

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 and others. 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.

Local Authority:

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. 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 will 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 their sliding scale rate and monthly maximums. The patient must sign the patient fee agreement. To receive a discounted fee, patients must provide complete income and insurance information.

Are you a National Health Service Core (NHSC) provider?

No

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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.

Local Authority:

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY16 Amount Budgeted: 913,000

Form A1 - FY17 Amount Budgeted: 1,010,000

Form A – FY16 Projected Clients Served: 70

Form A – FY17 Projected Clients Served: 80

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY16 Amount Budgeted: 487,000

Form A1 - FY17 Amount Budgeted: 540,000

Form A – FY16 Projected Clients Served: 50

Form A – FY17 Projected Clients Served: 60

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

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

Form A1 - FY17 Amount Budgeted: 1,550,000

Form A – FY16 Projected Clients Served: 226

Form A – FY17 Projected Clients Served: 235

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 groups) and admit clients seven days a week.

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 throughout their stay at the CRU and makes a follow-up call once they have been discharged. We will likely add an additional peer in the coming year.

We also have made a 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None.

Describe any significant programmatic changes from the previous year.

CRU now includes a day treatment component to its program. Clients who are stable enough to sleep at home come to the regular treatment milieu from 8:00 a.m. to 8:00 p.m. They are picked up and taken home by CRU staff. Having day treatment available has allowed the CRU to have additional capacity to move clients through levels of care and open up more acute beds when needed.

In the coming year we anticipate adding a daily (Monday through Friday) dual diagnosis group which will target seriously mentally ill clients who also have substance use disorders. This group will be open to current CRU clients, but also to outpatients who may benefit from this treatment.

The CRU will also be playing an active role in the First Episode Psychosis project through outreach to adult populations, assessments and treatment of clients who are experiencing their first psychotic episode and linking with existing DBH multifamily group therapy (MFG).

Local Authority:

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY16 Amount Budgeted: 18,000

Form A1 - FY17 Amount Budgeted: 50,000

Form A – FY16 Projected Clients Served:2

Form A – FY17 Projected Clients Served: 20

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 will continue to provide as many services as needed for a child to remain in their home and community when possible and when in the best interest of the child and family. With more and more staff trained in the formal WRAP process, this is introduced and offered to all families prior to considering placement.

Our case managers have recently been trained in an excellent in-home program and services that can be beneficial in reducing out of home placements. In the past we have accessed the Families First program and will likely continue to utilize this service but will start out providing an in-house program before utilizing the Families First program. We believe that this will assist in determining the appropriate level of services needed as well as the commitment of parents to participate with their family.

We have been able to utilize our receiving center, AMRC, which has provided an alternative to an out-of-home placement and to unnecessary hospitalizations.

When needed, we anticipate that we will continue to coordinate with Utah Youth Village, Brookshire and Milestone when it is in the best interest of a child/youth to be placed outside of their home. We will continue to be clear about our expectations for the parents to actively participate on a daily basis when their child is in a placement.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

With the new receiving center, AMRC, some C&Y will be staying overnight usually for only a few days. We have increased funding and projections on clients served for those who will be staying more than 24 hours.

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY16 Amount Budgeted: 2,710,700

Form A1 - FY17 Amount Budgeted: 2,917,960

Form A – FY16 Projected Clients Served:2,500

Form A – FY17 Projected Clients Served: 2,700

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 and are also now provided on our Layton Campus. 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 Reconciliation Therapy), a therapy readiness group, a trauma group for women, a community transitions group and trauma sensitive yoga groups.

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.

A group of adult and children and youth therapists continue to meet weekly in DBT supervision and are focusing on providing this treatment in a more fidelity adherent, evidence-based manner. Two additional DBT groups are scheduled to begin in the next month, including a phase two group for clients who are graduating from phase one DBT. This year six therapists were trained in Intensive DBT and were able to teach much of the material given to the entire DBT team and thereby increase competency in this treatment. The DBT Supervision group will continue to meet weekly and will now use team members recorded sessions as a teaching tool.

Four Adult Team clinicians were also trained in Multifamily Group Therapy for individuals who have psychotic disorders and their families. This is a very effective evidenced-based intervention which improves outcomes and lessens the potential for repeated psychotic episodes. Two MFG groups are currently operating and doing well. Ongoing family educational sessions are being held quarterly for new referrals into this program. Associated with this effort 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. We are now completing these assessments on a regular basis. An additional training on the SIPS assessment is planned for the middle of June so that we can offer this valuable service to more consumers and broaden referrals into the community as a whole.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

DBH will also be an active participant in the DSAMH First Episode Psychosis program and will provide assessment and treatment services within the Adult Outpatient Team.

