

SUBSTANCE ABUSE & MENTAL HEALTH

AREA PLAN

FISCAL YEAR TWENTY SIXTEEN



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 SPMI/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.

Governance and Oversight Narrative

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. In addition, SUD clients are provided an explanation of a contracted rate. 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 requires all subcontractors to document services within the DBH electronic health record (Credible). Frequent reviews of subcontractor records are performed under the direction of the DBH Corporate Compliance Officer. 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

Form A1 - FY15 Amount Budgeted: 1,125,000 Form A1 - FY16 Amount Budgeted: 913,000

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, Jordan Valley West Hospital in West Valley City, Provo Canyon Behavioral Hospital in Orem, and Utah State Hospital in Provo for clients 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None. - Decrease is due solely to YTD reports

Describe any significant programmatic changes from the previous year.

DBH has added an evaluation element for hospitalized clients. Upon admission, DBH will provide an on-site evaluation of the client. This evaluation consists of a review of the symptoms and circumstances that led to the hospital admission; an evaluation of an individual's acute mental status; and a consideration of on ongoing medical necessity for continued stay. This evaluation also prioritizes the continuation of care between the hospital and DBH so the transition from the hospital back to treatment at Davis Behavioral Health is as smooth and seamless as possible for the clients.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY15 Amount Budgeted: 600,000 Form A1 - FY16 Amount Budgeted: 487,000

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, Salt Lake Behavioral (SLC), Highland Ridge Hospital in Sandy, Provo Canyon in Orem, 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None - Financial decrease due solely to YTD reports

Describe any significant programmatic changes from the previous year.

None

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form A1 - FY15 Amount Budgeted: 1,532,000 Form A1 - FY16 Amount Budgeted: 1,632,000

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, and residential program for Davis County Medicaid, court committed clients, 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 clients who have been in inpatient psychiatric units and as a transition point for clients 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 staff has 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.

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. CRU has also added a third case manager to its team in order to meet the many case management needs of clients.

CRU continues to have good success in using a peer specialist to meet with clients. This individual meets with clients as they are admitted to engage them and share hope through use of her own recovery story. She is then available as a support to throughout their stay at the CRU and makes a follow-up call once they have been discharged.

We also have made an MSW intern position available at the CRU which has been very helpful as an intensive training site and to help extend clinical services.

Location: 2250 North 1700 West in Layton, Utah

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

DBH expects to serve more individuals in the CRU due to the addition of Day Treatment. We already frequently will have two to three individuals admitted to day treatment and expect this number to grow as the resource becomes better known.

Describe any significant programmatic changes from the previous year.

CRU also added a day treatment component to its service which began this past Fall. Clients who are in day treatment participate in the regular milieu (attend groups, develop a treatment plan, receive individual therapy every two to three days and receive medication management). However, they are not assigned a room and are picked up at their home at 8:00 a.m. each morning and transported home at 8:00 p.m. each evening. Day treatment has been very helpful in providing treatment for clients who do not need the acuity of a residential unit, but require more than outpatient care. It has also enabled us make additional CRU beds available when a client is improving, but not yet fully stable. In this instance a client can transfer to day treatment to complete their treatment episode, thus freeing up a CRU bed for another individual.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY15 Amount Budgeted: 18,000

Form A1 - FY16 Amount Budgeted: 18,000

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 the Brookshire program where we have had 2 children placed. They have 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.

With the opening of Auntie M's Receiving Center (AMRC), we have been able to keep more children in their homes and community by giving parents a needed respite so that they can reduce stress and restore feelings of hope and determination in caring for their SED child.

We continue to put as many needed 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.

Services for out of home placements will continue to be through contracted providers. DBH is hopeful that will be able to continue to offer the AMRC services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. None

Describe any significant programmatic changes from the previous year.

Despite attempts to divert and shorten the stays for children and youth who have been referred to the Utah State Hospital, requests for admission from the community have increased dramatically. Of the 15 children and youth who are presently at the hospital, most have come through DCFS, hospitals and private providers without DBH having an opportunity to provide services prior to their request for placement.

In addition, there continues to be a lack of treatment options for children with neurological symptoms and diagnosis who may or may not present with mental health issues. Many of these children are being referred to inpatient units or to be screened for the USH because of increased aggression which becomes difficult as they grow and become a threat to the safety of others.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY15 Amount Budgeted: 2,941,666 Form A1 - FY16 Amount Budgeted: 2,710,700

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. An interdisciplinary team approach engages outpatient clients in a network of support and care in the process of recovery. Clients 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. Clients 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. Clients take the OQ at every session and review results as part of therapy. Adult Outpatient therapists currently offer the following group therapies: DBT (Dialectic Behavioral Therapy), Dual Diagnosis Treatment, MRT (Moral Recognition Therapy).

The Adult Outpatient Mental Health team has been working to better implement evidence-based practices in the following areas: Seeking Safety, DBT and Multifamily Group Therapy for Individuals with Psychotic Disorders. Each therapist will select an evidence-based area to record therapy sessions, both for teaching and learning purposes.

Seeking Safety has improved outcomes for clients diagnosed with PTSD. OQ data shows improvement since the implementation of the program. Prior to implementation of Seeking Safety DBH had an effect size of .46 on the OQ, after training and implementation of this program, it improved to .67.

A group of adult and children and youth therapists are now meeting weekly in DBT supervision and are focusing on providing this treatment in a more fidelity adherent, evidence-based manner. This group has been very helpful for clinicians working with this difficult population and we are hopeful that OQ outcomes for clients in DBT will improve as a result. We also anticipate this will be an area where more extensive training will be offered to participating clinicians.

Four Adult Team clinicians were also trained in Multifamily Group Therapy for individuals and their families who have psychotic disorders. This is a very effective evidenced-based intervention which improves outcomes and lessens the potential for repeated psychotic episodes. We are planning to begin this group by July 2015. Associated with this effect is the early identification of prodromal psychosis. Three Adult team members have been trained to conduct the SIPS, a structured interview which identifies and ranks prodromal symptoms. The entire adult outpatient team has now been trained on the screening tool for referral to this more extensive evaluation. We are hopeful that this effort will result in better treatment which is targeted to the unique needs of this sub-population and we anticipate many of these individuals will also be appropriate for multifamily group.

The Adult Outpatient Team continues to refine its use of the CCSI (Columbia-Suicide Severity Rating Scale) and associated Safety Plan along with the Recovery Oriented Systems of Care for continued assessment of clients. DBH Adult Outpatient services have continued to improve access to care by offering two time slots daily for same-day initial evaluations, thus we are able to offer service to individuals the same day they call for help.

Location: 934 South Main Street in Layton, Utah

Provider: Davis Behavioral Health and some contract providers

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. None. – Financial decrease due solely to YTD reports

Describe any significant programmatic changes from the previous year. The only significant program change has been the addition of after-hours clinic designed to expand services to insured Davis County residents.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY15 Amount Budgeted: 2,000,316 Form A1 - FY16 Amount Budgeted: 1,843,241

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 and day treatment 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 continue to hire and train. 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. No expected change. – Finance decrease due solely to YTD report

Describe any significant programmatic changes from the previous year.

In January 2015, we were able to open AMRC, a receiving center in Kaysville, to provide short term crisis resolution and respite care for children ages 5 to 18 years. Primary goals are to keep children safe and families together by providing a reprieve from a crisis situation, work on emotion regulation and return to solve the problems with a renewed hope and sense of calm. The purpose of this level of intervention is to resolve the immediate crisis until such time that an appropriate array of routine services can be implemented based on the individual’s need for ongoing supports / services. We have served 55 children since we have opened.

- 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 informs clinician assessments and impacts treatment planning
- Non-clinical staff members have also received training on providing a trauma informed environment.
- We are presently under construction in our reception area to make more seating available. We will go from 23 seats to 51. We continue to provide a play area with toys and book including children’s books in Spanish when available. It is important to us that our environment provides a welcoming and safe atmosphere.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: 155,300

Form A1 - FY16 Amount Budgeted: 258,800

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 clients 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 Davis County (Davis County Sherriff's Department, Layton Police Department, 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increase in community based crisis services based on the additional partnerships with Davis County Sherriff's Department and Layton Police Department.

Describe any significant programmatic changes from the previous year.

Increase in partnerships with law enforcement agencies with the addition of Davis County Sherriff's Department and Layton Police Department.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: 54,700

Form A1 - FY16 Amount Budgeted: 91,200

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 clients 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 MOST (Mobile Outreach and Stabilization Team) 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 facilitators, 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 FRF or 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 Davis County ((Davis County Sherriff's Department, Layton Police Department, 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.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase. Due to the implementation of AMRC, we anticipate approximately 200 receiving center admissions.

Describe any significant programmatic changes from the previous year.

DBH has implemented a receiving center program for children and youth clients to provide short term crisis resolution and respite care for children ages 5-18. The primary goals are to keep children safe and families together by providing a reprieve from a crisis situation so the families can solve problems with a renewed hope and sense of calm. The purpose of the receiving center is to provide a supportive and protective environment designed to minimize stress and emotional instability for children who are experiencing a personal or family crisis or are in a state of transition. The purpose of this level of intervention is to resolve the immediate crisis until such time that an appropriate array of routine services can be implemented based on the individual's need for ongoing supports/services.

Local Authority: Davis Behavioral Health

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: 1,865,000

Form A1 - FY16 Amount Budgeted: 2,087,400

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 2 psychiatrists (1.5 FTE), 4 APRNs (3.25 FTE), 10 RNs (7.75 FTE and 2 PRN), 1 LPN (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 client 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 runs a medication evaluation walk-in clinic. With the medication evaluation clinic, clients do not schedule an appointment, but rather come in during the set evaluation hours. With this model, clients are able to be seen within one week if they desire. In addition, we have 10.5 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 83 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 clients who are likely to decompensate without medication and who have difficulty coming into the clinic. An LPN participates on the FAST team and 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 pick up 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

We may increase our adult psychiatry team in an effort to improve treatment of addictions with medication assisted therapy.

Describe any significant programmatic changes from the previous year.

We are making efforts to increase the medication assisted treatment of addictions, and are planning to have a multidisciplinary team that includes a psychiatrist to address this issue.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: 860,000 Form A1 - FY16 Amount Budgeted: 962,600

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 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 client 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. This has been very beneficial for clients from our school based program to be able to access this service.

Location: 934 South Main in Layton, UT 84041

Provided: Directly and through contracted provider

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase. DBH is exploring the feasibility of hiring another child psychiatrist in order to improve access and increase the number of non-medicaid Davis County residents served.

Describe any significant programmatic changes from the previous year.

DBH has increased its psychiatric consultation model in order to provide services to a broader range of Davis County Residents.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: 945,000 Form A1 - FY16 Amount Budgeted: 1,005,000

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 primary avenue for psychosocial rehabilitation and psychoeducation services is through 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- 42 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. In collaboration with Adult Education, five JH members are pursuing 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. JH continues its emphasis on healthy eating in regard to menu planning, food preparation and healthy snacks. Journey House will be seeking accreditation August 2015.

JH continues to provide psychosocial rehab services for after- hours wellness groups and youth-in-transition skill development groups. One psychosocial wellness group has grown over the past year from two individuals to more than eight who have been chronically obese and impacted negatively by their psychiatric medications. Group activities include swimming and exercise, along with weekend physical activity outings. These have been very helpful to combat social isolation, and to build skills JH regularly host Living Well with Chronic Conditions, an educational series offered by the Davis County Health Department

JH remains host to the DBH youth-in-transition program Step Forward. This program for young people focuses on building skills necessary for independence (e.g., education and employment, independent living skills, money management skills, nutrition and food preparation, and age appropriate relationship skills).

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Journey House has increased its psychoeducational services to individuals and will continue this increase due by adding transitional employment placements (TEP) for members. This will positively impact Davis Behavioral Health through increased employment services to all clients who want and are willing to be employed, but need the additional supports of a clubhouse. With the increase in popularity of the wellness groups it is projected that this group will grow.

Step Forward has increased from approximately 12 individuals participating to 30 on the current roster.

Describe any significant programmatic changes from the previous year. In the previous years, case management and peer specialist services were deployed from JH. With the focus on accreditation, these services are now offered in other areas of DBH so that JH can focus its efforts on employment.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: 405,000

Form A1 - FY16 Amount Budgeted: 405,000

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. None

Describe any significant programmatic changes from the previous year.

With the opening of the AMRC, we have been able to provide skill development services as well as respite services at the receiving center. The facility has been used for teaching some life skills such as laundry and cooking. It is used by clients who are admitted to the AMRC and also by children and youth who are participating in our outpatient programs. There are a lot of activities available at the house that provide the development of skills such as anger management and emotional regulation, learning to negotiate with parents and peers, making and keeping friends and learning how to take responsibility for behaviors. In addition, they are learning to recognize the need to apologize and discuss how to make amends. AMRC provides an atmosphere where kids feel comfortable role playing awkward or difficult situations to prepare for real life deployment. 1.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY15 Amount Budgeted: 825,000 Form A1 - FY16 Amount Budgeted: 918,750

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 clients with treatment needs. Case managers know community services and wraparound service planning and bring the richness of their skills to clients 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 client's access to needed services with input from the client, family and other agencies who have a knowledge of the client's needs.

Case managers are deployed in several programs within DBH's adult services. Three outpatient case managers are located in the Main Street Clinic and provide services primarily to adult mental health and substance use disorder clients, including clients eligible for ATR funding. Two other outpatient case managers are assigned to the Layton Outpatient team to serve more intensive need clients. The crisis residential unit (CRU) also has three full-time case managers to address any case management needs which lead to the client's crisis admission and assist with successful discharge. The addition of a third case manager has allowed the CRU to do better family coordination and family team meetings are now held on most of the clients in the CRU.

