of America in Salt Lake City, Utah. We do have a contract with House of Hope, but not with Odyssey House, or VOA.

Provider: Contracted and referred to provider

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Outpatient (Methadone - ASAM I)**

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

Activities: ASAM: Opioid Maintenance Therapy.

Clients who are evaluated with an opioid or alcohol dependence and request Methadone and other MAT will be referred to their physician or other community providers for this service.

Discovery House has presented in-service trainings to DBH staff and we have collaborated on referrals. Clients interested in MAT therapies are given direct referrals to Discovery House and the Bountiful Treatment Center. Release of Information documents are signed so that DBH and MAT providers can coordinate client care. This year we will be encouraging providers to increase the level of coordination for clients receiving MAT.

Location: Discovery House: 523 West Heritage Park Blvd. in Layton, Utah  
Bountiful Treatment Center: 146 West 300 South in Bountiful, Utah  
Provider: Contract

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Outpatient (Non-methadone – ASAM I)**

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

Activities: ASAM Level 1: Outpatient Treatment

Outpatient substance use disorder (SUD) services are delivered according to the treatment needs of the client subsequent to an individual clinical assessment in conjunction with the ASAM placement assessment.

These services are provided by DBH and include: screening, assessment, individual, group, and family interventions. Accordingly, the effectiveness of treatment can be measured in terms of the overall health of the client such as decreased substance use; improvements in mental, medical and physical health; greater pro-social functioning and involvement; and relapse prevention preparedness.

Manualized treatment formats include: Cognitive Behavioral Therapy for Substance Abuse; Relapse Prevention; Substance Abuse/Criminal Thinking and Behavioral Change; and PTSD and Substance Abuse.

A small portion of outpatient services will be offered at our Men's Recovery Day-Treatment Program, and our Women's Recovery Day-Treatment Program. These outpatient services will be provided to increase treatment retention and to ensure an effective integration into the community as a transition from DBH intensive day-treatment / Intensive outpatient services.

Location: 934 South Main  
2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increase or decrease from previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

## **Form B – Substance Abuse Treatment Budget Narrative**

### **9) Intensive Outpatient (ASAM II.5 or II.1)**

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

Activities: ASAM Level II.1 Intensive Outpatient & II.5 Partial Hospitalization (Day-Treatment)

DBH Men's and Women's Intensive Outpatient / Day-Treatment gender specific programs run 6 days per week and offer an intensive treatment experience. Services include screening, assessment, individual, group, and family treatment. Co-occurring disorders are included. Clients in IOP receive a minimum of 9 hours of treatment per week and day-treatment clients receive approximately 48 hours of treatment per week. Effectiveness of treatment can be measured in terms of the overall health of the client such as decreased substance use, improvements in mental and physical health, greater social involvement, employment and/or other meaningful life activity.

In conjunction with this intensive level of care, DBH provides 8 sober-living beds to women in the WRC. A DBH psychiatrist provides weekly evaluation and medication management. We also provide a residential level of care to both men and women in the Davis County jail who reside in the Work Center and are transported by DBH to MRC and WRC for Day-Treatment Services.

The MRC/WRC provides clients with the skills, knowledge and strategies necessary for a healthy, complete lifestyle in recovery. This includes assessing the clients when they enter into the MRC/WRC for any mental, physical, or emotional needs and concerns in addition to their SUD. The focus of treatment includes treating the person as a whole in a Person Centered format. Clients are assessed in all areas of emotional, physical, mental health, or other needs. Clients are connected with, or obtain assistance from outside agencies, court and legal systems, community organizations, and other interested parties through direct contact. MRC/WRC provides assistance through the help of a case manager, providing ways to link and connect clients with needed resources that will ensure that clients have the best potential for recovery.

Location: 934 South Main  
2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

Manualized treatment formats include: Cognitive Behavioral Therapy for Substance Abuse; Relapse Prevention; Substance Abuse/Criminal Thinking and Behavioral Change; and PTSD and Substance Abuse.

**Include expected increases or decreases from the previous year and explain any variance.  
Increase in Intensive- Outpatient clients at the MRC / WRC locations.**

All of DBH IOP programing will be moving to these gender specific locations with a slight increase in capacity to serve more clients.

**Describe any significant programmatic changes from the previous year.** Day-Treatment will be reduced from 10 to 8 hours per day. This will allow an increase in IOP while maintaining a high level of intervention in day treatment.

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

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

Activities: DBH does not offer this service and consumers requesting OP detox are referred to the client's private physician or community providers including Midtown Clinic at the Davis County Health Department, Ogden Regional Hospital and Lakeview Hospital. Clients requesting this service have also been referred to Volunteers of America in Salt Lake City. Davis Behavioral Health does not have a contract with VOA.

Location: Midtown Community Health Center (Davis County Health Department) at 22 South State Street in Clearfield Utah 84015

Provider: Referred to VOA, Midtown Clinic, Ogden Regional Hospital and Lakeview Hospital.

**Include expected increases or decrease from previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form B – Substance Abuse Treatment Budget Narrative**

**11) Recovery Support Services**

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

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

Activities: Support Services

Davis Behavioral Health SUD Case Management services are part of our Continuous Recovery Support services and are thus provided prior to treatment, during treatment, and after treatment. Support is provided as the client and provider jointly create a plan that assists the client in transitions to full community involvement and the ability to sustain recovery. As part of our efforts to streamline access to the appropriate level of care, we have started a Recovery Support Transition groups for those who may need some support in transitioning to a community environment but do not need active treatment. Family education groups for family members of Substance Use Disorder Clients are also provided weekly; this class continues to grow in its demand.

With the allocation of ATR funds, we have also been able to increase our assistance to clients with basic needs such as transportation, education, vocational training, child care, legal services, housing and medical services. Priority is given to pregnant women, women with children, and women's services to ensure recovery and support for women's specific issues.

DBH also collaborates with agencies in the community to get vouchers for clothing, bedding, and small household items. Clients can be referred for educational opportunities and can obtain their GED or Adult High School Diploma. Clients can take tours of Davis Applied Technology College. Funds from Intermountain Healthcare to assist with obtaining housing are also provided, as well as working with clients and the Davis County Housing Authority.

Recovery Support Services include referrals to A.A. and N.A. in the community. DBH also provides space for AA and NA to have a weekly meeting at our outpatient offices. Other community support referrals include: LDS Substance Abuse; LDS Social Services and other local churches. Training includes referrals to Vocational Rehabilitation, Davis Area Technical School, GED classes, universities and colleges. Family Service referrals include the Family Connection Center.

Location: 934 South Main in Layton, Utah and in the community

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

ATR services will now be offered to clients in the drug and dependency court programs.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **12) Quality and Access Improvements**

#### **Describe your Quality and Access Improvements**

##### Quality Improvements:

In FY14, the DBH SUD outpatient team engaged in a dedicated effort to master CBT. This initiative will be carried forward into FY15 and includes:

- Specific training on CBT interventions as related to SUD
- Observed and/or recorded sessions
- Specific supervision on CBT in clinical supervision
- Cognitive Behavioral Rating Scale – for supervisors to rate therapists that incorporates:
  - Baseline Measurement to see what areas are needed for training.
  - Ongoing ratings to measure improvements.
  - Post training measurements to identify needs for booster training.
- Fidelity instrument to improve practice adherence.

DBH will be implementing further training to staff in the:

- Initial Engagement, Ongoing Assessment, Recovery Planning, and Treatment Principles. The use of Electronic Medical Record cloning of assessments, providing ongoing updates will be very helpful in the client engagement processes and documentation in the clinical record.
- MAT: Staff will evaluate all clients with opioid and alcohol dependence for MAT services and make a referral when appropriate. Documentation in the treatment plan and other areas of the clinical record will be provided.
- Tobacco Cessation: Continued training and documentation of smoking cessation will be performed. Cessation materials and groups for clients will be provided in this area, as well as increasing compliance with the smoke-free status of the DBH campus.
- Wellness Initiatives and staff training on health issues. Providing staff and clients with information and assessment materials on health issues. Integrated wellness issues will be provided in DBH programming, as well as documentation in the clinical record. HIV, Tuberculosis, Hepatitis screening is done by the Davis Co. Health Department at DBH every other month.

##### Access Improvements:

DBH Substance Abuse has a screening clinic to provide quick screenings; priority population identification, and patient placements into appropriate programming. Screening clinic allows for rapid access (usually within 72 hrs.), and helps direct clients to appropriate levels of care. Screening clinic includes referrals to the community and educational/prevention activities.