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. In association with this year's Performance Improvement Project (PIP), Adult Team therapists are using the Columbia in all initial assessments and in ongoing sessions where risk is present. The Stanley Brown Safety Plan is also used in conjunction with the Columbia when clinically indicated.

The DBT Adult Outpatient team has also identified and begun a process of Utilization Review in which clients who meet defined criteria are reviewed by their therapist and supervision to determine if the correct intervention is being applied and if clients are over or underutilizing care. This should help to increase access to valuable therapy services. We anticipate broadening this effort to a peer review process on an ongoing basis.

Local Authority:

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: 1,843,241

Form A1 - FY17 Amount Budgeted: 1,910,000

Form A – FY16 Projected Clients Served: 1,425

Form A – FY17 Projected Clients Served: 1,500

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.

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
- 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
- Family Resource Facilitator services
- Multiple therapeutic groups. The DBT group with the parent component continues to be an excellent addition.
- Wraparound services
- Day Treatment for adolescents

We have been fortunate to be able to hire new staff that have brought a broad range of expertise. This has enabled us to provide additional groups and specific skills including mind/body relationships, mindfulness and parent participation in filial therapy.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

We have had training and developed a team that specializes in early identification and treatment of psychosis. (Multifamily) This is proving to be a successful program and we are hopeful in providing positive changes for this generation.

The DBT groups have expanded and have become an excellent program as staff has participated in weekly supervision to monitor adherence to the fidelity issues.

Local Authority:

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: 258,000

Form A1 - FY17 Amount Budgeted: 230,000

Form A – FY16 Projected Clients Served:750

Form A – FY17 Projected Clients Served: 725

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: 91,200

Form A1 - FY17 Amount Budgeted: 95,000

Form A – FY16 Projected Clients Served: 260

Form A – FY17 Projected Clients Served: 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.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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

Form A1 - FY17 Amount Budgeted: 2,077,000

Form A – FY16 Projected Clients Served: 1,590

Form A – FY17 Projected Clients Served: 1,750

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.

The adult medical team consists of 5 psychiatrists (2.3 FTE), 3 APRNs (3 FTE), 12 RNs (8.75 FTE and 2 PRN), 2 LPN (1 FTE and 1 PRN) 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. They are still given the option of a traditional scheduled appointment if desired; however, this scheduled appointment will likely be scheduled out further than the walk-in option would allow them to be seen. In addition, we have 11 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 82 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.

We are also providing Medication Assisted Therapy for those with opioid or alcohol use disorders.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

We have increased the amount of MAT we are doing and allocated resources accordingly.

Local Authority:

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: 962,600

Form A1 - FY17 Amount Budgeted: 1,023,000

Form A – FY16 Projected Clients Served: 715

Form A – FY17 Projected Clients Served: 850

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 3 psychiatrists (1.95 FTE), 1 APRNs (1 FTE), 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 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

We also will be providing medication management as part of our first episode psychosis team.

Local Authority:

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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

Form A1 - FY17 Amount Budgeted: 930,200

Form A – FY16 Projected Clients Served: 430

Form A – FY17 Projected Clients Served: 415

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 at Davis Behavioral Health is through Journey House (JH). Journey House, which operates under the Clubhouse model, achieved a three-year provisional accreditation in August 2015. JH continues to grow and thrive. Daily attendance at JH averages around 32 members who work in the business, career development or kitchen units. JH has been a catalyst in securing and/or supporting 25 members with employment within DBH and nine members working in independent employment in the community. In collaboration with Davis County Adult Education, JH has members who are pursuing their high school diploma, and several 18-22 year olds pursuing additional education through Adult Special Education. The business unit manages the Nifty Thrifty (on-site thrift shop) and the finances from the Snack Shack. The kitchen unit manages the logistics for the Snack Shack and daily food preparations for the clubhouse. 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.

JH continues to provide psychosocial rehab services for after-hours wellness groups and youth-in-transition (Step Forward) skill development groups. Our psychosocial wellness efforts continue to grow and progress over the past two years to assist individuals who have been chronically obese. 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 hosts “Living Well with Chronic Conditions” an educational series offered by the Davis County Health Department. Consistent with the Clubhouse model, Journey House is open all major holidays for prosocial interactions.

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). The coordinator of this program recently attended a two-week training for clubhouse along with a Step-Forward member.

Journey House will be a key player in DBH’s upcoming efforts in the area of First Episode Psychosis. JH will offer employment services through the IPS model, case management and occupational therapy for young people who are experiencing psychosis.