The FAST team (ACOT team) 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. DBH was a recipient of the CABI grant, which is designed to serve chronically homeless individuals; these resources are assigned primarily to the FAST team and its staff will be strengthened with the addition of peer specialist services, especially for clients who have addiction issues..

Journey House has three case managers who work within the clubhouse model. The case manager for the Youth in Transition Program (Step Forward) is also located within Journey House and provides case management for young clients. DBH has also formed a team of seven certified peer specialists who can extend the work of case management in clients' homes. Several of the Peers are proficient in teaching the WHAM program and use it as a tool to help clients in their recovery.

The DBH Housing Coordinator continues her 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. She and the newly formed team have allowed us to put additional emphasis into maintaining stability in client's homes.

Case managers coordinate closely with the families of clients and with the treatment staff. Individual skills development services help to ensure treatment success and assist in mastery of behavioral, cognitive, and emotional functioning. Two case managers were certified in SOAR, an expedited /SSDI application process in the past year.

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. DBH has increased its case management resources in the past year through the addition of one case manager to the CRU, the redeployment of a Clubhouse case management position to intensive outpatient and the formation of the Peer Specialist Team.

Describe any significant programmatic changes from the previous year.

Adult case management throughout DBH has been re-organized to have staff more directly aligned with the clients they are serving.

Local Authority: Davis Behavioral Health

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY15 Amount Budgeted: 275,000

Form A1 - FY16 Amount Budgeted: 306,250

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 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. We presently have a seasoned team of case managers who are very familiar with community resources and the wraparound model. They are very proactive in utilizing our Warburton and Basic Needs funding so that small problems do not turn into large problems. They are amazingly creative and continue to advocate for families. We are fortunate to have the supervisor of this team also coordinating with the FRF programs. This has enhanced the skills and mindset of the case managers in always making sure that they listen to family voice and use this as their guide for developing the family’s plan.

Case managers continue to provide families with a Strengths, Needs and Cultural Discovery service as well as the DLA to identify areas of need and strengths. The SNCD has been very meaningful for families in having creative strengths identified; these strengths have assisted in treatment sessions.

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase.

DBH is exploring the possibility of increasing the CY case management staff as in the past year case managers have had to focus on higher risk families which meant less time for families who could use less intensive, but still important services.

Describe any significant programmatic changes from the previous year.

There have been more “urgent” requests for case management services over the past year. Although this is very helpful to high risk families, there have been less hours available for families who need services which can prevent more serious problems.

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: 129,500

Form A1 - FY16 Amount Budgeted: 129,500

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 clients. DBH housing resources come from a variety of sources including HUD Homeless grant monies (Continuum of Care funding); 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). In addition, we have one four-plex allocated for Safe-and Sober Housing for women participating in the WRC day-treatment substance use disorder program.

Housing resources for Homeless Individuals throughout Davis County are prioritized using the VI SPDAT and full SPDAT on those who score 10 or above. DBH has two individuals trained in administration of the full SPDAT, one of whom is also trained as a VI-SPDAT trainer. Three additional case managers in the CRU are also trained on the administration of the VI-SPDAT. DBH has worked to become a more integral part of the community through participation in two committees: Davis County Local Homeless Coordinating Council and Davis County Coordinated Assessment Committee. We are also active participants in the annual Point in Time Count conducted each January and participate in the Family Connection Center's monthly homeless outreach efforts. As an active community partner and a recipient of the CABI grant we are working to locate and serve chronically homeless individuals and offer them housing resources.

Through our newly organized Peer Support Team we are able to offer extensive in-home support to residents who are in DBH housing. Respite services are provided by case managers and peer support specialists in DBH housing. Certified Peer Specialists assess clients' needs, help with teaching of household cleaning skills and report back to the DBH housing committee on a weekly basis so that additional needs can be assigned to the appropriate clinical team.

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 facilities, 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.

The DBH Fast Team has a respite relationship with Mountain View Health Services, a care center in the Ogden area. We have placed six individuals with severe medical and psychiatric needs in this facility and retain them as case management clients. If needed our CRU is used for respite stays when clients are struggling with behavioral issues.

We have also developed a relationship with PAAG services in the Ogden area and they are accepting referrals of DBH mentally ill clients into their very affordable housing. DBH retains case management and payee services for these clients. This option has allowed us to extend our housing inventory, especially for those with little income.

Location: In the community

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. None

Describe any significant programmatic changes from the previous year.

DBH plans to make more intensive efforts to remove barriers which are preventing clients from transitioning to community housing. Use of the newly formed Peer Specialist Team will help us focus our efforts and provide needed follow-through on the many needs of those who live in DBH Housing.

Local Authority: Davis Behavioral Health

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted:129,500

Form A1 - FY16 Amount Budgeted: 129,500

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 in other sections, the AMRC provides an opportunity for respite so that parents can reduce stress and restore feelings of hope and determination in caring for their SED child.

Location: 934 South Main, Layton, UT and In the community
Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

We expect an increase in providing respite services if we are able to continue to provide the AMRC program for our clients.

Describe any significant programmatic changes from the previous year. The AMRC has provided an opportunity for children and parents to have a time away from stressful situations so that they can come back together in a calm and open manner.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY15 Amount Budgeted: 195,000 Form A1 - FY16 Amount Budgeted: 195,000

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). This program was recently reorganized with a Peer Specialist supervisor leading a team of CPSs to ensure needs are identified and ongoing supports to clients in DBH housing or clients in community housing who have difficulty with tasks of daily living are provided. Currently DBH has nine certified peer specialists who have assignments in various areas including housing supports, transportation services, clerical duties, the CRU and Journey House, . All services are provided by DBH CPS directly to clients through their individualized treatment plan. Peer Support Services promote client self-determination and decision-making.

All DBH CPSs attend weekly group supervision by a licensed mental health therapist. Topics covered are documentation practices, training for wellness (WHAM), 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.

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. 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 our organization.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY15 Amount Budgeted: 105,000

Form A1 - FY16 Amount Budgeted: 155,000

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 privilege of employing 4 excellent FRF's who are certified to provide Peer Support Services and 2 more who will be certified in April, 2015. They are based in offices available at DBH, the AMRC and at schools. Most are 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 and balancing the demands of an agency with the needs of families. They are adept at engagement, finding resources, helping families identify natural supports, bringing teams together and representing family voice in professional settings.

Three of our FRFs are designated as school-based providers, one is attached to our outpatient clinic, one is part of our inpatient/MOST team and one is attached to the AMRC. 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).

We have recently entered into a contract with the Second District Juvenile court to provide a 20 hours of FRF services for those involved in the court system. They have been impressed with services that they have seen and want to have this available to families that they serve.

Location: 934 South Main Street in Layton, Utah and in the community
Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase

With the addition of the AMRC, we expect to provide an increase in Peer Support to parents accessing this program as well as being able to provide FRF services to court involved families.

Describe any significant programmatic changes from the previous year.

With the opening of our Receiving Center, the AMRC, we have recently hired an FRF that will work with families that have accessed this program and those who may be "on the radar" for needing this in the future. He will be able to be proactive with parents in educating them about resources and coordinating admission when it is needed.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY15 Amount Budgeted: 52,500

Form A1 - FY16 Amount Budgeted: 70,000

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.

- CIT training was provided for Davis County law enforcement.
- On-going training to the community on Mental Health Court
- On-going training on Civil Commitment Processes for adults and children/youth
- On-going training on Mobile Outreach Crisis Services
- DBH provides licensed therapists to respond to critical incidents in the community
- Participation in various ecumenical trainings
- Training to local NAMI and education groups
- On-going physician curb-side consults
- Periodic columns in a local newspaper on mental health topics
- DBH provides ethics training for staff and community partners
- DBH provides field instruction for several MSW and SSW students from various universities
- DBH provides education on mental illness to local housing communities when asked
- The DBH Adult Mental Health Director is now certified as a Trainer for the VI-SPDAT, a community wide assessment tool which ranks the severity of need among homeless individuals.
- Prodromal assessments to community referrals

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase.

DBH has entered into collaboration with NASW to host monthly trainings to NASW and other community members at its Main Street Clinic. In addition, we trained 4 staff to do assessments for prodromal psychotic disorders throughout the community.

Describe any significant programmatic changes from the previous year.

Because DBH views people with serious mental illness as its core population, we trained staff to assess and treat prodromal and early treatment of psychosis. These screenings/assessments will be available to anyone in the community. In addition, DBH has entered into a collaboration with NASW to host monthly trainings to NASW and other community members at its Main Street Clinic.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY15 Amount Budgeted: 22,500

Form A1 - FY16 Amount Budgeted: 30,000

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.
- Prodromal assessments to community referrals

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase.

DBH has entered into collaboration with NASW to host monthly trainings to NASW and other community members at its Main Street Clinic. In addition, we trained 4 staff to do assessments for prodromal psychotic disorders throughout the community.

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.

Because DBH views people with serious emotional disturbances as its core population, we trained staff to assess and treat prodromal and early treatment of psychosis. These screenings/assessments will be available to anyone in the community. In addition, DBH has entered into collaboration with NASW to host monthly trainings to NASW and other community members at its Main Street Clinic.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY15 Amount Budgeted: 210,250

Form A1 - FY16 Amount Budgeted: 250,000

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.
- Partnership with the Veteran's Administration and the Davis County Jail to implement the Veterans Justice Outreach (VJO) program in the Davis County Jail.

Location: 800 West State Street in Farmington, Utah

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

There may be an increase with the Justice Reinvestment Initiative.

Describe any significant programmatic changes from the previous year.

Our Mobile Crisis team has been available to youth that are in the Observation and Assessment unit and detention during this past year. They have expressed appreciation for the quick response and assistance for adolescents that are experiencing a mental health crisis.

No changes for adults. It is currently unknown if there will be an increase of youth with JRI.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY15 Amount Budgeted: 140,000 Form A1 - FY16 Amount Budgeted: 140,000

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 were able to use outplacement funds to relocate a client who had moved here from the Island of Yap, was very socially isolated, did not speak English, had ongoing socialization challenges and wished to return to his family. We were able to help both he and his family in this transition back to a more culturally appropriate setting and set up needed ongoing psychiatric care.

Location: In the community

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. None.

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

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

Form A1 - FY15 Amount Budgeted:

Form A1 - FY16 Amount Budgeted:

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. One of the important benefits of having access to these funds has been to provide treatment for unfunded or underfunded youth that need services to avoid an admission to the USH or to provide step down treatment while they transition back into their home.

In the past year we have been able to use these funds for assistance with therapy, case management, skills specialists and day treatment for unfunded and underfunded youth. We have been able to prevent several youth from having to be admitted to the state hospital by coordinating with a treatment home that is close enough for family interaction. In addition, funds have paid for assistance with medications, gas cards and tax/bus tokens for attending family therapy at the USH. We have also been able to encourage families to have fun together by assisting with a swim pass and other activities.

Some of the options that we anticipate will be used will be through contracted providers such as Brookshire 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. These funds will make treatment available to some of these youth.

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.

None

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY15 Amount Budgeted: \$796,000

Form A1 - FY16 Amount Budgeted: \$975,971

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 continues to see a significant number of inquires for services from non-Medicaid members of our community. Throughout this past year the number of non-Medicaid inquires for services continues to average around 200 per month. The ongoing need allows DBH to continue to allocate a full time clinician (LCSW) to provide services through the Living Well Clinic. Davis Behavioral Health strives to be a therapeutic resource to all members in our community. When appropriate every attempt is made to provide awareness of other resources that may be helpful in the community. 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. DBH Treatment and Prevention services offer:

- 1 – 3 sessions of individual, couples or family therapy
- Group therapy for depression, anxiety and relationship issues
- Emotion regulation group
- Parenting classes
- A medication evaluation/ consultation
- Up to 5 appointments with a DBH medication provider.

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase

The community reception to Living Well services has been so successful that we anticipate allocating additional resources in order to address continued community needs.

Describe any significant programmatic changes from the previous year.

The Living Well program is now three years old. During this past year Davis Behavioral Health has been able to begin offering medication services to non SPMI unfunded or under insured residents of Davis County. This service may include a medication evaluation/ consultation and/or up to five appointments with a DBH medication provider. Our Living Well program continues to be very successful and has allowed us to provide a broad range of therapeutic services to a large number of unfunded or under insured Davis County residents.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY15 Amount Budgeted: \$202,739

Form A1 - FY16 Amount Budgeted: \$230,420

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 continues to see a significant number of inquires for services for non-Medicaid members of our community. Throughout this past year the number of non-Medicaid inquires for services continues to average around 200 per month. The ongoing need allows DBH to continue to allocate a full time clinician (LCSW) to provide services through the Living Well Clinic. Davis Behavioral Health strives to be a therapeutic resource to all members in our community. When appropriate every attempt is made to provide awareness of other resources that may be helpful in the community. 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. DBH Treatment and Prevention services offer:

- 1 – 3 sessions of individual or family therapy
- Cool Minds (mindfulness based stress reduction class for teens)
- Parenting classes
- A medication evaluation/ consultation
- Up to 5 appointments with a DBH medication provider

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase

The community reception to Living Well services has been so successful that we anticipate allocating additional resources in order to address continued community needs.