##### Identify Process improvements:

DBH will training staff this year on the Evidenced Based Practices of:

- Seeking Safety: PTSD and Substance Abuse.
- Axis II: Personality Disorder Diagnosis and Treatment in Substance Abuse

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Services to Incarcerated People**

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

Davis County Jail SUD Program.

Davis Behavioral Health is contracted by the Davis County Sheriff's Office to conduct SUD treatment in the Davis County Jail. DBH provides 2 ½ clinical FTEs to serve this population.

The Program (RSAT/JSAT) consists of 24 males, and 12 females who are engaged in treatment for five months of in-jail services. Jail SUD counseling services are provided Monday through Friday and consist of daily group and individual treatment. Following the Jail portion of treatment, clients are placed on AP&P for probation and receive weekly outpatient treatment services at DBH for 7 months. The clients also meet weekly with a 2nd District Court Judge to review their progress and compliance with program requirements. The outpatient model is based on a drug court model.

The DBH Jail program was originally funded by a Federal RSAT grant, but it is now paid for by the Davis County Sheriff's Department as part of the Davis County Contract. This program has been in operation since 1999 and we have solidified a strong partnership.

Location: Davis County Jail, 800 West Center Street in Farmington, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**What is the amount of SAPT funds that are used to provide services to County Jails?** None  
RSAT Jail Drug Program is paid for by Davis County as part of the Davis County contract with DBH.

## Form B – Substance Abuse Treatment Budget Narrative

### 14) Integrated Care

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

DBH has one Adult Outpatient team with dual members. A group is held on a weekly basis for clients who are seriously mentally ill. In addition a DBH substance abuse therapist and a mental health therapist are providing a DBT group for clients in regular substance abuse services who have borderline personality issues

**Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspects of Health Care Reform.**

Davis Behavioral Health has been paneling its mental health and SUD service providers with multiple health plans in order to meet the capacity needs of the exchange enrollees.

**Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.**

Clients are assessed for health care issues on admission and referred to health care providers in the community. If clients do not have primary care physicians, DBH refers them to Midtown Community Healthcare clinic.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

Individuals can be referred by their primary care physician to a DBH medical provider for med consultation that may last up to three visits before the individual is referred back to their primary care provider for continued service. If DBH provides any med management for these individuals we notify the PCP of the medications we have prescribed. DBH regularly meets with primary care providers in the community as well as Midtown clinic.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

Assessments are performed with Dual Diagnosis emphasis. DBH provides clients with the skills, knowledge and strategies necessary for a healthy, complete lifestyle in recovery. We jointly plan services and work with clients to obtain indicated interventions and assistance from DBH or other outside agencies. We also work with families and other formal and informal supports to link and connect with needed resources that will ensure clients have the best potential for recovery. Clients are referred to primary care physicians, the Davis County Health Department, or Midtown Clinic.

**Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.**

Clients who have been identified for, and are interested in MAT therapies are given direct referrals to Discovery House and the Bountiful Treatment Center. Release of Information documents are signed so that DBH and MAT providers can coordinate client care. This year we will be encouraging providers to increase the level of coordination for clients receiving MAT.

Two DBH Psychiatrists have training in MAT and currently prescribe to clients that have been identified during the evaluation process as candidates for MAT. Also, DBH has a good relationship with the local FQHC (Midtown) to make referrals when appropriate.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

DBH continues to work on reminding clients in a firm, but friendly manner that we are a smoke-free campus(s). We are committed to the consistent, but kind effort required by this. We will also enhance our resources and referrals for those who want to stop smoking, by adding this element to our initial assessment. Further, the medical team is committed to continued assistance by prescribing non-nicotine medications such as Chantix and nicotine replacement products. DBH coordinates with the Davis Co. Health Dept on Nicotine replacement products. Also, DBH continues to provide and refer to smoking cessation classes.

**Form B – Substance Abuse Treatment Budget Narrative**

**15) Drug Court**

**Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

DBH provides treatment for 2 Drug courts.

1. 2<sup>nd</sup> District Davis Adult Felony Drug Court: DBH is subcontracted by the Davis County Attorney's Office for Treatment of the Adult Drug Court Clients.
2. 2<sup>nd</sup> District Davis Juvenile Dependency Drug Court.
  - A. Treatment services for both courts are provided through the ASAM Levels of care described in above sections. Services and provisions are listed in above ASAM treatment descriptions.
    - (1) Case Management Services for all Drug Court clients at DBH are described above in the Recovery Support Services provided by DBH.
    - (2) Dependency Court clients also are provided case management services by DCFS.
  - B. Urinalysis Services for Drug Courts:
    - (1) Adult Felony Drug Court / Davis County Attorneys Office refers Drug Court clients to the Davis County Jail and C&D Probation for UA testing.
    - (2) Juvenile Dependency Court has clients UA through a contracted provider to DCFS.

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

Drug court and Dependency drug court clients will now have access to ATR funding.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

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

DORA clients treatment services and case management services are described in the ASAM sections previously.

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Form B – Substance Abuse Treatment Budget Narrative**

**17) Women’s Treatment**

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

At the DBH Women’s Recover Center (WRC), women’s intensive treatment services are provided as described in the section on ASAM Level II.

WRC has volunteers who provide 12-step meetings for AA / NA / LDS 12-Step and we contract for providers to come to WRC and offer Zumba, Yoga and U of U Cooking Classes.

Current programming for the WRC is gender responsive to address the needs of women with substance abuse and history of trauma. The program consists of intensive day treatment services/intensive outpatient services and a transitional component of outpatient services to provide a continuum of care that is client centered to meet the changing needs of our population. We offer safe and sober housing through Davis Behavioral Health housing and transitional living for women who are employed full time when graduating the WRC and not able to afford housing. There are case management services offered to help clients find employment, housing, medical care and resources in their community to ensure success in their path to long term sobriety.

WRC uses Stephanie Covington’s *Women in Recovery* Program and implements Women in Recovery principles into all aspects of the Women’s Recovery Center. CBT-Trauma and other models of treatment are also used.

The DBH Outpatient Program also offers several women’s specific groups for trauma, and women’s issues. The Women Seeking Safety program is being developed in the outpatient program and outpatient uses other multiple models of therapy also.

Location: 2250 North 1700 West, Building C in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.**

Increase in Intensive Outpatient Services as all of DBH Intensive outpatient services for women will be implemented from the WRC.

**Describe any significant programmatic changes from the previous year.** None

**Form B – Substance Abuse Treatment Budget Narrative**

**18) Adolescent (Youth) Treatment**

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

Youth SUD Treatment is provided by DBH on an outpatient basis in the Children and Youth Division. Treatment services rendered are described above in the outpatient section. Extra emphasis is put on family involvement and family therapy on the Youth SUD team. DBH utilizes the ASSET curriculum for the group therapy, Matrix Model, Cognitive Behavioral Therapy, and Family Counseling.

Residential Services for Youth Substance Abuse are provided by the Adolescent Odyssey House in SLC. DBH has a contract for these services.

Location: 934 South Main in Layton, Utah

Provider: Davis Behavioral Health

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.** None

**Include expected increases or decreases from the previous year and explain any variance.** None

**Describe any significant programmatic changes from the previous year.**

**Form C – Substance Abuse Prevention Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

Davis Behavioral Health's prevention assessment process involves collecting and analyzing data, prioritizing community risk & protective factors, assessing community readiness to address prioritized risk & protective factors, reviewing current community programs, policies and resources, and identifying gaps in community resources.

Davis Behavioral Health worked with the Davis HELPS coalition, Davis County Health Department, and the Communities that Care on a comprehensive community assessment. This assessment was completed in August 2013.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

**Identify the prioritized risk/protective factors for each community identified in box #1.**

Prioritized Risk Factors – Family conflict, poor family management, low commitment to school, attitudes favorable to drug use, and depression.

Prioritized Protective Factors- prosocial involvement

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area.**

Davis HELPS is a community prevention coalition that oversees prevention efforts in Davis County. Davis HELPS recognizes the importance of collaboration and will continue to bring community partners together to participate in SPF planning process. Collaborating with various community agencies and stakeholders brings valuable perspectives to the process and fosters a shared sense of ownership and responsibility for the plan's implementation.

The coalition has worked to build prevention capacity by organizing two Communities that Care coalitions, in Bountiful and Layton City. It is our intention to continue to build capacity by bringing community partners together within these two communities.