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

Journey House will be a key player in DBH’s upcoming efforts in the area of First Episode Psychosis. JH will offer employment services through the IPS model, case management and occupational therapy for young people who are experiencing psychosis.

Local Authority:

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: 405,000

Form A1 - FY17 Amount Budgeted: 374,800

Form A – FY16 Projected Clients Served: 275

Form A – FY17 Projected Clients Served: 260

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 psychosocial rehabilitation at DBH is provided by skills development specialists and case managers who serve as role models and mentors to teach and reinforce appropriate behavior in 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.

One of the strengths of our SDS program is the impact it has on families of youth who are at risk of frequent hospitalization due to self-harm. Having a consistent person providing frequent contact has resulted in a significant decrease in self-harm and impulsive behaviors.

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

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY16 Amount Budgeted: 918,750

Form A1 - FY17 Amount Budgeted: 936,000

Form A – FY16 Projected Clients Served: 560

Form A – FY17 Projected Clients Served: 675

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. Two outpatient case managers are located in the Main Street Clinic and provide services primarily to adult mental health clients. Two other outpatient case managers are assigned to the Layton Outpatient team to serve clients with more intensive needs. 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 is a recipient of the CABI grant, which is designed to serve chronically homeless individuals. Eight individuals are currently recipients of CABI services. The FAST team has taken the lead in providing homeless outreach services on a monthly basis and coordinating with other community agencies to assist in this effort.

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 eight 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 majority of the case managers within DBH's Adult Services are also using the SPDAT to assess and rank the needs of homeless individuals.

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. One additional case manager was trained in the use of 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY16 Amount Budgeted: 306,250

Form A1 - FY17 Amount Budgeted: 364,000

Form A – FY16 Projected Clients Served: 250

Form A – FY17 Projected Clients Served: 275

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing services)

Form A1 - FY16 Amount Budgeted: 129,500

Form A1 - FY17 Amount Budgeted: 139,300

Form A – FY16 Projected Clients Served: 90

Form A – FY17 Projected Clients Served: 100

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 114 individuals. 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); DBH owned duplexes; DBH owned four-plex and two attached small houses, DBH scattered rental 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 several individuals trained in administration of the full 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 now lead the community'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 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. 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 continue to place 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 these 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

We have converted one apartment to transitional housing support for four individuals who have been in the CRU, are now stable, but do not have housing. We hope to add an additional four bed unit in the coming year so this resource can be available to both males and females.

Local Authority:

Form A – Mental Health Budget Narrative

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

Form A1 - FY16 Amount Budgeted: 165,500

Form A1 - FY17 Amount Budgeted: 210,700

Form A – FY16 Projected Clients Served: 120

Form A – FY17 Projected Clients Served: 165

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 are able to provide respite several days per week in our offices as well as in the community with both group services as well as one on one with clients. Parents continue to be appreciative of having time to spend with the siblings and other family members. These services are usually provided by our skill development employees who are generally college students that can provide positive role modeling and safety.

The AMRC has provided opportunities for respite care with both emergency situations as well as planned respite. This has given parents a chance to rejuvenate strength and skills for patience and tolerance. Time away does wonders.

Location: 934 South Main, Layton, UT and In the community

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

As the community has become aware of this service, we have continued to grow; therefore, we have hired permanent staff for all shifts at AMRC instead of just PRN staff.

Describe any significant programmatic changes from the previous year.

We have had the opportunity to review the programs and will be making changes in the scheduling and training of staff that provide the supervision and skills at the AMRC.

There may be some changes in the operation of the AMRC and we hope to expand some of the services and opportunities for youth to spend additional time at the AMRC in order to learn some of the independent living skills as they transition to adulthood.

We have hired a new staff member who has years of experience and wisdom and can assess the needs of the families that utilize our intensive services at the AMRC. She will be able to teach and role model parenting skills according to the individual needs of the family.

Local Authority:

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: 195,000

Form A1 - FY17 Amount Budgeted: 247,900

Form A – FY16 Projected Clients Served: 225

Form A – FY17 Projected Clients Served: 325

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 are provided by Certified Peer Specialists (CPS). This program is very strong and was recently praised as an example of excellent peer services and documentation in the annual DSAMH site visit. Our team of CPS identifies needs and provides ongoing supports to clients in DBH housing or clients in community housing who have difficulty with tasks of daily living. Peer referrals have increased significantly in the past year and many other programs (medical, adult outpatient, case management, etc.) are requesting the help of the peer program to give clients additional supports. Currently, DBH has eight certified peer specialists who have assignments in various areas including housing supports, transportation services, CRU and Journey House. All services are provided by the DBH CPS team 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.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

In order to provide more supports for clients in DBH housing we have expanded our team of peer specialists. Peer's visit clients in housing at least once a month to provide support and link with any needed case management service. We have also experienced an increase in demand for peers within all our adult mental health programs and are using peers in many supportive roles for clients at all levels of care.