The Aldea/Early Intervention grant program has been successful and has resulted in many other schools hoping to be able to receive services as well. We anticipate that we will be providing more services in more schools to children who are uninsured or underinsured.

Describe any significant programmatic changes from the previous year.

The Living Well program is now three years old. During this past year Davis Behavioral Health has been able to begin offering medication services to non SED unfunded or under insured residents of Davis County. This service may include a medication evaluation/ consultation and/or up to five appointments with a DBH medication provider. Our Living Well program continues to be very successful and has allowed us to provide a broad range of therapeutic services to a large number of unfunded or under insured Davis County residents.

Through the Early Intervention grant, we have been able to serve many children and youth that have been unfunded or under funded through referrals from the schools. We continue to serve unfunded children and youth that meet the SED criteria through our main clinic as well as at the Davis Learning Center.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY15 Amount Budgeted: 15,000

Form A1 - FY16 Amount Budgeted: 15,000

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 (along with two other community mental health centers and two FQHC's) is the recipient of a grant from Blue Cross Blue Shield called Ginger IO. This grant provides funding to enroll clients in a phone app which tracks active and passive data for the following diagnoses: Schizophrenia, Schizoaffective Disorder, Depression, Bipolar Disorder, Anxiety Disorders, or Substance use Disorders. To date we have 36 clients enrolled in this program. Clients take daily symptom surveys and an alert is sent if they are experiencing distress or missing medications. The DBH crisis worker then calls them and works to resolve any barriers to their recovery. Clients have overwhelmingly liked the program and feel more in touch with their treatment providers. We have also received 18 Smart Phones with a two year data plan to give to high risk clients who do not have the resources for their own phone.
- We have the opportunity to provide space and support for the Grand Families Program for Davis County. We provide a therapist to facilitate the children's group and a child care worker as well. The Grand Families program provides the facilitators for the adult group as well as assisting them with resources. They often assist families 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 and doctor visits, piano lessons, little league sports etc. It is amazing how providing some of these small things can make a huge difference.
- We were able to procure a small grant called "Basic Needs" which helps by providing funds that can keep a cost from getting unmanageable which then prevents a crisis and a higher cost. For instance, we were able to help a woman who had been incarcerated but was able to get her life back together when she was released. She was able to get into housing, get her children back from DCFS and was working diligently at getting a job. When she went back to court for a review she was told that in order to be able to be monitored while out of jail, she needed to pay \$320.00 for an ankle monitor. This was too much and she could not fathom a way to be able to find the money. Her FRF made the request and the court allowed DBH to be billed for the monitor. She has been able to have her children remain with her and to continue to utilize resources in the community.
- Another mom needed a car repair in order to continue to get to work, get her children to school and appointments as well as basic errands. She was only able to pay for part of the radiator repair and her case manager was able to negotiate and coordinate with the mechanic to have the rest paid through the Basic Needs grant.
- A few weeks ago, an FRF returned from a home visit to a parent and 3 small children. The mother had significant mental health issues and was told that unless she paid for late fees and repairs, that she was going to be evicted within 4 days. The FRF indicated that this mom had lost hope and felt very demoralized. With assistance, she was able to appeal to her grandparents who were able to pay some of the money and the Basic Needs paid an additional \$300.00 so that she would not be evicted. The FRF will continue to work with her on longer term plans for preventing another crisis.
- 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. None.

Describe any significant programmatic changes from the previous year. Basic Needs Grant

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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First** 62A-15-105.2 in the following areas:

Competitive employment in the community

- Journey House has 22 individuals working in a supported employment role and 10 individuals working in competitive employment in the community. The number of people competitively employed increased from 7 – 10 last fiscal year, and supported employment has increased from 19 to 22. There are three active transitional employment positions with an additional two placements targeted to begin by July 1. The people employed have variety of mental health and/or substance use disorder conditions.

Collaborative efforts involving other community partners

- DBH holds state contracts and private contracts for culinary and janitorial services to various community partners including the Ogden Regional Center, Farmington Public Safety and the Freeport Center. These contracts employ 13 people and provide 396 hours of work every two weeks.

Employment of clients as staff

- Davis Behavioral Health has a supported employment program for janitorial and culinary services. The number of employees varies based on need and client stability. Currently we have 41 positions that provide approximately 1,300 hours of employment every two weeks.

Peer Specialists/Family Resource Facilitators providing Peer Support Services

- DBH has 7 – 9 certified peer specialists at any given time and currently employs 6 FRFs. Please refer to prior sections for details.

Evidence-Based Supported Employment

- DBH uses the Clubhouse model as its EBP supported employment model. Please refer to earlier pages in this document for details.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

Evidence Based Practices –

- DBH continues to refine several evidence based practices including use of the OQ, Seeking Safety for the treatment of Trauma, Motivational Interviewing and DBT. We are also planning to implement Multifamily Group for Clients with Psychotic Disorders, which is an evidence-based practice. (See adult outpatient section.)
- By December 2014 all children and youth therapists were trained in TF-CBT. We are involved in training through the Children’s Center in providing a Trauma focused agency and training in ARC and additional training in TF CBT. We continue to focus on supervision in order to provide fidelity adherence.
- Every new CY therapist completes the 10 hour on-line TF-CBT course.
- Most outpatient therapists have been trained in Mindfulness Based Stress Reduction.
- Several DBH staff are participating in DBT supervision 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 .We are also looking at the feasibility of comprehensive DBT training which would bring our staff doing this intervention more in line with key elements needed to provide this service to fidelity.
- 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 will grow the use of the CSSI to assess risk of self-harm, including developing safety plans with clients.
- Outpatient therapists use the Youth/Outcome Questionnaire as a clinical tool and outcome measure. Clients take the OQ at every session and review results as part of therapy.

Increased service capacity

- The Adult Outpatient supervisor has also introduced an initiative to help clinicians become more comfortable and skilled in the termination stage of therapy. Hopefully, this will result in increased outpatient therapy capacity, better treatment outcomes and less therapist burn-out.
- In conjunction with the Living Well Clinic which is outlined in the Adult Unfunded Clients, some DBH outpatient therapists are now seeing individuals with insurance after regular business hours on a fee-for-service basis. This has increased our capacity, especially with individuals who do not have Medicaid

Increased access for Medicaid and Non-Medicaid funded individuals

- DBH continues to have a broad array of traditional and community based services that allows for access at the appropriate level of care. We have also hired providers on “piece rate” model where they are paid only for clients seen; this has increased access for both Medicaid and non-medicaid clients.

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.
- DBH meets with partners and consumers to ask for feedback in improving services.

3. Quality and Access Improvements (cont.)

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 also works with each of these agencies on specific cases that are common to 2 or more agencies. This can include participating in Family team meetings with DCFS, DSD, JJS, etc. Davis Behavioral Health has partnered with numerous schools and provides FRF and therapy services in these schools.
- DBH staff are very actively involved in the Davis County Homeless Coordinating Council. DBH has 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.

Describe process for monitoring subcontractors

- Subcontractors are regularly monitored. In most cases, services are not authorized until a clinical review has taken place and appropriate documentation has been submitted. Payment for services is completed after a brief review of the services provided. Outpatient services, including treatment planning and assessments are recorded into our electronic medical record thereby allowing for easy access and supervision. In addition, an annual audit is conducted of all subcontracted providers. This audit is both clinical and administrative in nature.

In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.

- Davis Behavioral Health, Inc. (DBH) has submitted a site application with the National Health Service Corp (NHSC). Davis County Utah was identified as a Health Professional Shortage Area (HPSA). The HPSA ID associated with our application is 749011, in Davis County, under a HPSA discipline of mental health. The score assigned to this HPSA is 9. DBH has completed all policies, procedures, and other requirements for eligibility as a NHSC site. Once approved, DBH is committed to maintain eligibility as a NHSC site. We are hopeful this will increase the pool of qualified providers.

Other Quality and Access Improvements (if not included above)

- 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).
- In 2015, DBH is offering CSWs a monthly course called CE-CERT, which is a model for reducing compassion fatigue and enhancing engagement in client work throughout a provider's career.
- Children and Youth offer a monthly Mindfulness Based Reflective Supervision group to assist with the effects of secondary traumatic stress.

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 to ensure that training on dual issues can easily be facilitated. A group is held on a weekly basis for SUD clients who also have a serious mental illness and another dual group is offered for clients with a diagnosed mental illness. 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 in the MH residential and all SUD day treatment clients 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 the physician a letter detailing the patient's medication list and diagnoses. DBH regularly coordinates with primary care providers in the community as well as Midtown clinic. For patients whose illness may impair their ability to effectively seek 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.

Form A – Mental Health Budget Narrative

4. Integrated Care (cont.)

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.

Also, this year, DBH will hire two Care Coordinators to better care for and meet the needs of our clients.

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

DBH will continue to work with clients to engage them in tobacco prevention and elimination efforts. DBH continues to strive to be a smoke-free campus(s). Further, we will continue to enhance our resources and referrals for those who want to stop smoking.

Also, DBH will continue to address tobacco use by identifying this element to our initial assessment.

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 do 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 and for clients at DBH. This FRF also works with families to help them gain access to needed services and resources.

We have recently contracted with the Juvenile Court to provide FRF services for families that are involved in the court system. As they have seen the benefits of these services, they procured funds to provide an FRF specific to court families.

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 or in their home to explain the wraparound activities. They are provided information about 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.

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

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, and 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 utilizes our 24 hour crisis line for notification of crisis calls, and as the number that is 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.
- h. With the opening of the AMRC, children and youth needing a time away from home for stabilization are able to access this program.

As noted above, in January 2015, we were able to open a Receiving center in Kaysville to provide short term crisis resolution and respite care for children ages 5 to 18 years. Primary goals are to keep children safe and to keep families together by providing a reprieve from a crisis situation. Interventions are aimed to alleviate current difficulties, avoid unnecessary hospitalization and restore an individuals' functioning to previous levels or better when possible. The purpose of this level of intervention is to resolve the immediate crisis until such time that an appropriate array of routine services can be implemented based on the individual's need for ongoing supports / services. Families and clients seem to have a renewed hope after being able to take a time out from each other. We have served 55 children since we have opened.

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

Provider: Davis Behavioral Health

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

The funding for this program does not continue past September 2015 so there will be discussions regarding the ability to continue this (AMRC) service.

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

Describe outcomes that you will gather and report on. We will report on all data elements required by DSAMH on the EI Reporting Form.

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.)

None

Describe outcomes that you will gather and report on. We will report on all data elements required by DSAMH on the EI Reporting Form.

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 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.
- 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.
- DBH has delivered over 7500 crisis outreach flyers to students in Title 1 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.
- DBH joins DSD crisis workers in offering education and support to parents, educators and family members after a suicide or suicide attempt, as well as professional training on parasuicidal behaviors.
- 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.
- Davis HELPS is the lead coalition in Davis County working on suicide prevention and coordinating with other agencies to address the problem throughout the county. Some of the things we will be working on this next year include:
 - Distribute a leave behind brochure for emergency responders and other service providers
 - Plan and organize suicide prevention town hall meetings & parent seminars
 - Increase the number of active trained QPR Gatekeeper instructors
 - Offer QPR and Connect training for helping professionals
 - Increase Mental Health First Aid Instructors
 - Offer Mental Health First Aid trainings throughout community
 - Provide prevention training for all Hope Squad teams
 - Davis HELPS Facebook page
 - Support statewide efforts to promote safe storage of firearms
 - Suicide Survivor Support Group (Shattered and Surviving)
 - Support national Prescription Drug Take Back Events

Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

The suicide prevention and behavioral healthcare assessment completed by DBH indicated the following:]

- 65% of staff do not feel they have received any suicide prevention training
- More than 50% of staff know a client who has died by suicide
- More than 50% of staff believe they have good support when a suicide occurs, which means just under 50% of our staff do not feel they have support
- Only 40% of our staff believe they have the skills and training to effectively address suicide
- Policies are virtually non-existent
- In children and youth, safety plans are typically present when indicated
- In adult mental health, safety plans are difficult to find
- There has been a sharp increase in administration of the Columbia Suicide tool.

DBH leadership, clinicians, Prevention and CPS/FRFs will jointly develop policies and an implementation plan through the coming year.

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 client.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

Jim Smith: Davis County Commissioner
Troy Rawlings: Davis County Attorney
Todd Richardson: Davis County Sheriff
Keith Fielding: Davis County Deputy Sheriff
Karl Kennington: Director, Adult Probation Parole
Brandon Hatch: Director, Davis Behavioral Health
Glen Dawson: Mental Health Court Judge

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

All individuals entering the Davis County Jail will receive a brief mental health assessment by a DBH therapist located at the jail. Individuals with a mental illness will then be screened to determine qualifications (criminal risk factors and need) for Mental Health Court.

Treatment for MH Court clients consists of multiple evidence based practices such as DBT, Seeking Safety, CBT, EMDR, ACT, Clubhouse as well as case management and peer support services. JRI funds will be utilized to expand treatment to include additional clients and to enhance treatment services such as case management and housing.

Identify your proposed outcome measures.

A decrease in recidivism will be the primary outcome measure. DBH also plans to increase housing, case management services and employment.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: 0

FY16 Amount Budgeted 35,000

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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 and Assessments. Both are performed during the week at our Main Street Clinic at 934 So. Main, Layton, Utah. The adult screenings are performed in the Adult Outpatient Program and the adolescent screenings are performed in the Children and Youth Division of DBH. The instruments available for screenings are listed below.