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

Davis Behavioral Health's ongoing planning process involves focused attention to documented needs, identification of resources and strengths in the community, the selection of evidenced-based programs, policies, and practices, measurable objectives and performance measures, baseline data, and an evaluation process.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

Davis Behavioral Health's evaluation process involves the collection and analysis of outcome data, a review of policy, practice, and program effectiveness, and the development of recommendations for quality improvement.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

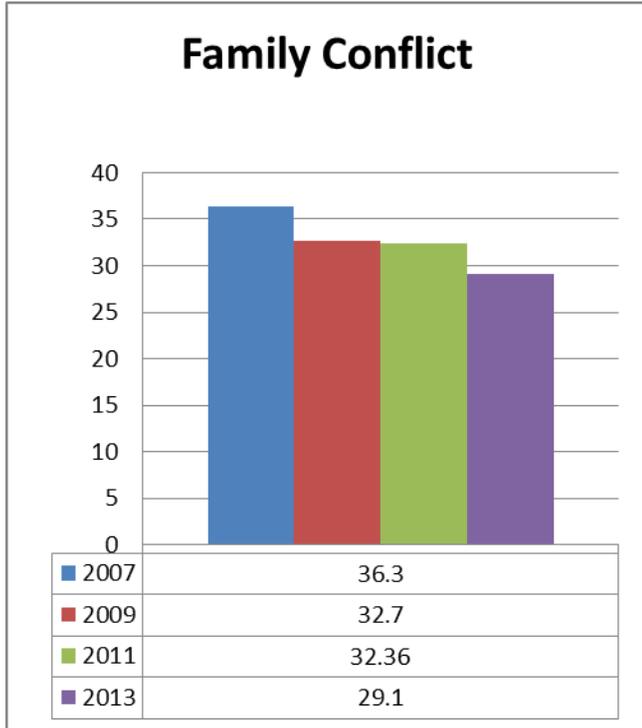
List any programs you have discontinued from FY2013 and describe why they were discontinued.

Form C – Substance Abuse Prevention Narrative

8) **Prevention Activity**

Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.

Davis Behavioral Health provides parenting and family education classes to address the prioritized risk factor family conflict. According to the SHARP survey, family conflict shows a downward trend from 36.3% to 29.1% over the last 6 years. The data in this graph includes students in the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12th grades.



Program Name: <b>Protecting You Protecting Me (PYPM)</b>			Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<input checked="" type="radio"/> U	S	I		Short	Long
Logic	Reduce lifetime alcohol use	1) Prosocial Involvement 2) Attitudes favorable to drug use	Protecting You/Protecting Me (PY/PM) is an alcohol use prevention curriculum for children in grades 1-5. We anticipate serving 2,000 to 3,000 children  Locations: Layton, Lincoln, West Point, South Clearfield, Wasatch, Hillfield, Vae View, Washington, Holt, Doxey, Sunset, and Syracuse Elementary.			Prevention Strategy: Education - Presentations  Protecting You/Protecting Me (PY/PM).  PYPM is a classroom-based program that meets for 40 minutes, once a week for 8 weeks.	(1) Prosocial involvement in 6 <sup>th</sup> graders will increase from 52.6% in 2013 to 55% in 2019.  2) Attitudes favorable to drug use in 8 <sup>th</sup> grade will decrease from 13.6% in 2011 12% in 2017.	Lifetime alcohol use in 8 <sup>th</sup> grade will decrease from 14.0% in 2011 to 11.0% in 2021
Measures & Sources	2011 Sharp data	1) 2013 Sharp data 2) 2011 Sharp data	Attendance Records			Program Log; Attendance Records	1) 2019 Sharp data 2) 2017 Sharp data	2021 Sharp data

Program Name: <b>Community Presentations</b>			Evidence Based Y (N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			(U)	S	I		Short	Long
Logic	Reduce lifetime alcohol use	Attitudes favorable to drug use.	Community/School – Davis County  Community education presentations – a variety of topics that promote healthy life styles.  Presentations given upon request.  800 to 1,000 Youth (13-18)			Prevention Strategy: Information Dissemination  1 to 1.5 hours  (Stress management, anxiety, depression, relationship, anger management, risk & protective factors, media literacy, decision-making skills, coping skills, bullying, communication, substance use and pregnancy, and alcohol tobacco & other drug use).	Attitudes favorable to drug use in 10 <sup>th</sup> grade will decrease from 20.3% in 2011 to 18.3% in 2017.	Lifetime alcohol use in 10 <sup>th</sup> grade will decrease from 23.1% in 2011 to 20% in 2021
Measures & Sources	2011 Sharp data	2011 Sharp	Attendance Records			Program Log; Attendance Records	2017 Sharp data	2021 Sharp data

Program Name: <b>Anger Management (Men)</b>			Evidence Based Y(N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce alcohol use	Family Conflict	Men ages 18 and older. Participants are self-referral, court ordered, or referred by DCFS. We anticipate serving between 25 to 50 individuals.			<p>Prevention Strategy: Education</p> <p>8 sessions</p> <p>Small group anger management classes meet for 1 ½ to 2 hours, once a week for 8 weeks.</p> <p>The Anger Management Classes are held at Davis Behavioral Health (Layton), on Monday evenings from 7:00 to 8:30.</p>	<p>(1.1) Family conflict in 6<sup>th</sup> grade will decrease from 34.5% in 2011 to 31.5% in 2017</p> <p>(1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017</p> <p>(1.3) Family conflict in 10<sup>th</sup> grade will decrease from 31% in 2011 to 28% in 2017</p>	Alcohol use among adult men will decrease 9.09% in 2009 to 7% in 2019
Measures & Sources	2009 BRFSS Data	2011 Sharp Data	Attendance Records			Program Log, Attendance Records	2017 Sharp Data	2019 BRFSS

Program Name: <b>Anger Management (Women)</b>			Evidence Based Y (N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce alcohol use	Family Conflict	Women ages 18 and older. Participants are self-referral, court ordered or referred by DCFS. We anticipate serving 25 to 50 individuals with this program.			<p>Prevention Strategy: Education</p> <p>8 sessions</p> <p>Small group anger management classes meet for 1 ½ to 2 hours, once a week for 8 weeks.</p> <p>The Anger Management Classes are held at Davis Behavioral Health (Layton), on Monday evenings from 5:30-7:00.</p>	<p>(1.1) Family conflict in 6<sup>th</sup> grade will decrease from 34.5% in 2011 to 31.5% in 2017</p> <p>(1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017</p> <p>(1.3) Family conflict in 10<sup>th</sup> grade will decrease from 31% in 2011 to 28% in 2017</p>	Alcohol use among adult women will decrease from 4.64% in 2009 to 3% in 2019
Measures & Sources	2009 BRFSS Data	2011 Sharp Data	Attendance Records			Program Log, Attendance Records	2017 Sharp Data	2019 BRFSS

Program Name: <b>Anger Management (Youth)</b>			Evidence Based Y (N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce alcohol use	(1) Family conflict	Youth ages 13-17. Participants are self-referral, referred by a counselor or school administrator, court ordered or referred by DCFS. We anticipate serving between 20-30 individuals with this program.			<p>Prevention Strategy: Education</p> <p>6 sessions</p> <p>Small group anger management classes meet for 1 hour, once a week for 6 weeks.</p> <p>Anger Management Classes are held at Davis Behavioral Health (Layton) on Thursday from 4:30 to 5:30.</p>	<p>(1.1) Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017</p> <p>(1.2) Family conflict in 10<sup>th</sup> grade will decrease from 31% in 2011 to 28% in 2017</p>	<p>Lifetime alcohol use in 8<sup>th</sup> grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10<sup>th</sup> grade will decrease from 23.1% in 2011 to 20% in 2021.</p>
Measures & Sources	2011 Sharp Data	(1) 2011 Sharp Data	Attendance Records			Program Log, Attendance Records	1) 2017 Sharp	2021 Sharp data

Program Name: <b>Anger Management (Children)</b>			Evidence Based Y(N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce alcohol use	(1) Family conflict  (2) Prosocial involvement	Children ages 5 to 12. Participants are self-referral, referred by a counselor or school administrator, court ordered or referred by DCFS. We anticipate serving 30-50 individuals with this program.			Prevention Strategy: Education  6 sessions  Small group anger management classes meet for 1 hour, once a week for 6 weeks.  Anger Management Classes are held at Davis Behavioral Health (Layton) on Thursday from 5:30 to 6:30.	1) Family conflict in 6 <sup>th</sup> grade will decrease from 34.5% in 2011 to 31.5% in 2017  (2) Prosocial involvement in 6 <sup>th</sup> graders will increase from 52.6% in 2013 to 55% in 2019.	Lifetime alcohol use in 6 <sup>th</sup> grade will decrease from 6% in 2011 to 5% in 2021.
Measures & Sources	2011 Sharp Data	1) 2011 Sharp Data  (2) 2013 Sharp Data	Attendance Records			Program Log, Attendance Records	1) 2017 Sharp Data  (2) 2019 Sharp Data	2021 Sharp Data