Adults:

- 1: Substance Abuse Interview
- 2: ASAM Dimensions
- 3: SCID-I: Structured Clinical Interview for DSM Axis I Substance Disorders.
- 4: SASSI: Substance Abuse Subtle Screening Inventory – Adults.
- 5: Michigan Alcohol / Drug Screening Test
- 6: CAGE Questionnaire

Adolescents:

- 1: Substance Abuse Interview
- 2: ASAM Dimensions
- 3: SCID-I: Structured Clinical Interview for DSM Axis I Substance Disorders.
- 4: SASSI-A: Substance Abuse Subtle Screening Inventory – Adolescence.
- 5: ADAD: Adolescent Drug Abuse Diagnosis Structured Inventory.
- 6: Craft A&D Adolescent Screening

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase.

The Justice Reinvestment Initiative (JRI) may increase the numbers of clients screened/assessed for services. It is unknown how many screenings/assessments will be generated by the JRI process.

Describe any significant programmatic changes from the previous year.

None.

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)

FY15 Amount Budgeted: 0

FY16 Amount Budgeted: 5,000

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.

Detoxification Services are provided through referrals to other agencies. When a pregnant woman is assessed as needing detox, DBH makes a referral to a medical detox program and immediately assigns a case manager to the woman to coordinate the admission and to coordinate care during and upon discharge. Pregnant women who are not in need of medical detox but are in need of a monitored environment are admitted to CRU and attend treatment at the WRC until they are able to live at the DBH Safe and Sober Living Apartments.

Hospital Detoxification Services and Locations:

Davis County: Lakeview Hospital, Bountiful, Utah: Davis Hospital, Layton, Utah.

Weber County: Ogden Regional Hospital, South Ogden, Utah: McKay Dee Hospital, Ogden, Utah.

Salt Lake County: University of Utah Neuropsychiatric Institute (UNI)

Client's own physician.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increase.

DBH is the designated funding agent for a three-year pilot project, the purpose of which is to reduce prescription opioid use. DBH will be using a voucher system to pay for services primarily in Davis and Weber counties. The amounts to be expended for treatment, public education and provider education is approximately one million dollars per year [not included in the present budget]. The precise nature of the project is currently under development. We believe we will see an increase in the use of inpatient detoxification as a part of anticipated treatment services. Further information can be provided when available.

Describe any significant programmatic changes from the previous year.

DBH is the recipient of a grant from Intermountain Healthcare, the purpose of which is to reduce prescription opioid use. DBH will be using a voucher system to pay for services and we believe we will see an increase in the use of inpatient detoxification.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: 28,800

FY16 Amount Budgeted: 30,000

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.

Short Term Residential:

Davis Behavioral Health provides short term residential substance abuse & mental health services at our Crisis Recovery Unit (CRU). CRU is located on our Layton Campus in Layton, Utah. Short term residential services consist of individual, group therapy, and a medication evaluation. Clients receive assistance in transitioning to other programs when clients are stabilized.

Medium and Long Term Residential:

DBH refers to Odyssey House and House of Hope in Salt Lake City, Utah.

We do have a contract with the House of Hope, and a referral relationship with Odyssey House.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

None.

There is not a row on form B for our day treatment services. We believe some of these services show up as residential.

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: 0

FY16 Amount Budgeted: 7,000

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.

DBH will begin providing MAT through a voucher system for clients who are using prescription opioids. Consistent with ATR principles, client choice will be honored. Client will be able to obtain MAT through DBH physicians or through contracted providers. If there is provider capacity within DBH, MAT will also be offered to non-prescription opioid dependent clients.

MAT will be a standard intervention that is offered to opioid users and appropriate referrals will be made. DBH will be increasing its efforts to coordinate care and follow-up with external providers. Release of Information documents are signed so that DBH and MAT providers can coordinate client care.

Although DBH will have a dedicated care coordinator for opioid treatment, we will continue to improve relationships with contract providers.

Providers: DBH and contract

Locations: 934 South Main, Layton, UT

Discovery House: 523 West Heritage Park Blvd. Layton, Utah 84041.

Bountiful Treatment Center: 146 West 300 So. Bountiful, Utah 84010.

Mid-Town Clinic - Davis County Health Department: 22 So. State St. Suite 1007, Clearfield, Utah 84015

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increase. DBH will hire or contract with physicians to provide MAT for prescription opioid users and JRI clients.

Please see comment in detoxification services section.

Describe any significant programmatic changes from the previous year.

Beginning July 2015, DBH will begin offering MAT internally to the target population of prescription opioid users and JRI opioid using clients. Consistent with the principle of client choice we will also provide vouchers for MAT that can be used at the client's preferred location.

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: 1,649,322

FY16 Amount Budgeted: 1,848,356

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 provides this service directly: ASAM Level 1: Outpatient Treatment.

Outpatient substance abuse is 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. All DBH services are co-occurring treatments.

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 So. Main and 2250 North 1700 West, Layton, Utah

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increase. We received funding through an Intermountain Grant as well JRI funds.

Your letter requested clarification on 30% increase in clients and 12% increase in funding. Funding increase was about 12%. Clients increased from 1,075 to 1,215 about 13%.

Describe any significant programmatic changes from the previous year.

There will be an increase of recovery supports implemented as part of the outpatient programs.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: 1,916,519

FY16 Amount Budgeted: 1,925,000

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 provides Intensive Outpatient/Partial Hospitalization (Day-Treatment) services directly:

Intensive Outpatient Services/Day-Treatment (partial hospitalization) include screening, assessment, individual, group, and family treatments. IOP services are offered 9 hours per week as the minimum. Day-Treatment offers 9 and above hours per week. Co-occurring disorder treatment is routinely provided.

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 Day-Treatment 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.

Effectiveness of treatment can be measured in terms of the overall health of the client such as decreased substance abuse, improvements in mental and physical health, greater social involvement, and relapse prevention. All services in substance are for co-occurring disorders.

Intensive Outpatient/Partial Hospitalization (Day-Treatment) services are offered on a gender specific basis at 2250 No. 1700 West, Layton, Utah. The Men's Recovery Center (MRC): and the Women's Recovery Center (WRC). Services at the Men's Recovery Center (MRC) & the Women's Recovery Center (WRC) are: Day-Treatment from 8 a.m. to 4p.m. & two sessions of IOP; 9:00am to 11:00am & 6:00pm to 8:00pm. DBH will have all of the IOP Programming provided on a gender specific basis at MRC/WRC locations this year.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None

Describe any significant programmatic changes from the previous year.

DBH reduced Day-treatment times in order to increase IOP services. Although day-treatment was reduced from 12 to 8 hours daily, there was no reduction in the number of clients served. The reduction in day treatment hours allowed us to increase the number of spots available for IOP services from 24 to 48 (an increase of 12 male IOP and 12 female IOP spots). We have also moved to gender specific IOP treatment for all clients. In FY 16 we may start gender mixed IOP program.

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

FY15 Amount Budgeted: 166,000

FY16 Amount Budgeted: 250,000

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.

DBH provides Recovery Support Services directly, as well as through a contract with the Red Barn Farm in Farmington, Utah.

Davis Behavioral Health SUD Recovery Support Services are provided prior to, during and after treatment. Support is provided as the client and provider jointly create a plan that assists the client in transitioning to full community involvement with the supports and ability to sustain recovery. DBH and Red Barn Farm are partnering to provide after-care and continuous recovery support services (CRS).

Following a needs assessment, referrals are made to help clients with basic needs such as transportation, education, vocational training, child care, legal services, and medical services. Particular emphases is placed on pregnant women, women with children, and women’s services to ensure recovery and support for women specific issues.

Services include partnerships and collaboration with agencies in the community inclusive of vouchers for clothing, bedding, and small household items. Clients can be linked with educational opportunities and can obtain their GED or Adult High School Diploma. Clients can take tours of Davis Applied Technology College. Weekly skills development groups are taught by DBH staff. ATR / PATR funding is available to assist clients in overcoming barriers to recovery. 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 A.A. and N.A. 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.

Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.

DBH has 8 beds available in apartment transitional living for female substance use disorder clients. DBH manages this apartment facility. DBH is looking into obtaining a similar apartment facility for men. Red Barn Farms will also be assisting clients to find affordable, sober housing.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase. DBH will be hiring 2 care coordinators to assist with recovery supports.

Describe any significant programmatic changes from the previous year.

DBH has contracted with the Red Barn Farm (RBF) to jointly provide CRS services at a location conducive to recovery. DBH provides 2 clinical relapse prevention groups, individual “tune up” therapy and coordinates with RBF staff to develop individualized recovery plans. RBF staff partner with those in recovery to find employment, housing, support groups, physical activities and other individually identified recovery supports. Red Barn is also exploring the development of transitional housing to support the recovery process.

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

FY15 Amount Budgeted: 0

FY16 Amount Budgeted: 6,000

Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.

All court related drug testing is done in accordance with State guidelines and statutes. Dependency-Family Court clients are required to have 2 weekly random UA tests. DBH contracts with the Davis County Jail Drug Testing Program to provide these services. Clients call the DCFS UA phone number daily to be informed on a random basis, which day they have to go the Davis County Jail and provide a urine sample. UA testing is performed by the Davis County Sheriff's personnel at the Jail. Results are provided the next day.

Davis Adult Felony Court (Davis County Attorneys Office), contracts with C&D probation in Davis County to provide the Adult Felony Drug Court UA's. DBH is not involved in this contractual arrangement.

DORA clients sent to the Davis County Jail UA system for random UA's.

DORA AP&P agents also obtain UA's from DORA clients, through the AP&P UA system on a case by case basis.

DBH allows SUD program personnel to conduct UA screenings within its ASAM program levels. These UA's are for internal use and the treatment process. They are not used for judicial sanctions.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Increase. Please see comment in detoxification services section.

DBH has picked up the cost of the dependency court UAs. There will likely be an increase in drug testing with JRI.

Describe any significant programmatic changes from the previous year.

DBH now contracts for the Davis County Dependency-Family Court clients' UA's through the Davis County Jail UA system.

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

DBH has added an additional 24 Intensive Outpatient treatment openings. Access to Intensive Outpatient Services has been greatly increased. The Intensive Outpatient Program is now located at our Women's Recovery Center and Men's Recovery Center and is now gender specific. The PTSD Seeking Safety program has been implemented and staff are being trained in this PTSD model. Programing of gender specific PTSD groups has occurred.

Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

DBH will continue to complete training staff this year on Evidenced Based Practices of:

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

Topics for future training are:

- 1: Complex Trauma Treatment.
- 2: Mood Disorders & Substance Abuse.

DBH strives to provide evidence-based practices that combine the integration of the best available research, with clinical expertise, in the context of patient characteristics, culture, and preferences.

DBH continues to identify and prioritize implementation of practices and programs that have demonstrated outcomes matched with identified need. DBH continues to examine research based interventions and research based practices that apply to SUD. Some of the Evidence-based/Outcome-Based Practices/Programs SUD provides or is planning are:

- Motivational Interviewing with on-going, structured clinical supervision.
- CBT for Substance Abuse and Co-Occurring Disorders.
- CBT with focus on Relapse Prevention and Social Skills Training
- MRT
- CBT for Post-traumatic Stress Disorder.
- Co-occurring therapies
- PTSD Treatments: Seeking Safety & Beyond Trauma
- Matrix Model
- Stages of Change Counseling
- Substance Abuse and Criminal Behavior
- Behavioral Therapy
- Family Therapy
- Psychotherapy
- Contingency management.

Although DBH has received significant block grant cuts, with JRI and the Intermountain Grant, we anticipate an increase in service capacity and service provision for both acute care and recovery supports.

New in the community is the DBH partnership with Red Barn Farm for continuous recovery. Clients will have much improved access to after-care groups, family support groups, jobs skills training, and job placement opportunities. This much need partnership will increase the ROSC continuum for DBH.

DBH is a key partner with Intermountain Healthcare, Weber Human Services, Midtown Community Health Center and local providers in developing solutions to the opioid epidemic.

Form B – Substance Abuse Treatment Budget Narrative

10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility

FY15 Amount Budgeted: 143,800

FY16 Amount Budgeted: 147,400

FY16 SAPT Funds Budgeted: 0

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 Substance Use Disorder Program is provided by DBH in the Jail.

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

The DBH – Davis County Jail 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 daily (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. The clients also meet weekly with a 2nd District Court Judge to review their progress and compliance with program requirements. The outpatient jail release 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.

Program Location: Davis County Jail 800 West Center St. Farmington, Utah

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

None.

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? How do you provide co-occurring treatment? Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspects of Health Care Reform.

DBH has one Adult Outpatient supervisor with dual SUD/MH members to ensure that training on dual issues can easily be facilitated. Assessments are performed with Dual Diagnosis emphasis. DBH provides clients with the skills, knowledge and strategies necessary for a healthy, complete lifestyle in recovery. A group is held on a weekly basis for SUD clients who also have a serious mental illness and another dual group is offered for clients with a diagnosed mental illness. 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 in the MH residential and all SUD day treatment clients are treated in a co-occurring approach.

Davis Behavioral Health has been paneling its mental health and addiction service providers with multiple health plans in order to meet the capacity needs of the exchange enrollees. Also, DBH provides a full continuum of mental health and addiction services to provide parity coverage to those seeking services. DBH will continue to develop relationships with managed care and primary care providers to advance the referral processes and contracts in order to help them meet their needs for behavioral healthcare.

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

DBH provides ongoing consultation to multiple primary care providers and has offered to provide co-located behavioral health providers at various clinics. Davis Behavioral Health partnered with Midtown Community Health Center to maximize funding resources when providing Vivitrol injections to co-occurring clients. In addition, DBH and Midtown are currently exploring ways to seamlessly assess and treat the physical and addiction needs of opioid users in Davis County. DBH and Midtown will continue to work as sister agencies who partner to treat the primary and behavioral health needs of our community.

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

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 Health Care. We educate all the clients about testing for HIV, Hepatitis and other communicable disease and STD through the county Health Department and refer them to those agencies for testing if they are concerned. We also coordinate with outside agencies to provide education and assistance in teaching the clients life skills that can help them with things such as nutrition and obesity. For example we have had the Utah State University Expanded Food and Nutrition Education Program (EFNEP) come in and had a Nutrition Education Assistant provide weekly classes focusing on developing healthy dietary plans and skills for once the clients are living independently.

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. Pregnant women and women with dependent children are referred to our SUD case management division for monitored referrals to health care practitioners. Travel assistance is provided also.

Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

DBH will emphasize nicotine cessation in its group therapies as well as individual counseling. Smoking cessation materials have been purchased, and staff have been trained on using smoking cessation materials in their counseling of clients.

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: 1,529,127

FY16 Amount Budgeted: 1,662,000

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 Women’s Treatment services (WRC) are provided through DBH at 2250 North 1700 West, Layton, Bldg. B. Women’s Day-Treatment & IOP 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 Women’s Recovery Center is gender responsive to address the needs of women with substance use disorders, mental health issues, and a history of trauma. The program consists of day-treatment, intensive outpatient, and a small transitional component of outpatient services to maintain engagement and provide a continuum of care.

We offer 8 woman’s apartment beds for safe and sober housing through Davis Behavioral Health housing. These beds offer transitional living for women who are 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. Women in the apartments are monitored and transported to the Women’s Recovery Center (WRC) daily, for Day-Treatment services.

The DBH Outpatient Program also offers several women’s specific groups for trauma, and women’s issues.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increase. Approximately 42% of the overall increase in the substance abuse budget was allocated to women’s programs.

Describe any significant programmatic changes from the previous year.

Women’s treatment services will include an increase in Recovery Support Services through the DBH partnership with the Red Barn Recovery Support / Continued-Care program.

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: 225,000

FY16 Amount Budgeted: 243,500

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 Substance Abuse Treatment is provided by DBH on an outpatient basis in the Children and Youth Division at DBH at 934 South Main, Layton, UT.

Treatment services rendered are described above in the outpatient section. Extra emphasis is put on family involvement and family therapy for Youth SUD clients. Treatment services include weekly group, individual, and family therapy. Youth Screenings are provided to the community every week to ensure quick, easy access.

Residential Services for Youth Substance Abuse are provided by the Adolescent Odyssey House in SLC. DBH contracts for these youth Substance abuse services on a case by case basis.

Describe efforts to provide co-occurring services to adolescent clients.

DBH provides co-occurring services to all of its adolescent clients. SUD providers are licensed mental health therapists, who have an emphasis in SUD services. All youth cases include dual assessments for co-occurring conditions, co-occurring diagnosis, and co-occurring treatment objectives. The adolescent treatment providers also attend the youth mental health staff meetings to coordinate care between the mental health and SUD clients.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

None.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court *FY15 Amount Budgeted: 261,000* *FY16 Amount Budgeted: 261,000*

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.

- 2nd District Davis Adult Felony Drug Court
 - DBH is Subcontracted by the Davis County Attorneys Office for Treatment of the adult Drug Court Clients
- 2nd District Davis Dependency-Family Drug Court

Treatment services for both courts are provided through the ASAM Levels of care, described in the above sections. Services and provisions are listed in above ASAM treatment descriptions. DBH provides case management services via the following methods: a) contract with Red Barn Farms, b) an internal team of case managers who provide services to SUD and MH clients and c) ATR case management. Case Management services include, but are not limited to the following: securing appropriate housing, finding employment, assisting with resume building, application for entitlement benefits, coordinating primary care, coordinating and accessing dental care, securing child care, coaching on relapse prevention skills, finding and attending client chosen support services, obtaining services and assistance for pregnant women, accessing department of health services, etc. Dependency Court clients have additional case management services from DCFS.

Urinalysis Services for Drug Courts:

- Adult Felony Drug Court and the Davis County Attorneys Office contracts for Adult Drug Court clients to be randomly UA tested at C&D Probation. DBH is not involved in the Adult Drug Court UA system arrangement or contract.
 - DBH staff receive a daily report with the Adult Drug Court UA results from the Davis County Attorney's Office
- Dependency-Family Court has clients provide random UA's through a contract with the Davis County Jail Drug Testing UA system. DBH contracts for this service for the Dependency Drug Court.
- All Court involved drug testing adheres to state guidelines.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

There will be an increase in Recovery Support Services through the DBH contract with Red Barn Recovery Services.

Describe the Recovery Support Services you will provide with Drug Court RS funding.

Drug court clients will now be referred for post-treatment Recovery Supports through the DBH partnership with the Red Barn Farm in Farmington, Utah. This is consistent with ROSC principles of increased post acute treatment supports with Drug Court clients. Services of recovery support groups, job training, and employment assistance for Drug Court clients will be increased.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

Jim Smith: Davis County Commissioner
Troy Rawlings: Davis County Attorney
Todd Richardson: Davis County Sheriff
Keith Fielding: Davis County Deputy Sheriff
Karl Kennington: Director, Adult Probation Parole
Brandon Hatch: Director, Davis Behavioral Health

Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

The Davis County Sheriff's office will administer the risk/need screening instrument (LSI-R SV), to all individuals booked at the jail. Those screening as low risk and low—high need will be referred to DBH for a complete MH/SUD assessment. Those screened as low/low will be provided intervention programs through our Prevention department such as Prime for Life. Those screened as low/low-high will be assessed for treatment need and provided evidence based practices such as MAT, CBT, Intensive Case Management FICM, and recover support services. Further, DBH will provide a full continuum of treatment services, as well as, crisis services, housing and peer support services.

Identify your proposed outcome measures.

Although a decrease in recidivism will be the primary outcome measure, DBH also plans to increase employment, housing, retention in treatment, case management services and drug abstinence.

FORM B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted 355,000

FY16 Amount Budgeted 355,000

These amounts include other revenue sources in addition to the \$322,317 and \$328,764 allocated respectively for FY 15 and FY 16.

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.
 - Presiding District Court Judge: Judge John Morris, 2nd District Court
 - Regional AP&P Director: Karl Kennington or Designee
 - Wasatch Front DORA Supervising AP&P Agent: James Duckworth
 - 2nd District AP&P DORA agent: Jeremy Howie
 - District/County Attorney: Troy Rawlins or designee
 - DBH Substance Abuse Local Authority Designee: Virgil Keate
 - Davis County Public Defenders Office/ Designee: Determined by Public Defenders Office

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?
 - Approximately 90-110 clients will be served in Davis DORA SFY 2016.
 - Davis DORA will carry over approximately 35 clients into SFY 2016.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.
 - Continuum of Substance Use Disorder Treatment: Outpatient, Intensive Outpatient, Day-Treatment, Short-Term Residential, Medium Residential, Detoxification, & MAT services.
 - Recovery Services to include case-management, recovery support services and after-care support groups, training, and job placement.
 - Assessments are provided by Davis Behavioral Health and including screening for co-occurring disorders.
 - Drug Testing is provided by the Davis County Jail Drug Testing Service and the DORA AP&P Department.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: 355,000

FY16 Amount Budgeted: 355,000

4: Evidenced Based Treatment: Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

DBH strives to provide evidence-based practices that combine the integration of the best available research, with clinical expertise, in the context of patient characteristics, culture, and preferences.

DBH continues to identify and prioritize implementation of practices and programs that have demonstrated outcomes matched with identified need. DBH continues to examine research based interventions and research based practices that apply to SUD and co-occurring disorders. Some of the Evidence-based/Outcome-Based Practices/Programs DBH SUD services provides are:

- Motivational Interviewing with on-going, structured clinical supervision.
- CBT for Substance Abuse and Co-Occurring Disorders.
- CBT with focus on Relapse Prevention and Social Skills Training
- CBT for Post-traumatic Stress Disorder.
- Co-occurring therapies
- PTSD Treatment: Seeking Safety: Beyond Trauma: Women/Men in Recovery.
- Matrix Model.
- MRT
- Stages of Change.
- Substance Abuse and Criminal Behavior.
- Behavioral Therapy.
- Family Therapy.
- Psychotherapy.
- Contingency management.

The above practices are incorporated into the Assessment and Treatment Planning process. Treatment is individually based upon the assessment of the client's individual needs. Co-occurring disorders & criminogenic risk factors are also identified and become part of the treatment process. Treatment planning and treatment interventions are integrated with evidenced based services as a model of intervention practices.

5: Budget Detail and Narrative: Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan.

Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

| |
|--|
| Personnel Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits. |
|--|

| | |
|------------------------------|--------------------------|
| Total Personnel Costs | \$ See Attachment |
|------------------------------|--------------------------|

(Provide budget detail and narrative here)

| |
|---|
| Contract Services Briefly describe the Contract Services you will pay for with DORA funding. |
|---|

| | |
|-----------------------------|----|
| Total Contract Costs | \$ |
|-----------------------------|----|

(Provide budget detail and narrative here)

| |
|--|
| Equipment, Supplies and Operating (ESO) Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases. |
|--|

| | |
|------------------------|----|
| Total ESO Costs | \$ |
|------------------------|----|

(Provide budget detail and narrative here)

| |
|--|
| Travel/Transportation Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc. |
|--|

| | |
|------------------------------------|----|
| Total Travel/Training Costs | \$ |
|------------------------------------|----|

(Provide budget detail and narrative here)

| | |
|--------------------|----|
| Total Grant | \$ |
|--------------------|----|

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 of 2013. As part of an ongoing assessment process, Davis HELPS will continue to collect and analyze current data and make adjustments to the strategic community plan, if needed.

Local Authority:

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

Local Authority:

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 has been overseeing prevention efforts in Davis County since 2008. In 2011, the coalition worked to build prevention capacity by organizing the Bountiful Communities That Care. Davis HELPS and the Bountiful Communities That Care recognizes the importance of collaboration and will continue to actively work to bring community partners together to participate in the SPF planning process and build the capacity to address the community needs.

In 2014-2015, Davis HELPS and the Bountiful CTC worked to build prevention capacity in the community and schools by providing prevention education training, and by advocating for resources for organizing a Hope Squad team in every secondary school in the Davis School District.

Over the last several years, strong community partnerships have been forged and the capacity to address community needs has grown significantly, and we're confident it will continue to grow this next year.

Local Authority:

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.

Collaborating with various community agencies and stakeholders brings valuable perspectives to the planning process and fosters a shared sense of ownership and responsibility for the plan's implementation. Collaboration provides the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways.

Local Authority:

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.

Local Authority:

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Local Authority:

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2015 and describe why they were discontinued.

None have been discontinued.

Local Authority:

Form C – Substance Abuse Prevention Narrative

8) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

In the coming months, Davis Behavioral Health will partner with community members such as Davis County Jail, Adult Probation and Parole, Juvenile Court, Mental Health Court, County Attorney, Drug Court, Prevention and other interested parties to identify a targeted population and develop treatment and recovery support services for non-violent offenders in need of mental health and/or substance use disorder treatment.

Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

The Advisory Committee or its designee will develop interventions and recovery supports as more information becomes available.

Identify your proposed outcome measures.

Reduction in recidivism.

Local Authority:

| Program Name: Protecting You Protecting Me (PYPM) | | | Evidence Based (Yes) or No | | | Tier Level: 4 | | |
|--|-----------------------------|--|---|---|---|---|---|---|
| Agency: Davis Behavioral Health | | | | | | Cost \$15,000 | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | (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 th graders will increase from 52.6% in 2013 to 55% in 2019. 2) Attitudes favorable to drug use in 8 th grade will decrease from 13.6% in 2011 to 12% in 2017. | Lifetime alcohol use in 8 th 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: Community Presentations | | | Evidence Based Y (N) | | | Tier Level | | |
|--|-----------------------------|----------------------------------|---|---|---|--|--|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$2000 | | |
| | 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 th grade will decrease from 20.3% in 2011 to 18.3% in 2017. | Lifetime alcohol use in 10 th 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: Anger Management (Men) | | | Evidence Based Y (N) | | | Tier Level | | |
|---|--------------------|-----------------|--|-----|---|---|---|---|
| Agency: Davis | | | | | | Cost: \$5000 | | |
| | 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 6th 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 10th 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: Anger Management (Women) | | | Evidence Based Y (N) | | | Tier Level | | |
|---|--------------------|-----------------|---|-----|--------------|--|---|--|
| Agency: Davis Behavioral Health | | | | | Cost: \$5000 | | | |
| | 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 6th 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 10th 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: Anger Management (Youth) | | | Evidence Based Y (N) | | | Tier Level | | |
|---|--------------------|---------------------|--|------------|---|---|---|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$2000 | | |
| | 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 10th grade will decrease from 31% in 2011 to 28% in 2017</p> | <p>Lifetime alcohol use in 8th grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10th 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: Anger Management (Children) | | | Evidence Based Y(N) | | | Tier Level | | |
|--|--------------------|--|---|-----|---|---|--|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$2500 | | |
| | 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 th grade will decrease from 34.5% in 2011 to 31.5% in 2017 (2) Prosocial involvement in 6 th graders will increase from 52.6% in 2013 to 55% in 2019. | Lifetime alcohol use in 6 th grade will decrease from 6% in 2011 to 5% in 2021. |
| Measures & Sources | 2011 Sharp Data | 1) 2011 Sharp (2) 2013 Sharp Data | Attendance Records | | | Program Log, Attendance Records | 1) 2017 Sharp Data (2) 2019 Sharp Data | 2021 Sharp Data |