Program Name: <b>Project Davis</b>			Evidence Based Y (N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce alcohol use	(1) Poor family management	Children ages 5-12 and their parents. This program is offered to some high-risk populations such as the domestic violence shelter, the women's recovery center, and other families, in Davis County. It is anticipated that Project Davis will serve 40-60 families.			<p>Prevention Strategy: Education 8 group sessions</p> <p>Project Davis classes will be held at Fremont, Endeavor, Wasatch, and Odyssey Elementary.</p> <p>This program runs for eight weeks for 1.5 to 2 hours.</p>	(1) Poor family management in 6 <sup>th</sup> grade will decrease from 34% in 2011 to 30% in 2017.	<p>Lifetime alcohol use in 6<sup>th</sup> grade will decrease from 6% in 2011 to 5% in 2021.</p> <p>Lifetime alcohol use in 8<sup>th</sup> grade will decrease from 14% in 2011 to 11% in 2021.</p>
Measures & Sources	2011 Sharp Data	2011 Sharp Data	Attendance Records			Program Log. Attendance Records	2017 Sharp Data	2021 Sharp Data

Program Name: <b>Alcohol &amp; Drug Intervention (ADI)</b>			Evidence Based Y (N)				
LSAA: <b>Davis</b>							
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	I		
Logic	Reduce alcohol use	Favorable attitudes toward alcohol and drug use.	Adults 18 years and older. Most referrals are provided through the 2nd district court. We anticipate serving between 50 - 80 people with this program.			Prevention Strategy: Education 2 group sessions  Alcohol and Drug Intervention (ADI). This course is held at Davis Behavioral Health for 16 hours, on Saturday and Sunday once a month, every month of the year.	Favorable attitudes toward alcohol and drug use will decrease 25% from pre-test to post test.  Alcohol use among men will decrease from 9.09% in 2009 to 7% in 2019.  Alcohol use among women will decrease from 4.64% in 2009 to 3% in 2019
Measures & Sources	2009 BRFSS	Pre-Post Tests	Attendance Records			Program Log, Attendance Records	Pre-Post Tests  2019 BRFSS

Program Name: <b>Prime for Life (PRI)-Juvenile</b>			Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<input checked="" type="radio"/> I		Short	Long
Logic	Reduce alcohol use	Favorable attitudes toward alcohol and drug use.	Youth ages 13 to 17. Referrals are provided by the juvenile court and the Davis School District. We anticipate serving approximately 20-40 individuals.			<p>Prevention Strategy: Education 5 group sessions</p> <p>Individuals who participate in the Prime for Life (PRI) class will be given information regarding issues related to alcohol and other drug use and its effects on physiology. Participants will attend once a week for 5 weeks. The class will be held at Davis Behavioral Health (Layton) on Mondays from 6:00 to 9:00.</p>	<p>Favorable attitudes toward alcohol and drug use in 8<sup>th</sup> grade will decrease from 16.4% in 2011 to 14.4% in 2017</p> <p>Favorable attitudes toward alcohol and drug use in 10<sup>th</sup> grade will decrease from 20.3% in 2011 to 18% in 2017</p>	<p>Lifetime alcohol use in 8<sup>th</sup> grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10<sup>th</sup> Grade will decrease from 23.1% in 2011 to 20% in 2021</p>
Measures & Sources	2011 Sharp Data	2011 Sharp	Attendance Records			Program Log, Attendance Records	2017 Sharp	2021 Sharp Data

Program Name: <b>Davis Family Advocate</b>			Evidence Based Y (N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	(I)		Short	Long
Logic	Reduce alcohol use	Attitudes favorable to drug use	The Family Advocate program is for women in Davis County who have a substance abuse problem and are either pregnant, or have had a child within the past two years. We anticipate serving 225-250 individuals with this program.			Prevention Strategies: Information Dissemination & Education. The Family Advocate program works intensively with mothers to improve maternal, prenatal, and early childhood health and wellbeing. Case management includes coordinating, assessing, linking, and monitoring. Program is open ended to allow individual needs to be met.  Monday through Friday from 8a.m. to 6p.m.	Attitudes favorable to drug use will decrease by 30% from pre-test to post test	Alcohol use will decrease from 4.64% in 2009 to 3% in 2019
Measures & Sources	2009 BRFSS	Pre-Post Tests	Attendance Records			Program Log, Attendance Records	Pre-Post Tests	2019 BRFSS

Program Name: <b>Strengthening Families</b>			Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<input checked="" type="radio"/> S	<input type="radio"/> I		Short	Long
Logic	Reduce alcohol use	(1) Family management skills  (2) Family conflict	The target population for the Strengthening Families Program is young adolescents ages 10 to 14, and their parents.  Strengthening Families will serve between 10-20 high-risk families.			Strengthening Families. Classes will be held at Layton, West Clinton, and Windridge Elementary.  This program runs for seven weeks for 2 ½ hours.	1) Poor Family management will decrease in 8th grade from 34.4% in 2011 to 31.4% in 2017  (2.1) Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017  (2.2) Family conflict in 10 <sup>th</sup> grade will decrease from 31% in 2011 to 28% in 2017	Lifetime alcohol use in 8 <sup>th</sup> grade will decrease from 14% in 2011 to 11% in 2021.  Lifetime alcohol use in 10 <sup>th</sup> grade will decrease from 23.1% in 2011 to 20% in 2021.
Measures & Sources	2011 Sharp Data	(1-2) 2011 Sharp Data Pre-Post Tests	Attendance Records			Program Log, Attendance Records	(1-2.2) 2017 Sharp Data Pre-Post Tests	2021 Sharp Data

Program Name: <b>Parenting with Love &amp; Logic</b>			Evidence Based Y <input checked="" type="radio"/> N <input type="radio"/>					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<input checked="" type="radio"/> U	S	I		Short	Long
Logic	Reduce lifetime alcohol abuse	1) Poor Family Management  2) Family Conflict	This program targets parents in Davis County who may need to improve family management and parenting skills. We anticipate serving 200-300 parents with this program.			Parenting with Love & Logic classes will be taught in 17 elementary schools in Davis County. Classes are held for 1 ½ hours on Tuesday, Wednesday and Thursday nights from 6:30-8:00 p.m.	(1) Poor Family management will decrease in 6th grade from 34% in 2011 to 31% in 2017  (2) Family conflict will decrease from 34.5% (6 <sup>th</sup> grade) in 2011 to 31.5% in 2017.	Lifetime alcohol use in 8 <sup>th</sup> grade will decrease from 14.0% in 2011 to 11% in 2021.
Measures & Sources	2011 Sharp Data	(1-2) 2011 Sharp Pre/Post Tests	Attendance Records			Attendance Records	(1-2) 2017 Sharp Data Pre/Post Test	2021 Sharp Data

Program Name: <b>Prime for Life (PRI)-Adult</b>			Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<input checked="" type="radio"/> I		Short	Long
Logic	Reduce alcohol use	Favorable attitudes toward alcohol and drug use.	Adults 18 years and older. Most referrals are provided through the 2nd district court. We anticipate serving approximately 60-80 individuals.			Individuals who participate in the Prime for Life (PRI) class will be given information regarding issues related to alcohol and other drug use and its effects on physiology. This course will run for 5 weeks at Davis Behavioral Health (Layton) on Mondays from 6:00 to 9:00 p.m.	Favorable attitudes toward alcohol and drug use will decrease by 25% from pre-test to post test.	Alcohol use among men will decrease from 9.09% in 2009 to 7% in 2019  Alcohol use among women will decrease from 4.64% in 2009 to 3% in 2019.
Measures & Sources	2009 BRFSS	Pre-Post Tests	Attendance Records			Program Log, Attendance Records	Pre-Post Tests	2019 BRFSS

Program Name: <b>Incredible Years</b>			Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<input checked="" type="radio"/> S	<input type="radio"/> I		Short	Long
Logic	Reduce lifetime alcohol abuse	(1) Poor Family Management  (2) Family Conflict	This program targets non-high-risk and high-risk parents who have children between the ages of 2-8. We receive referrals from the Davis School District, the courts, and DCFS. We anticipate serving 75-125 parents with this program.			The Incredible Years Parenting program will be taught in 7 elementary schools in Davis County and DBH. Classes are held on Tuesday, Wednesday and Thursday nights from 6:30-8:30 p.m.  Locations: Sandsprings, Washington, Sunset, Vae View, Meadowbrook, So. Clearfield, Hillfield Elementary, and Davis Behavioral Health.	(1) Poor Family management will decrease in 6 <sup>th</sup> grade from 34% in 2011 to 31% in 2017  (2) Family conflict will decrease in 6 <sup>th</sup> grade from 34.5% in 2011 to 31.5% in 2017.	Lifetime alcohol use in 8 <sup>th</sup> grade will decrease from 14.0% in 2011 to 11% in 2021.
Measures & Sources	2011 Sharp Data	(1-2) 2011 Sharp Pre/Post Tests	Attendance Records			Attendance Records	1-2) 2017 Sharp Data Pre/Post Test	2021 Sharp Data