| Program Name: Project Davis | | | Evidence Based Y (N) | | | Tier Level – Need to run through the workgroup | | |
|------------------------------------|--------------------|----------------------------|--|-----|---|--|--|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$25,000 | | |
| | 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 th grade will decrease from 34% in 2011 to 30% in 2017. | <p>Lifetime alcohol use in 6th grade will decrease from 6% in 2011 to 5% 2021.</p> <p>Lifetime alcohol use in 8th 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: Alcohol & Drug Intervention (ADI) | | | Evidence Based Y (N) | | | Tier Level – Need to run through the workgroup | | |
|--|--------------------|--|--|---|---|--|---|---|
| Agency: Davis Behavioral Health | | | | | | Cost: \$9000 | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | S | 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 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: Prime for Life (PRI)-Juvenile | | | Evidence Based (Y)N | | | Tier Level 4 | | |
|--|--------------------|--|---|---|--------------|--|--|---|
| Agency: Davis Behavioral Health | | | | | Cost: \$3000 | | | |
| | 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. 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 8th grade will decrease from 16.4% in 2011 to 14.4% in 2017</p> <p>Favorable attitudes toward alcohol and drug use in 10th grade will decrease from 20.3% in 2011 to 18% in 2017</p> | <p>Lifetime alcohol use in 8th grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 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: Strengthening Families | | | Evidence Based (Y) N | | | Tier Level 4 | | |
|---|--------------------|---|--|------------|------------|---|---|---|
| Agency: Davis Behavioral Health | | | | | | Cost: 15,000 | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | (S) | (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 th grade will decrease from 31% in 2011 to 28% in 2017 | Lifetime alcohol use in 8 th grade will decrease from 14% in 2011 to 11% in 2021. Lifetime alcohol use in 10 th 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: Parenting with Love & Logic | | | Evidence Based (Y) N | | | Tier Level 3 | | |
|--|-------------------------------|---|---|---|---|---|---|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$10,000 | | |
| | 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 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 th grade) in 2011 to 31.5% in 2017. | Lifetime alcohol use in 8 th 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: Prime for Life (PRI)-Adult | | | Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N | | | Tier Level 4 | | |
|---|--------------------|--|---|---|------------------------------------|--|--|---|
| Agency: Davis Behavioral Health | | | | | Cost: \$4000 | | | |
| | 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: Incredible Years | | | Evidence Based <input checked="" type="radio"/> Y <input type="radio"/> N | | | Tier Level 4 | | |
|---------------------------------------|-------------------------------|---|--|------------------------------------|-------------------------|--|--|--|
| Agency: Davis Behavioral Health | | | | | Cost: 30,000 | | | |
| | 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 6th grade from 34% in 2011 to 31% in 2017 (2) Family conflict will decrease in 6 th grade from 34.5% in 2011 to 31.5% in 2017. | Lifetime alcohol use in 8 th 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: Guiding Good Choices | | | Evidence Based (Y)N | | | Tier Level 4 | | |
|---|-------------------------------|---|---|-----|---|---|---|---|
| Agency: Davis Behavioral Health | | | | | | Cost: 8,000 | | |
| | 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 th grade will decrease from 31% in 2011 to 28% in 2017 | Lifetime alcohol use in 8 th grade will decrease from 14.0% in 2011 to 11% in 2021. Lifetime alcohol use in 10 th 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: Parent & Teen Alternative Program | | | Evidence Based Y (N) | | | Tier Level – Need to run through the workgroup | | |
|--|--------------------|--|---|---|--------------|---|---|---|
| Agency: Davis Behavioral Health | | | | | Cost: \$4500 | | | |
| | 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: 8th grade will decrease from 13.6% in 2011 to 12.4% in 2017. 10th grade will decrease from 20.3% in 2011 to 18% in 2017. 12th grade will decrease from 22.5% in 2011 to 20% in 2017 | Lifetime alcohol use in” 8th grade will decrease from 14% in 2011 to 11% in 2021. 10th Grade will decrease from 23.1% in 2011 to 20% in 2021. 12th Grade 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 | | | Evidence Based (Y)N | | | Tier Level 4 | | |
|---------------------------------|----------------------|-----------------|---|-----|---|--|--|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$5000 | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | (S) | 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% (6th 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>8th 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: Mindfulness-Based Stress Reduction | | | Evidence Based (Y)N | | | Tier Level 4 | | |
|---|----------------------|---------------------|--|-----|-----|--|---|--|
| Agency: Davis Behavioral Health | | | | | | Cost: \$12,000 | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | (S) | (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>Prevention Strategy: Education</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 (Mindfulness-Based Stress Reduction – for adolescents) | | | Evidence Based (Y)N | | | Tier Level 4 | | |
|--|----------------------|---------------------|--|-----|---------------|--|--|--|
| Agency: Davis Behavioral Health | | | | | Cost: \$5,000 | | | |
| | 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 8th grade will decrease from 14.0% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10th 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: School Support Groups | | | Evidence Based Y (N) | | | Tier Level | | |
|--|--------------------|--------------------------|--|-----|---|--|---|---|
| Agency: Davis Behavioral Health | | | | | | Cost: \$5000 | | |
| | 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 8th grade will decrease from 14% in 2011 to 11% in 2021.</p> <p>Lifetime alcohol use in 10th 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 |

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 2016 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) # _____, 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: _____

Title: _____

Date: _____

Local Authority

| FY2016 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 FY2016 Revenue |
|--|--------------------|--|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|---------------|----------------------|
| | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match | | | | | | | | |
| FY2016 Mental Health Revenue by Source | \$ 54,684 | \$ 3,244,036 | \$ 241,616 | \$ 1,321,225 | \$ - | \$ 7,945,964 | \$ 249,115 | | \$ 173,462 | \$ 556,600 | \$ 274,800 | \$ 727,439 | \$ 14,788,941 |

| FY2016 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 FY2016 Expenditures Budget | Total Clients Served | TOTAL FY2016 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) | 5,100 | 307,100 | | 30,000 | | 1,057,800 | | | | | | | \$ 1,400,000 | 120 | \$ 11,667 |
| Residential Care (171 & 173) | 6,000 | 350,000 | 20,000 | 47,000 | | 1,161,000 | | | 6,000 | 5,000 | 25,000 | 30,000 | \$ 1,650,000 | 228 | \$ 7,237 |
| Outpatient Care (22-24 and 30-50) | 15,584 | 1,467,936 | 164,616 | 742,125 | | 875,912 | 204,115 | | 138,714 | 475,600 | 238,800 | 230,539 | \$ 4,553,941 | 3,675 | \$ 1,239 |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes) | 2,000 | 35,000 | | 7,000 | | 283,000 | 5,000 | | | 6,000 | 4,000 | 8,000 | \$ 350,000 | 1,010 | \$ 347 |
| Psychotropic Medication Management (61 & 62) | 4,000 | 350,000 | 43,000 | 30,000 | | 2,470,000 | 40,000 | | | 70,000 | 3,000 | 40,000 | \$ 3,050,000 | 2,285 | \$ 1,335 |
| Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100) | 3,000 | 350,000 | 9,000 | 7,000 | | 1,031,000 | | | | | | 10,000 | \$ 1,410,000 | 655 | \$ 2,153 |
| Case Management (120 & 130) | 2,000 | 175,000 | 5,000 | 25,000 | | 1,005,000 | | | | | 4,000 | 9,000 | \$ 1,225,000 | 755 | \$ 1,623 |
| Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth) | 3,000 | 25,000 | | 75,000 | | 47,000 | | | 20,000 | | | 125,000 | \$ 295,000 | 210 | \$ 1,405 |
| Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database) | 5,000 | 175,000 | | 8,000 | | 3,252 | | | 8,748 | | | 150,000 | \$ 350,000 | 515 | \$ 680 |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information | 4,000 | 9,000 | | 35,000 | | 12,000 | | | | | | 40,000 | \$ 100,000 | | |
| Services to persons incarcerated in a county jail or other county correctional facility | | | | 180,100 | | | | | | | | 69,900 | \$ 250,000 | 900 | \$ 278 |
| Adult Outplacement (USH Liaison) | 5,000 | | | 135,000 | | | | | | | | | \$ 140,000 | 80 | \$ 1,750 |
| Other Non-mandated MH Services | | | | | | | | | | | | 15,000 | \$ 15,000 | 70 | \$ 214 |
| FY2016 Mental Health Expenditures Budget | \$ 54,684 | \$ 3,244,036 | \$ 241,616 | \$ 1,321,225 | \$ - | \$ 7,945,964 | \$ 249,115 | \$ - | \$ 173,462 | \$ 556,600 | \$ 274,800 | \$ 727,439 | \$ 14,788,941 | | |

| FY2016 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 FY2016 Expenditures Budget | Total FY2016 Clients Served | TOTAL FY2016 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 | 38,151 | 2,263,234 | 168,566 | 921,766 | - | 5,543,580 | 173,798 | - | 121,017 | 388,317 | 191,717 | 507,505 | \$ 10,317,650 | 4,000 | \$ 2,579 |
| YOUTH/CHILDREN | 16,533 | 980,802 | 73,050 | 399,459 | - | 2,402,384 | 75,317 | - | 52,445 | 168,283 | 83,083 | 219,934 | \$ 4,471,291 | 1,800 | \$ 2,484 |
| Total FY2016 Mental Health Expenditures | \$ 54,684 | \$ 3,244,036 | \$ 241,616 | \$ 1,321,225 | \$ - | \$ 7,945,964 | \$ 249,115 | \$ - | \$ 173,462 | \$ 556,600 | \$ 274,800 | \$ 727,439 | \$ 14,788,941 | 5,800 | \$ 2,550 |

Davis County - Davis Behavioral Health, Inc

Form C

Local Authority

| FY2016 Substance Abuse Prevention Revenue | State Funds | | County Funds | | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2016 Revenue |
|---|---|-------------------------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|----------------------|
| | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | | | | | | | | |
| FY2016 Substance Abuse Prevention Revenue | | | | | | \$ 402,083 | | | | | \$ 66,000 | \$ 468,083 |

| FY2016 Substance Abuse Prevention Expenditures Budget | State Funds | | County Funds | | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | Projected number of clients served | TOTAL FY2016 Expenditures | TOTAL FY2016 Evidence-based Program Expenditures |
|---|---|-------------------------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|------------------------------------|---------------------------|--|
| | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | | | | | | | | | | |
| Universal Direct | | | | | | 120,625 | | | | | | | \$ 120,625 | |
| Universal Indirect | | | | | | 128,665 | | | | | | | \$ 128,665 | |
| Selective Services | | | | | | 92,480 | | | | | | | \$ 92,480 | |
| Indicated Services | | | | | | 60,313 | | | | | | | \$ 60,313 | |
| FY2016 Substance Abuse Prevention Expenditures Budget | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402,083 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402,083 | \$ - |

| SAPT Prevention Set Aside | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total |
|---------------------------------|---------------------------|------------|--------------|-----------------------------------|-------------------------|---------------|------------|
| Primary Prevention Expenditures | \$ 72,375 | \$ 217,125 | \$ 16,080 | \$ 64,330 | \$ 28,145 | \$ 4,028 | \$ 402,083 |

Policies Procedures

DAVIS
BEHAVIORAL HEALTH

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 DBH will adhere to R523-1-5 regarding fee for services. All client fees, including drug court clients, 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 as 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.

Davis Behavioral Health
FY2016 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.

ADULT MENTAL HEALTH
2015



Director
Adult Mental
Health
Jan Pendley



Journey House
Coordinator
Deborah Gold, LCSW



Housing
Coordinator
Jeri Bartholomew



Adult Outpatient
Supervisor
Rod Thomley, LCSW



CRU Supervisor
Susan Bollow, LCSW



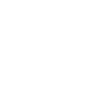
FAST
Team Coordinator
Jeff Smith, SSW



Peer Services
Coordinator
Ranee Gamboa



Journey House
Jerry Ryerse, CM



Placeholder



Adult Substance
Abuse, LCSW
Spencer Baker, LCSW



Adult Mental
Health, LCSW
Karen Cook



CRU, LCSW
Jeffrey Dalley, LCSW



Adult Mental
Health
Amy Christensen, CM



FAST
Valita Bishop, LPN



Peer Support,
Residential
Manager
Rickie Pierce



Step Forward
Juan Enriquez, CM



Placeholder



Adult Mental
Health
Gary Goodrich, Ph.D.



Adult Mental
Health
Amanda Comelius, LCSW



CRU
Frederick Carlson, LCSW



CRU
Heather Knight, Peer Specialist



FAST
Carrie Quartuccio, CM



Peer Support
Carleen Hammond



Journey House
Lori Walker, MSW Intern



Adult Mental
Health, CM
Dawneen Herrin



Adult Substance
Abuse
Jane Woolley, CMHC



Adult Mental
Health
Sheila Perry, LCSW



CRU
Laura Boyle, CM



CRU
JaNall Black, HST



FAST
LaDawn Lowder, CM



Peer Support
Jeffrey Nelson



Adult Substance
Abuse
Brittany Olson, CSW



Adult Substance
Abuse
Crystalyn Hori-Wilson, CMHC



Adult Mental
Health
Carol Hendricks, LCSW



CRU
Sandra Cook, HST



Adult Mental
Health
Kari Harrison, CM



FAST
Terrance Orton, CM



Peer Support
Terrilee Yule



Adult Mental
Health, CM
Name



Adult Substance
Abuse
Brett Bartruff, CSW



Adult Mental
Health
Rosanne Bassett, LCSW



CRU
Ryan Charles, HST



CRU
Tamara Stratford, CM



Placeholder



Peer Support
Sherri Lochhead



Adult Substance
Abuse
Jennifer Jones, CSW



Adult Substance
Abuse
Mark Giles, LCSW



Adult Mental
Health, CSW
Shanna Anderson, CSW



CRU
Mims Barker, HST



CRU
James Berglund, HST



CRU
Jonathan Harrell, CM



Residential
Manager
Amelia Brandley



Adult Substance
Abuse
Cindi Parker, LCSW



Adult Mental
Health
Josh Holmes, CSW



Adult Substance
Abuse
Heidi Kraus, CSW



CRU
Sharon Nasworthy, HST



CRU
Ashely Patino, HST



CRU
Matthew Peterson, MSW Intern



Peer Support
Karrie Ross



Adult Mental
Health, CM
Camille Derricott



CRU
Chelsie Cheney, HST



CRU
Madyson Woodard, HST



CRU
Palepa Chatman, HST



Housing, Peer
Support
Colleen Thompson

CHILDREN & YOUTH
2015

 Director
Children & Youth
Marty Hood, LCSW

 School-Based
Services
Nancy Moss, CSW

 C&Y
Mobile Crisis
Victoria Thompson, LCSW

 C&Y
Mobile Crisis
Lydia Arguelles, CSW

 C&Y
Mobile Crisis
Elena Ekker, FRF

 C&Y
Mobile Crisis
Sherrie Wallace, CSW

 C&Y
Mobile Crisis
Kirsten Jacobsen, LCSW

 C&Y
Mobile Crisis
Marlayna Merkey, FRF

 C&Y
Mobile Crisis
Elizabeth Dille, FRF

 Children & Youth
Dana Giles

 Children & Youth
Pam Schaefer

 Youth Mental
Health
Kimberlee Baker, LCSW

 Youth Mental
Health
Tamara Roberts, LCSW

 Youth Mental
Health
Rachel Reist, LCSW

 Youth Mental
Health
Emily Duffin, LCSW

 Youth Mental
Health
Jamille Johnson, CMHC

 Youth Mental
Health
Timothy Chavez, CSW

 Youth Mental
Health
Brandon Nielsen, CSW

 Youth Mental
Health
Sakae Scott, CSW

 Youth Mental
Health
Sara Johnson, MSW Intern

 Youth Case
Management
Coordinator
Jena Temple, SSW

 Youth Mental
Health
Karen Greenwell, FRF

 Youth Mental
Health, CM
Spencer Garn, SSW

 Youth Mental
Health, CM
Sara Wood, SSW

 Youth Mental
Health, CM
Michelle Burgoyne, SSW

 Youth Mental
Health, CM
Allysa Westergard, SSW

11
Youth Skills Development
Specialists

 Youth Mental
Health
Lara Deveraux, LCSW

 Youth Mental
Health
Amber Schiffman, LCSW

 Youth Mental
Health
Barbara Sirken, LCSW

 Youth Mental
Health
Niki Harrell, CSW

 Youth Mental
Health
Cambria O'Neal, CSW

 Youth Mental
Health
Donna Raby, CMHC

 Youth Mental
Health
Katryna Campbell, CMHC

 Youth Mental
Health
Kirk Harrison, CSW

 Quest Supervisor
Kelle Valentine, SSW

 Youth Mental
Health
Victoria Choate, MSW Intern

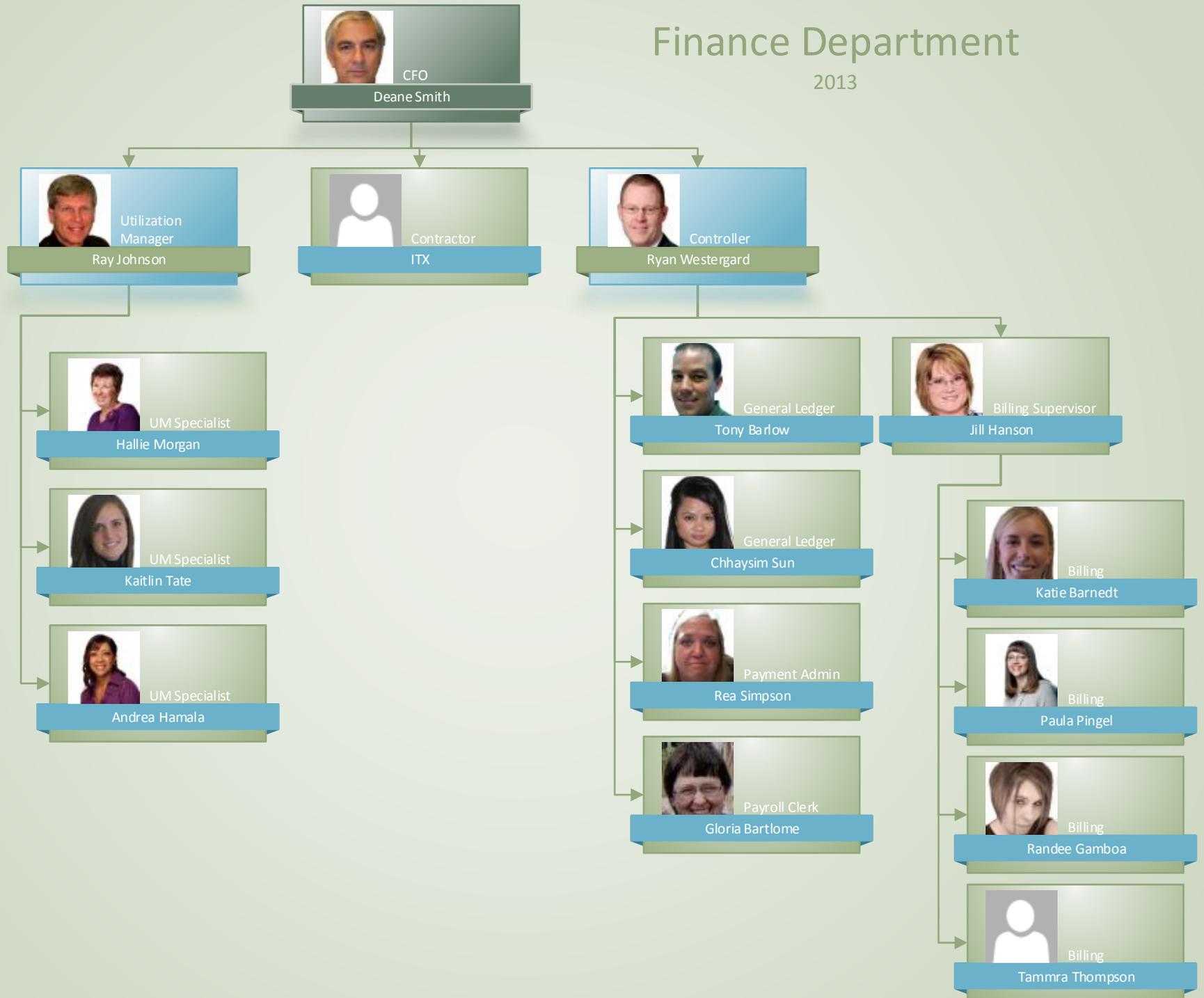
Executive Leadership Team

2015



Finance Department

2013



Human Resources

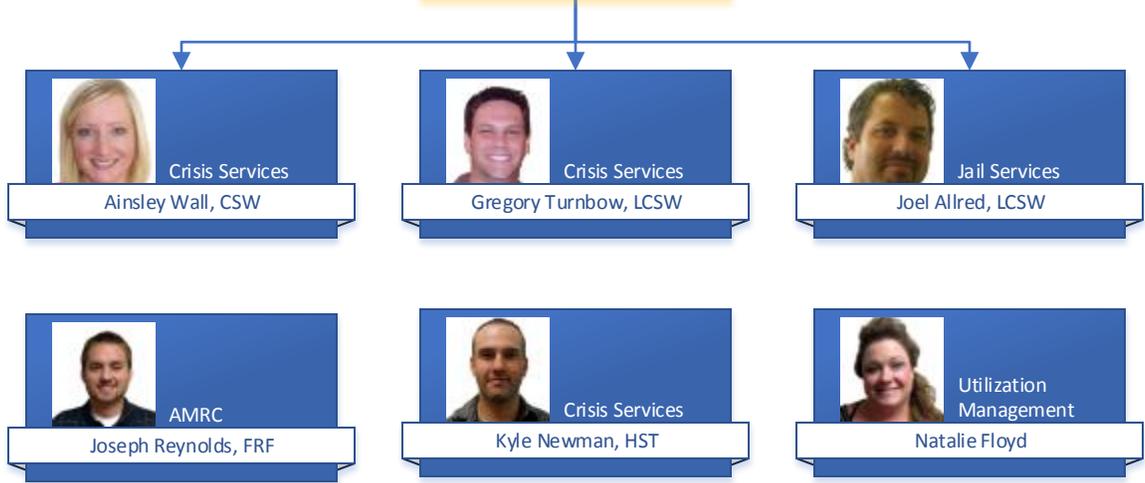
2013



CRISIS AND INTENSIVE SERVICES
2015



Director Intensive
and Crisis Services
Todd Soutor, Ph.D.



MEDICAL
2015



Medical Director
Noel Schenk, M.D.



SUBSTANCE ABUSE
2015



Director
Substance Abuse
Virgil Keate, Ph.D.



Jail Services
Leslie Woodfall, SUDC



MRC Coordinator
Derek Larson, LCSW



Jail Services
Julie Humphrey, LCSW



WRC Coordinator
Callie Murray, LCSW



Adult Substance Abuse
Katie Bingham, MSW Intern



MRC
John Larsen, LCSW



MRC
Julie Janes, SUDC



WRC
Tanya Epps, SUDC



WRC
Cynthia Fennell, CMHC



MRC
Shelly Ledford, CMHC



MRC
Aneta Bingham, HST



WRC
Joseph Wegener, SUDC



WRC
Melyssa Conerly, CSW



MRC
Alice Carter, HST



MRC
Michelle Harris, HST



WRC
Tammie Bratsch, HST



WRC
Tracie Diamond, HST



MRC
Ernest Wims, HST



WRC
Marie Fritz, HST



WRC
Ambria Lamb, HST



WRC
Vicki Oliphant, HST

Local Authority

| FY2016 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 FY2016 Revenue |
|--|--------------------|--|--------------------------|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|---------------|----------------------|
| | State General Fund | State General Fund used for Medicaid Match | State General Fund - JRI | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match | | | | | | | | |
| FY2016 Mental Health Revenue by Source | \$ 54,684 | \$ 3,244,036 | | \$ 241,616 | \$ 1,321,225 | \$ - | \$ 7,945,964 | \$ 249,115 | | \$ 173,462 | \$ 556,600 | \$ 274,800 | \$ 727,439 | \$ 14,788,941 |

| FY2016 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 FY2016 Expenditures Budget | Total Clients Served | TOTAL FY2016 Cost/Client Served |
|---|--------------------|--|--------------------------|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
| | State General Fund | State General Fund used for Medicaid Match | State General Fund - JRI | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match | | | | | | | | | | |
| Inpatient Care (170) | 5,100 | 307,100 | | | 30,000 | | 1,057,800 | | | | | | | \$ 1,400,000 | 120 | \$ 11,667 |
| Residential Care (171 & 173) | 6,000 | 350,000 | | 20,000 | 47,000 | | 1,161,000 | | | 6,000 | 5,000 | 25,000 | 30,000 | \$ 1,650,000 | 228 | \$ 7,237 |
| Outpatient Care (22-24 and 30-50) | 15,584 | 1,467,936 | | 164,616 | 742,125 | | 875,912 | 204,115 | | 138,714 | 475,600 | 238,800 | 230,539 | \$ 4,553,941 | 3,925 | \$ 1,160 |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes) | 2,000 | 35,000 | | | 7,000 | | 283,000 | 5,000 | | | 6,000 | 4,000 | 8,000 | \$ 350,000 | 1,010 | \$ 347 |
| Psychotropic Medication Management (61 & 62) | 4,000 | 350,000 | | 43,000 | 30,000 | | 2,470,000 | 40,000 | | | 70,000 | 3,000 | 40,000 | \$ 3,050,000 | 2,305 | \$ 1,323 |
| Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100) | 3,000 | 350,000 | | 9,000 | 7,000 | | 1,031,000 | | | | | | 10,000 | \$ 1,410,000 | 705 | \$ 2,000 |
| Case Management (120 & 130) | 2,000 | 175,000 | | 5,000 | 25,000 | | 1,005,000 | | | | | 4,000 | 9,000 | \$ 1,225,000 | 810 | \$ 1,512 |
| Community Supports, including - Housing (174) (Adult) - Peer Support Services (150) (Youth) - Adult Peer Specialist | 3,000 | 25,000 | | | 75,000 | | 47,000 | | | 20,000 | | | 125,000 | \$ 295,000 | 210 | \$ 1,405 |
| Family Support Services (FRF Data 800) Consultation and collaboration with other county service agencies, public education, and public information | 5,000 | 175,000 | | | 8,000 | | 3,252 | | | 8,748 | | | 150,000 | \$ 350,000 | 420 | \$ 833 |
| Services to persons incarcerated in a county jail or other county correctional facility | 4,000 | 9,000 | | | 35,000 | | 12,000 | | | | | | 40,000 | \$ 100,000 | | |
| Adult Outplacement (USH Liaison) | | | | | 180,100 | | | | | | | | 69,900 | \$ 250,000 | 900 | \$ 278 |
| Other Non-mandated MH Services | 5,000 | | | | 135,000 | | | | | | | | | \$ 140,000 | 80 | \$ 1,750 |
| FY2016 Mental Health Expenditures Budget | \$ 54,684 | \$ 3,244,036 | \$ - | \$ 241,616 | \$ 1,321,225 | \$ - | \$ 7,945,964 | \$ 249,115 | \$ - | \$ 173,462 | \$ 556,600 | \$ 274,800 | \$ 727,439 | \$ 14,788,941 | | |

| FY2016 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 FY2016 Expenditures Budget | Total FY2016 Clients Served | TOTAL FY2016 Cost/Client Served |
|--|--------------------|--|--------------------------|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|--------------------|----------------------------------|-----------------------------|---------------------------------|
| | State General Fund | State General Fund used for Medicaid Match | State General Fund - JRI | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match | | | | | | | | | | |
| ADULT | 38,151 | 2,263,234 | | 168,566 | 921,766 | - | 5,543,580 | 173,798 | - | 121,017 | 388,317 | 191,717 | 507,505 | \$ 10,317,650 | 4,000 | \$ 2,579 |
| YOUTH/CHILDREN | 16,533 | 980,802 | | 73,050 | 399,459 | - | 2,402,384 | 75,317 | - | 52,445 | 168,283 | 83,083 | 219,934 | \$ 4,471,291 | 1,800 | \$ 2,484 |
| Total FY2016 Mental Health Expenditures | \$ 54,684 | \$ 3,244,036 | \$ - | \$ 241,616 | \$ 1,321,225 | \$ - | \$ 7,945,964 | \$ 249,115 | \$ - | \$ 173,462 | \$ 556,600 | \$ 274,800 | \$ 727,439 | \$ 14,788,941 | 5,800 | \$ 2,550 |