Program Name: <b>Guiding Good Choices</b>			Evidence Based (Y)N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce lifetime alcohol abuse	(1) Poor Family Management  (2) Family Conflict	This program targets Davis County parents who have children ages 9-14. We receive referrals from the Davis School District and DCFS. We anticipate serving 40-50 parents with this program.			The Guiding Good Choices Parenting program will be taught in 5 Elementary schools in Davis County. Classes are held on Tuesday, Wednesday or Thursday nights from 6:30-8:30 p.m.  Locations: Boulton, Creekside, Oakhills, West Point, and West Bountiful Elementary.	1) Poor Family management will decrease in 8th grade from 34.4% in 2011 to 31.4% in 2017  (2.1) Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017  (2.2) Family conflict in 10 <sup>th</sup> grade will decrease from 31% in 2011 to 28% in 2017	Lifetime alcohol use in 8 <sup>th</sup> grade will decrease from 14.0% in 2011 to 11% in 2021.  Lifetime alcohol use in 10 <sup>th</sup> grade will decrease from 23.1% in 2011 to 20% in 2021.
Measures & Sources	2011 Sharp Data	(1-2) 2011 Sharp Pre/Post Tests	Attendance Records			Attendance Records	(1-2.2) 2017 Sharp Data Pre/Post Test	2021 Sharp Data

Program Name: <b>Parent &amp; Teen Alternative Program</b>			Evidence Based Y <input type="radio"/> N <input checked="" type="radio"/>					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce alcohol use	Favorable attitudes toward alcohol and drug use.	Youth ages 13 to 17 and their parents. Referrals are provided by the juvenile court and the Davis School District. We anticipate serving approximately 60-75 individuals.			Prevention Strategy: Education 5 sessions  Participants will attend once a week for 5 weeks. The class will be held at Davis Behavioral Health (Layton) on Tuesdays from 6:00 to 8:00.	Favorable attitudes toward alcohol and drug use in: <b>8<sup>th</sup> grade</b> will decrease from 13.6% in 2011 to 12.4% in 2017. <b>10<sup>th</sup> grade</b> will decrease from 20.3% in 2011 to 18% in 2017. <b>12<sup>th</sup> grade</b> will decrease from 22.5% in 2011 to 20% in 2017	Lifetime alcohol use in”  <b>8<sup>th</sup> grade</b> will decrease from 14% in 2011 to 11% in 2021. <b>10<sup>th</sup> Grade</b> will decrease from 23.1% in 2011 to 20% in 2021. <b>12<sup>th</sup> Grade</b> will decrease from 35.2% in 2011 to 30% in 2021
Measures & Sources	2011 Sharp Data	2011 Sharp	Attendance Records			Program Log, Attendance Records	2017 Sharp	2021 Sharp Data

Program Name: Fearless Marriage

LSAA: Davis

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	Ⓢ	I		Short	Long
Logic	Reduce alcohol abuse	Family conflict	<p>This program targets couples in Davis County. Participants are self-referral, referred by DCFS or the court.</p> <p>We anticipate serving 20-25 couples.</p>			<p>Prevention strategy: Education</p> <p>The class will be held at Davis Behavioral Health (Layton) on Thursday nights from 6:00 to 8:00.</p> <p>Participants will attend once a week for 6 weeks.</p>	<p>Family conflict will decrease from 34.5% (6<sup>th</sup> grade) in 2011 to 31.5% in 2017.</p> <p>Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017</p>	<p>Lifetime alcohol use in: 6th grade problem will decrease from 6% in 2011 to 5% 2021.</p> <p>8<sup>th</sup> grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>10th Grade will decrease from 23.1% in 2011 to 20% in 2021</p>
Measures & Sources	2011 Sharp Data	2011 Sharp	Attendance Records			Program Log, Attendance Records	2017 Sharp	2021 Sharp Data

Program Name: <b>Mindfulness-Based Stress Reduction</b>			Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<input checked="" type="radio"/> S	<input type="radio"/> I		Short	Long
Logic	Reduce alcohol abuse	Depressive symptoms	<p>This program targets adults in Davis County who report having depressive symptoms. Participants are self-referral, referred by a therapist or doctor.</p> <p>We anticipate serving 50-75 individuals.</p>			<p><b>Prevention Strategy: Education</b></p> <p>The class will be held at Davis Behavioral Health (Layton) on Thursday nights from 6:30 to 9:00.</p> <p>Participants will attend once a week for 8 weeks.</p>	<p>Depression symptoms will decrease by 25% from pre to post-tests.</p>	<p>Alcohol use among men will decrease from 9.09% in 2009 to 7% in 2019</p> <p>Alcohol use among women will decrease from 4.64% in 2009 to 3% in 2019.</p>
Measures & Sources	2009 BRFSS	Pre-post tests	Attendance Records			Program Log, Attendance Records	Pre-post tests	2019 BRFSS



Program Name: Cool Minds ( <b>Mindfulness-Based Stress Reduction – for adolescents</b> )			Evidence Based Y(N)					
LSAA: Davis								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	(I)		Short	Long
Logic	Reduce alcohol abuse	Depressive symptoms	<p>This program targets adolescents in Davis County who report having depressive symptoms. Participants are self-referral, referred by a teacher, counselor, or administrator.</p> <p>We anticipate serving 30-60 individuals.</p>			<p>Prevention Strategy: Education – group</p> <p>The class will be held at Davis Behavioral Health (Layton) on Thursday afternoons from 4:00 to 5:30.</p> <p>Participants will attend once a week for 8 weeks.</p>	Depression symptoms will decrease by 25% from pre to post-tests.	<p>Lifetime alcohol use in 8<sup>th</sup> grade will decrease from 14.0% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10<sup>th</sup> grade will decrease from 23.1% in 2011 to 20% in 2021.</p>
Measures & Sources	2011 Sharp Survey	Pre-post tests	Attendance Records			Program Log, Attendance Records	Pre-post tests	2021 Sharp Survey

Program Name: <b>School Support Groups</b>			Evidence Based Y (N)					
LSAA: <b>Davis</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	(S)	I		Short	Long
Logic	Reduce alcohol use	Low Commitment to school	<p>School Support Groups – Early intervention groups, in junior high schools in Davis County, to help youth adjust to stressful life situations. The sessions include knowledge, coping skills, decision making and other healthy life skills.</p> <p>Participants are referred by teachers, counselors or school administrators.</p> <p>15-25 Youth</p>			<p>Prevention Strategy: Education</p> <p>School Support Groups</p> <p>Groups meet once a week for 6 weeks.</p> <p>1 hour each week</p>	<p>Low Commitment to School in the 8th grade will decrease from 46.8% in 2013 to 44% in 2019.</p>	<p>Lifetime alcohol use in 8<sup>th</sup> grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10<sup>th</sup> grade will decrease from 23.1% in 2011 to 20% in 2021</p>
Measures & Sources	2011 Sharp data	2013 Sharp	Attendance Records			Program Log; Attendance Records	2019 Sharp Data	2021 Sharp data

**Davis Behavioral Health  
FY15 APPROVED FEE SCHEDULE**

2012 Poverty Guideline  
2012 200% Poverty



PER SERVICE FEE SCHEDULE		FAMILY MEMBERS							
Poverty Level	INCOME	1	2	3	4	5	6	7	8
100%	\$0 - 931	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
150%	\$932 - \$1,396	\$ 13.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
200%	\$1,397 - \$1,862	\$ 20.00	\$ 13.00	\$ 13.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
250%	\$1,863 - \$2,327	\$ 25.00	\$ 20.00	\$ 20.00	\$ 13.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
300%	\$2,328 - \$2,793	\$ 40.00	\$ 20.00	\$ 20.00	\$ 13.00	\$ 13.00	\$ 8.00	\$ 8.00	\$ 8.00
350%	\$2,794 - \$3,258	\$ 50.00	\$ 25.00	\$ 20.00	\$ 20.00	\$ 13.00	\$ 13.00	\$ 8.00	\$ 8.00
400%	\$3,259 - \$3,723	\$ 60.00	\$ 40.00	\$ 25.00	\$ 20.00	\$ 20.00	\$ 13.00	\$ 13.00	\$ 13.00
450%	\$3,724 - \$4,189	\$ 70.00	\$ 50.00	\$ 40.00	\$ 25.00	\$ 20.00	\$ 20.00	\$ 13.00	\$ 13.00
500%	\$4,190 - \$4,654	\$ 80.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 25.00	\$ 20.00	\$ 20.00	\$ 13.00
550%	\$4,655 - \$5,120	Full Fee	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 25.00	\$ 20.00	\$ 20.00
600%	\$5,121 - \$5,585	Full Fee	Full Fee	\$ 70.00	\$ 60.00	\$ 50.00	\$ 25.00	\$ 25.00	\$ 20.00
601% +	\$5,586 +	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