DAVIS COUNTY - DAVIS BEHAVIORAL HEALTH, INC
Local Authority

| FY2016 Mental Health Revenue | State General Fund | | County Funds | | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2016 Revenue |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|---------------|----------------------|
| | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match | | | | | |
| FY2016 Mental Health Revenue by Source | \$ 54,684 | \$ 306,729 | | | | | | | \$ 361,413 |

| FY2016 Mental Health Expenditures Budget | State General Fund | | County Funds | | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures | TOTAL FY2016 Expenditures Budget | Total Clients Served | TOTAL FY2016 Cost/Client Served |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
| | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match | | | | | | | |
| MCOT 24-Hour Crisis Care-CLINICAL | 10,690 | 59,965 | | | | | | | \$ 70,655 | 125 | \$ 565 |
| MCOT 24-Hour Crisis Care-ADMIN | 1,887 | 10,583 | | | | | | | \$ 12,470 | | |
| FRF-CLINICAL | 18,128 | 101,683 | | | | | | | \$ 119,811 | 180 | \$ 666 |
| FRF-ADMIN | 3,199 | 17,942 | | | | | | | \$ 21,141 | | |
| School Based Behavioral Health-CLINICAL | 17,663 | 99,073 | | | | | | | \$ 116,736 | 115 | \$ 1,015 |
| School Based Behavioral Health-ADMIN | 3,117 | 17,483 | | | | | | | \$ 20,600 | | |
| FY2016 Mental Health Expenditures Budget | \$ 54,684 | \$ 306,729 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 361,413 | 420 | \$ 861 |

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

FY2016 Form A (1) - Proposed Cost and Clients Served by Population

DAVIS COUNTY - DAVIS BEHAVIORAL HEALTH, INC

Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

| MH Budgets | Clients Served | FY2016 Expected Cost/Client Served |
|---|-----------------------|---|
| Inpatient Care Budget | | |
| \$ 913,000 ADULT | 70 | \$ 13,043 |
| \$ 487,000 CHILD/YOUTH | 50 | \$ 9,740 |
| Residential Care Budget | | |
| \$ 1,632,000 ADULT | 226 | \$ 7,221 |
| \$ 18,000 CHILD/YOUTH | 2 | \$ 9,000 |
| Outpatient Care Budget | | |
| \$ 2,710,700 ADULT | 2,500 | \$ 1,084 |
| \$ 1,843,241 CHILD/YOUTH | 1,425 | \$ 1,294 |
| 24-Hour Crisis Care Budget | | |
| \$ 258,800 ADULT | 750 | \$ 345 |
| \$ 91,200 CHILD/YOUTH | 260 | \$ 351 |
| Psychotropic Medication Management Budget | | |
| \$ 2,087,400 ADULT | 1,590 | \$ 1,313 |
| \$ 962,600 CHILD/YOUTH | 715 | \$ 1,346 |
| Psychoeducation and Psychosocial Rehabilitation Budget | | |
| \$ 1,005,000 ADULT | 430 | \$ 2,337 |
| \$ 405,000 CHILD/YOUTH | 275 | \$ 1,473 |
| Case Management Budget | | |
| \$ 918,750 ADULT | 560 | \$ 1,641 |
| \$ 306,250 CHILD/YOUTH | 250 | \$ 1,225 |
| Community Supports Budget (including Respite) | | |
| \$ 129,500 ADULT (Housing) | 90 | \$ 1,439 |
| \$ 165,500 CHILD/YOUTH (Respite) | 120 | \$ 1,379 |
| Peer Support Services Budget | | |
| \$ 195,000 ADULT | 225 | \$ 867 |
| \$ 155,000 CHILD/YOUTH (includes FRF) | 195 | \$ 795 |
| Consultation & Education Services Budget | | |
| \$ 70,000 ADULT | | |
| \$ 30,000 CHILD/YOUTH | | |
| Services to Incarcerated Persons Budget | | |
| \$ 250,000 ADULT Jail Services | 900 | \$ 278 |
| Outplacement Budget | | |
| \$ 140,000 ADULT | 80 | \$ 1,750 |
| Other Non-mandated Services Budget | | |
| \$ 7,500 ADULT | \$ 35 | \$ 214 |
| \$ 7,500 CHILD/YOUTH | \$ 35 | \$ 214 |

Summary

| | | |
|---------------|----------------------|--|
| Totals | | |
| \$ 10,317,650 | Total Adult | |
| \$ 4,471,291 | Total Children/Youth | |

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

| | | |
|---------------------------------|-------------|--------|
| Unfunded (\$2.7 million) | | |
| \$ 191,516 | ADULT | \$ 891 |
| \$ 50,100 | CHILD/YOUTH | \$ 982 |
| Unfunded (all other) | | |
| \$ 784,455 | ADULT | \$ 723 |
| \$ 180,320 | CHILD/YOUTH | \$ 805 |

Local Authority

| FY2016 Substance Use Disorder Treatment Revenue | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2016 Revenue |
|--|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|--|----------------------|
| Drug Court | 8,429 | 700 | | 2,100 | | 1,600 | 4,400 | 1,300 | | 300 | 400 | 263,294 | \$282,523 |
| Drug Offender Reform Act | 11,436 | 900 | | 2,900 | | 2,200 | 6,000 | 1,800 | | 400 | 600 | 328,764 | \$355,000 |
| Local Treatment Services | 882,794 | 107,114 | 480,632 | 344,675 | 0 | 262,486 | 716,394 | 208,301 | | 47,700 | 67,700 | 268,827 | \$3,386,623 |
| Total FY2016 Substance Use Disorder Treatment Revenue | \$902,659 | \$108,714 | \$480,632 | \$349,675 | \$0 | \$266,286 | \$726,794 | \$211,401 | \$0 | \$48,400 | \$68,700 | \$860,885 | \$4,024,146 |

| FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2016 Expenditures | Total FY2016 Client Served | Total FY2016 Cost/ Client Served |
|--|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|------------------|---------------------------|----------------------------|----------------------------------|
| Assessment Only | 17,500 | | 17,500 | | | | | | | | | | \$35,000 | | #DIV/0! |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D) | 5,000 | | | | | | | | | | | | \$5,000 | | #DIV/0! |
| Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3) | | 8,900 | | | | 21,100 | | | | | | | \$30,000 | 5 | \$6,000 |
| Outpatient (Methadone: ASAM I) | 7,000 | | | | | | | | | | | | \$7,000 | | #DIV/0! |
| Outpatient (Non-Methadone: ASAM I) | 426,194 | 48,800 | 225,300 | 171,300 | | 120,456 | 356,000 | 103,500 | | 23,700 | 33,600 | 299,243 | \$1,808,093 | 1,215 | \$1,488 |
| Intensive Outpatient (ASAM II.5 or II.1) | 443,965 | 51,014 | 234,832 | 178,375 | | 124,730 | 370,794 | 107,901 | | 24,700 | 35,100 | 311,642 | \$1,883,053 | 370 | \$5,089 |
| Recovery Support (includes housing, peer support, case management and other non-clinical) | | | | | | | | | | | | 250,000 | \$250,000 | 145 | \$1,724 |
| Drug testing | 3,000 | | 3,000 | | | | | | | | | | \$6,000 | | #DIV/0! |
| FY2016 Substance Use Disorder Treatment Expenditures Budget | \$902,659 | \$108,714 | \$480,632 | \$349,675 | \$0 | \$266,286 | \$726,794 | \$211,401 | \$0 | \$48,400 | \$68,700 | \$860,885 | \$4,024,146 | 1,735 | \$2,319 |

| FY2016 Substance Use Disorder Treatment Expenditures Budget By Population | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2016 Expenditures |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|------------------|---------------------------|
| Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) | 234,655 | 28,300 | 124,945 | 90,900 | | 69,200 | 188,900 | 211,401 | | 12,600 | 17,900 | 264,599 | \$1,243,400 |
| All Other Women (18+) | 90,280 | 10,900 | 48,070 | 35,000 | | 26,600 | 72,700 | | | 4,800 | 6,900 | 105,100 | \$400,350 |
| Men (18+) | 523,531 | 62,914 | 278,760 | 202,775 | 0 | 154,486 | 421,494 | 0 | 0 | 28,000 | 39,700 | 428,286 | \$2,139,946 |
| Youth (12- 17) (Not including pregnant women or women with dependent children) | 54,193 | 6,600 | 28,857 | 21,000 | | 16,000 | 43,700 | | | 3,000 | 4,200 | 62,900 | \$240,450 |
| Total FY2016 Substance Use Disorder Expenditures Budget by Population Served | \$902,659 | \$108,714 | \$480,632 | \$349,675 | \$0 | \$266,286 | \$726,794 | \$211,401 | \$0 | \$48,400 | \$68,700 | \$860,885 | \$4,024,146 |

FY2016 Drug Offender Reform Act and Drug Court Expenditures

DAVIS COUNTY

Local Authority

Form B1

| FY2016 DORA and Drug Court Expenditures Budget by Level of Care | Drug Offender Reform Act(DORA) | Felony Drug Court | Family Drug Court | Juvenile Drug Court | TOTAL FY2016 Expenditures |
|--|---------------------------------|-------------------|-------------------|---------------------|---------------------------|
| Assessment Only | 16,172 | 7,253 | 2,349 | | 25,774 |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D) | | | | | 0 |
| Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3) | | | | | 0 |
| Outpatient (Methadone: ASAM I) | | | | | 0 |
| Outpatient (Non-Methadone: ASAM I) | 258,860 | 146,984 | 48,786 | | 454,629 |
| Intensive Outpatient (ASAM II.5 or II.1) | 52,098 | 25,470 | 10,419 | | 87,987 |
| Recovery Support (includes housing, peer support, case management and other non-clinical) | 1,634 | 288 | 223 | | 2,146 |
| Drug testing | | | | | 0 |
| FY2016 DORA and Drug Court Expenditures Budget | 328,764 | 179,995 | 61,776 | 0 | 570,535 |

Davis County - Davis Behavioral Health, Inc

Form C

Local Authority

| FY2016 Substance Abuse Prevention Revenue | State Funds | | | County Funds | | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg. insurance) | Client Collections (eg. co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2016 Revenue |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|----------------------|
| | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | | | | | | | | |
| FY2016 Substance Abuse Prevention Revenue | | | | | | | \$ 402,083 | | | | | \$ 66,000 | \$ 468,083 |

| FY2016 Substance Abuse Prevention Expenditures Budget | State Funds | | | County Funds | | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg. insurance) | Client Collections (eg. co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | Projected number of clients served | TOTAL FY2016 Expenditures | TOTAL FY2016 Evidence-based Program Expenditures |
|---|---|-------------------------------------|-------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|------------------------------------|---------------------------|--|
| | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | State Funds - JRI | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | | | | | | | | | | |
| Universal Direct | | | | | | | 120,625 | | | | | | | \$ 120,625 | |
| Universal Indirect | | | | | | | 128,665 | | | | | | | \$ 128,665 | |
| Selective Services | | | | | | | 92,480 | | | | | | | \$ 92,480 | |
| Indicated Services | | | | | | | 60,313 | | | | | | | \$ 60,313 | |
| FY2016 Substance Abuse Prevention Expenditures Budget | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402,083 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402,083 | \$ - |

| SAPT Prevention Set Aside | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total |
|---------------------------------|---------------------------|------------|--------------|-----------------------------------|-------------------------|---------------|------------|
| Primary Prevention Expenditures | \$ 72,375 | \$ 217,125 | \$ 16,080 | \$ 64,330 | \$ 28,145 | \$ 4,028 | \$ 402,083 |