PROPOSED MONTHLY MAX***		FAMILY MEMBERS							
Poverty Level	INCOME	1	2	3	4	5	6	7	8
100%	\$0 - 931	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00
150%	\$932 - \$1,396	\$ 78.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00
200%	\$1,397 - \$1,862	\$ 120.00	\$ 78.00	\$ 78.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00
250%	\$1,863 - \$2,327	\$ 150.00	\$ 120.00	\$ 120.00	\$ 78.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00
300%	\$2,328 - \$2,793	\$ 240.00	\$ 120.00	\$ 120.00	\$ 78.00	\$ 78.00	\$ 48.00	\$ 48.00	\$ 48.00
350%	\$2,794 - \$3,258	\$ 300.00	\$ 150.00	\$ 120.00	\$ 120.00	\$ 78.00	\$ 78.00	\$ 48.00	\$ 48.00
400%	\$3,259 - \$3,723	\$ 420.00	\$ 280.00	\$ 175.00	\$ 140.00	\$ 140.00	\$ 91.00	\$ 91.00	\$ 91.00
450%	\$3,724 - \$4,189	\$ 490.00	\$ 350.00	\$ 280.00	\$ 175.00	\$ 140.00	\$ 140.00	\$ 91.00	\$ 91.00
500%	\$4,190 - \$4,654	\$ 560.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 175.00	\$ 140.00	\$ 140.00	\$ 91.00
550%	\$4,655 - \$5,120	Full Fee	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 175.00	\$ 140.00	\$ 140.00
600%	\$5,121 - \$5,585	Full Fee	Full Fee	\$ 560.00	\$ 480.00	\$ 400.00	\$ 200.00	\$ 200.00	\$ 160.00
601% +	\$5,586 +	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

**Additional Considerations:**

1. All non-medicaid MH services are subject to the described Sliding Fee Scale
2. Hardship cases can be evaluated on a case basis if application is made by the client and approved by a clinical supervisor. This may result in a lower income level for use in application of the Scale.
3. Residential Mental Health Bed day charges are priced separately - not subject to the Sliding Fee Scale
4. Non-Medicaid Substance Abuse services are subject to the described Sliding Fee Scale unless a specific or mandated program cost is entered in lieu.

FEE  
POLICY

SECTION:	Financial
PAGE:	1 of 1
SUBJECT:	Fee Policy
EFFECTIVE DATE:	5/2010
REVISION DATE:	5/2014

**PURPOSE**

To charge for services based on verified ability to pay.

**POLICY**

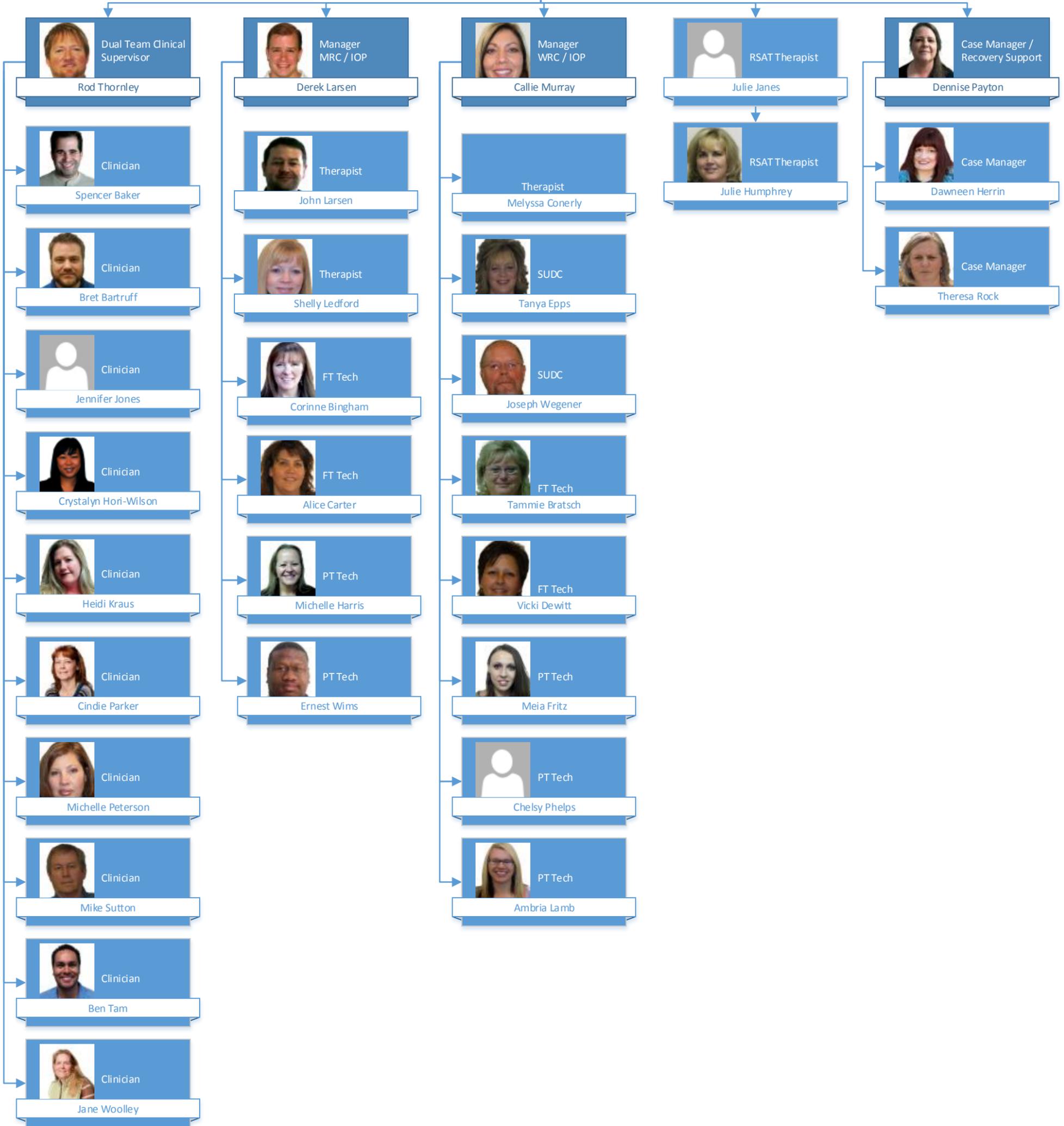
Eligible patients will be assessed fees based on the Davis Behavioral Health Rate Schedule and/or Discounted Fee Schedule. Eligible patients are those not covered by Medicare, Medicaid, a contracting insurance company or a special contract. Services will not be denied based on the inability to pay.

**PROCEDURES**

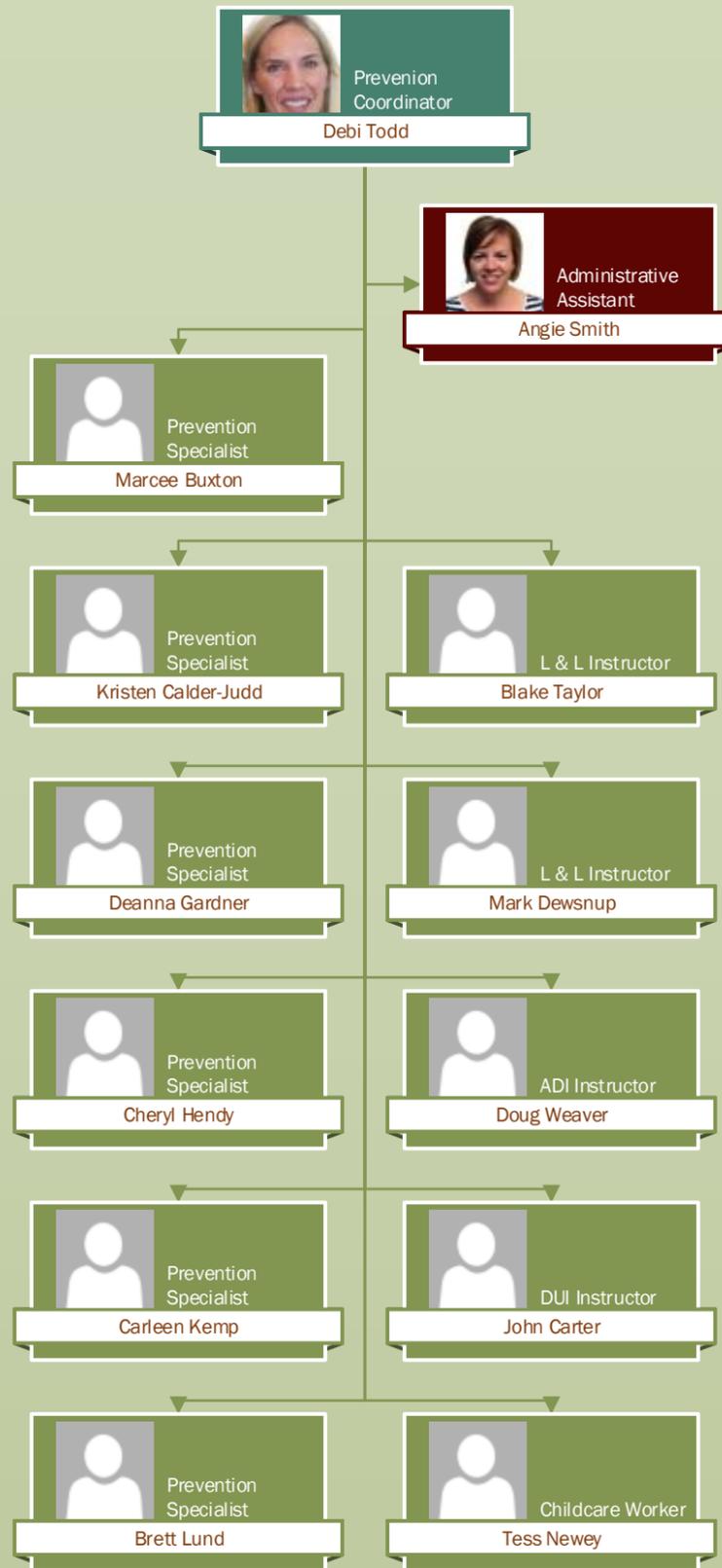
- 1.0 Fee Setting & Collecting Procedures:
  - 1.1 All clients will be provided a written explanation of the fee policy at the time of their intake appointment.
  - 1.2 All clients' fees will be based on the usual and customary rates established by our local authority or a negotiated contracted cost of services.
  - 1.3 Client's fees will not exceed the average cost of delivering the service.
  - 1.4 All fees assessed to clients, including upfront administrative fees, shall be reasonable as determined by the local authority
  - 1.5 All of DBH's programs will make a reasonable effort to collect outstanding fee charges and use an outside collection agency when appropriate.
  - 1.6 Individuals who indicate they are unable to pay for treatment or co-pays (and do not qualify for other funding sources) will be provided a Sliding Fee Application form. Once the form has been completed, the billing department will determine the applicants reduced fee based on the most recent Approved Fee Schedule and notify the applicant.
  - 1.7 Individuals who indicate that they are unable to make any payment or request fee balance forgiveness will be provided a Hardship Waiver Form to complete. Once completed, waiver forms must be returned to the finance department with requested income and expense documents attached for verification. A determination by the finance department will be made regarding the information provided on the form and communicated to the client.

ADULT SUBSTANCE ABUSE  
2014

Adult Substance Abuse Director  
Virgil Keate



# Prevention 2013



# Office Support 2013



Corporate  
Compliance  
Officer  
Shelly Tanner



Main Street Clinic  
Office Manager  
Diane Johnson



UR Specialist  
Kailey Comick



Layton Campus  
Office Manager  
Lark Martinez



Records  
Michelle Gideon



Adult Front Desk  
Kimberly Smith



Adult Front Desk  
Nicki Christensen



Front Desk  
Gabby Ross (pt)



Front Desk  
Recruiting (pt)



Adult Intake  
Gerilyn Tubbs



Adult Intake  
Jared Hardman



Adult Intake  
Joleen Souter



Jill Chiles



C&Y Front Desk  
Chaily Penman



C&Y Front Desk  
Part Time  
Tonia Gubler

C&Y Front Desk  
Recruiting



C&Y Records  
Casey Griffith



C&Y Intake  
Mary Jensen



Adult Records  
Ikara Bounds



Adult Records  
Stacy Johnson



Transcription  
Connie Ward



Transcription  
Alicia Anderson

# Medical

2013



Medical Director

Dr. Noel Schenk



Psychiatrist

Kay Philippi



APRN  
Adult

Marge McCoy



APRN  
Adult

Jane Cumberland



APRN  
Adult

Scott Richins



Medical Assistant  
Adult  
Main St Clinic

Aislynn Wilson



Medical Assistant  
Adult  
Main St Clinic

Luci Johnson



Medical Support  
Adult  
Main St Clinic

Megan Knight



Assistant Medical  
Director

Dr. Chris Lang



APRN  
Children & Youth

Healthier Bernard



APRN  
Children & Youth

Frankie Davis



Medical Assistant  
Children & Youth

Kay Stewart



Medical Assistant  
Children & Youth

Bonnie Baldwin



RN  
Med Clinic

Annette Welch



RN  
Med Clinic

Melanie Atkinson



RN  
FAST &  
Layton Medical

Valita Bishop



Medical Assistant  
Layton

Michelle Robbins



RN  
CRU

Paul Lockyer



RN  
CRU

Robert Green



RN  
CRU

Gayla Pesnell



RN  
CRU

Chris Oliver



RN  
CRU

Kathy Bachman



RN  
CRU

Patt Wiltfang



RN  
CRU

Megan Benson

Crisis and Intensive Services  
2013



Crisis & Outreach  
Program Director  
Todd Soutor



Jail Clinician  
Joel Allred



Jail Clinician  
Greg Turnbow



Clinician  
Jeff Dalley



Joseph Reynolds

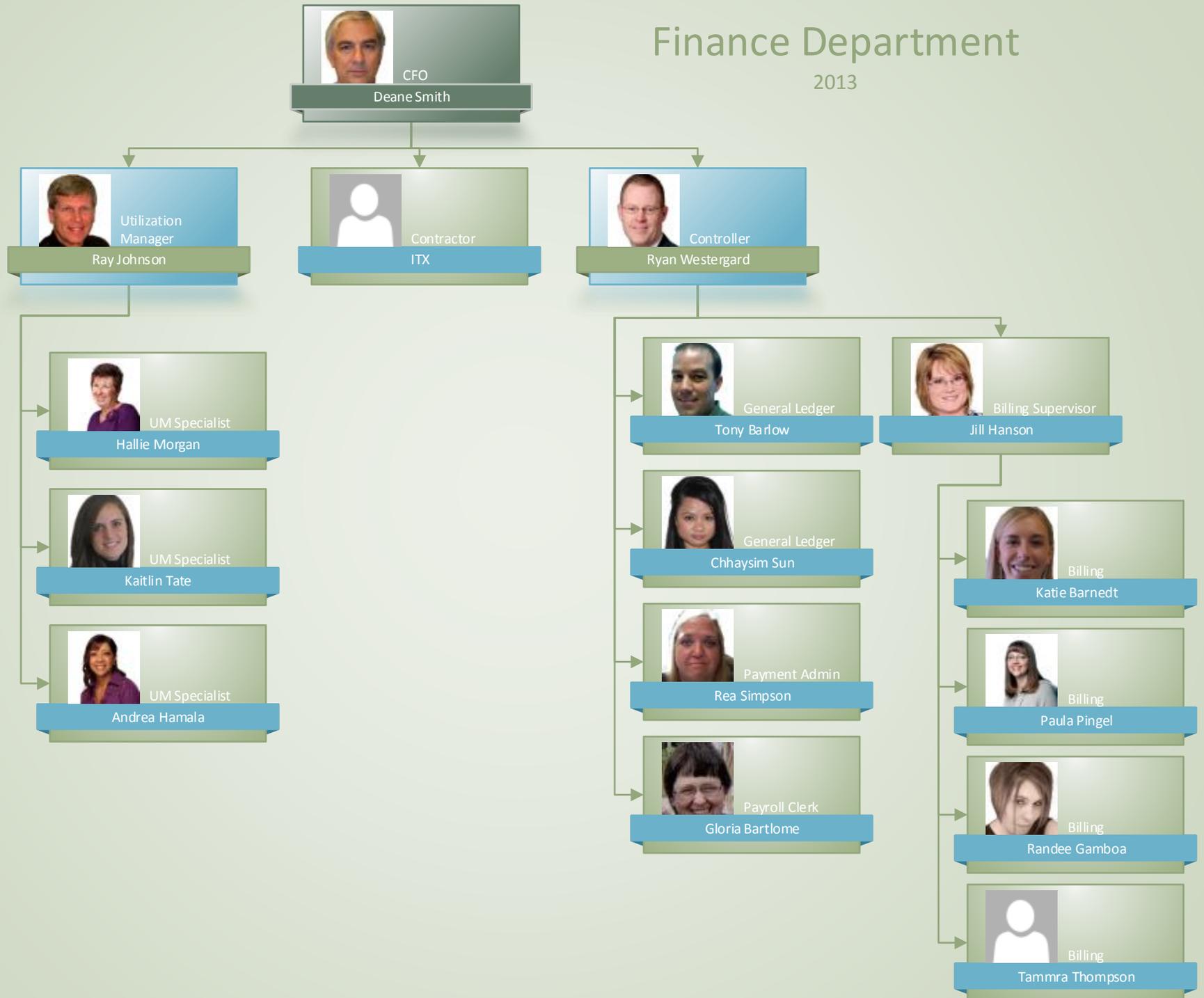
# Human Resources

2013



# Finance Department

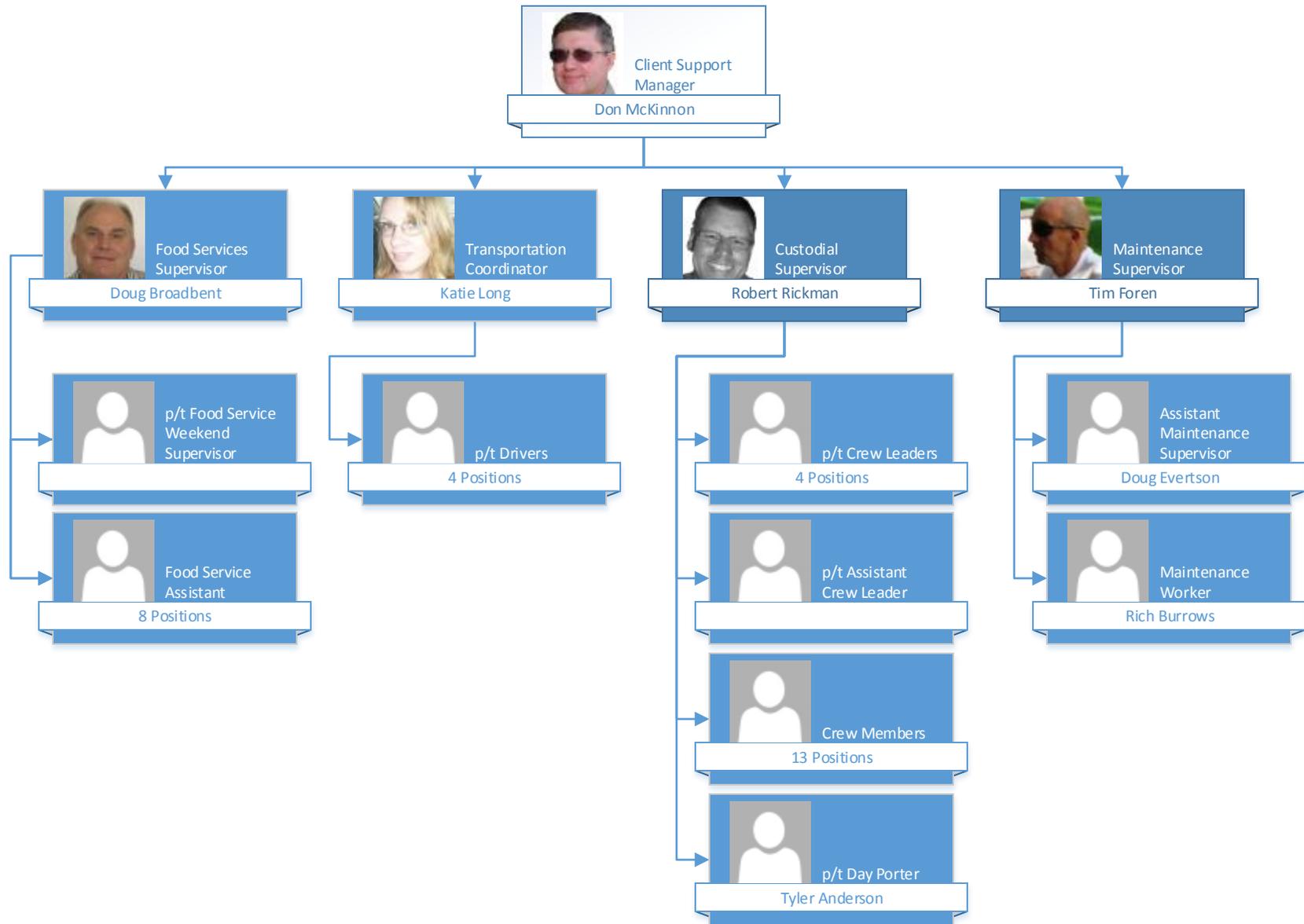
2013



# Executive Leadership Team

2013





# CHILDREN & YOUTH

2014



C&Y Program Director  
Marty Hood



Outreach & Skills

Jena Temple

Quest / OP

Lara Deveraux



School-Based Early Intervention

Nancy Moss



Adolescent SUD & OP

Kim Baker



# Adult Mental Health

2014



Adult Mental Health Director

Jan Pendley



Journey House Manager

Debee Gold



Adult Case Management & Recovery Support

Dennise Payton



CRU/FAST Manager

Susan Barlow



Dual Team Clinical Supervisor

Rod Thomley



Living Well Coordinator

David McKay



OP / Case Manager

Amy Christensen



Rep Payee (Peer)

Katie Long



Rep Payee

Shaylie Fuller



JH Supervisor

Jerry Ryerse



Case Manager

Lorna Rosenstein



Peer Specialist

Duane Lund



Case Manager

Jenafer Newman



Step Forward

Laurie Lyons



Peer Specialist / HUD North

Rick Pierce



Driver

Jeff Neilson



Driver

Karrie Ross



PT Peer Driver

David Childs



HUD South

Amelia Brandley



Peer Specialist

Colleen Maroney



Peer Specialist

Carleen Hammond



Housing Companion / Med Delivery

Terlee Yule



Easterbrook Estates

Sherri Lockhead



Case Manager

Anita Gates



Case Manager

Juan Enriquez



Case Manager

Leslie Woodfall



Case Manager MH & SA

Dawneen Herrin



Case Manager MH & SA

Theresa Rock



Case Manager

Chris Harrell



FAST Team Leader

Jeff Smith



LPN / Case Manager

Valita Bishop



USH / Case Manager

Carrie Quartuccio



Case Manager

Ryan Snyder



PT Peer Specialist

Rick Pierce



Clinician

Jeff Dalley



Peer Specialist

Heather Knight



OP CM

Tammy Stratford



Case Manager

Chris Harrell



Case Manager

Laura Boyle



CRU Tech

James Berglund



CRU Tech

Janall Black



CRU Tech

Mims Barker



PT Tech

Ryan Charles



PT Tech

Sharon Nasworthy



PT Tech

Sandy Cook



PT Tech

Kely Goodrich



PT Tech

vacant



PT Tech

vacant



Program Support

Michelle Gideon



Clinician

John Chidester



Clinician

Karen Cook



Clinician

Amanda Cornelius



Clinician

Gary Goodrich



Clinician

Carol Hendricks



Clinician

Julia Hess



Clinician

Sheila Perry



Clinician

Patricia Totterer

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

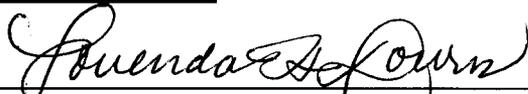
**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # (MH) 122434 (SA) 122387, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

By:   
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

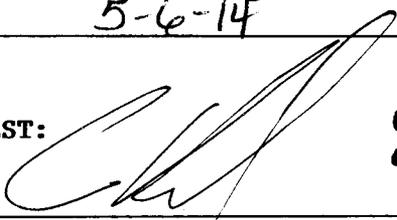
**PLEASE PRINT:**

Name: Louenda H. Downs

Title: Davis County Commission Chair

Date: 5-6-14

ATTEST:

  
Curtis Koch for Steve S Rawlings  
Davis County Clerk/Auditor

**2014-150**