Describe any significant programmatic changes from the previous year.

Peers will lead Tobacco Cessation efforts

Local Authority:

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY16 Amount Budgeted: 155,000

Form A1 - FY17 Amount Budgeted: 77,100

Form A – FY16 Projected Clients Served: 195

Form A – FY17 Projected Clients Served: 100

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 had the privilege of employing 5 excellent FRFs who are certified to provide Peer Support Services and have been able to hire an additional person with funding from the school district. The Juvenile court requested and funded 20 hours of services this past year and have now sent out an RFP to add hours to this position. They are impressed with the quality of services they have received and have encouraged other agencies to utilize this unique service.

FRFs 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.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Due to job duty changes, one full-time FRF position is being re-hired as a case manager.

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY16 Amount Budgeted: 70,000

Form A1 - FY17 Amount Budgeted: 77,000

Form A – FY16 Projected Clients Served:

Form A – FY17 Projected Clients Served:

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
- 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
- Monthly hosting of NASW CEU trainings for DBH staff and other community professionals
- Prodromal assessments to community referrals (SIPS)

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: 30,000

Form A1 - FY17 Amount Budgeted: 33,000

Form A – FY16 Projected Clients Served:

Form A – FY17 Projected Clients Served:

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. Examples of on-going consultation and education are:

- CIT training for Davis County law enforcement
- On-going training to the community on Mental Health Court
- On-going training on NDFE 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.
- In-service education to Davis School District psychologists, social workers and teachers
- Our prescribers offer routine “curbside consults”
- Monthly NASW host of CEU trainings for DBH staff and other community professionals
- In-service to the Davis County NAMI affiliate as well as various church groups
- Prodromal assessments to community referrals
- Mental Health First Aid courses

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

Allocation of a CY staff to teach Mental Health First Aid

Local Authority:

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY16 Amount Budgeted: 250,000

Form A1 - FY17 Amount Budgeted: 240,000

Form A – FY16 Projected Clients Served: 900

Form A – FY17 Projected Clients Served: 1200

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 Veterans 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

FY 16 projected clients served is low. Data is showing we are serving more clients than projected.

Describe any significant programmatic changes from the previous year.

Introduction of Moral Reconciliation Therapy (MRT) to the Davis County Jail population

Local Authority:

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY16 Amount Budgeted: 140,000

Form A1 - FY17 Amount Budgeted: 140,000

Form A – FY16 Projected Clients Served: 80

Form A – FY17 Projected Clients Served: 80

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

We hope to continue to use Outplacement funds to provide less restrictive placements for youth who are being considered for admission to the Utah State Hospital. One of the important benefits of having access to these funds has been to provide treatment for unfunded or underfunded youth who need services to avoid an admission to the USH or to provide step down treatment while they transition back into their homes.

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.

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 passes and other activities.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY16 Amount Budgeted: 975,971

Form A1 - FY17 Amount Budgeted: 1,029,700

Form A – FY16 Projected Clients Served: 1,300

Form A – FY17 Projected Clients Served: 1,300

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 inquiries for services from non-Medicaid members of our community. 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 service 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY16 Amount Budgeted: 230,420

Form A1 - FY17 Amount Budgeted: 207,923

Form A – FY16 Projected Clients Served: 275

Form A – FY17 Projected Clients Served: 245

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 inquiries for services for non-Medicaid members of our community. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: 15,000

Form A1 - FY17 Amount Budgeted: 45,000

Form A – FY16 Projected Clients Served: 70

Form A – FY17 Projected Clients Served: 105

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 directly through DBH at our Main Street and Layton Campuses as well as in the community.

- 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. This year we provided support to a single isolated pregnant woman with a seizure disorder. Funds were used to help her get baby items, housing supports and other non-covered services. She is now receiving Medicaid and subsidized housing, her seizures have stopped, and her DCFS case has been closed. She remains very grateful for these supports and is now moving forward with a healthy one-year-old daughter.
- We have been fortunate to have a volunteer who, for the past six years, has taught guitar to any youth in Davis County. This continues to provide a positive atmosphere for learning and gaining self-esteem as they develop skills.
- 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 year.
- 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 have plans and have located a volunteer who is committed to resurrecting our “Garden of Vision” for clients and families to participate in growing vegetables and reaping the rewards.
- DBH (along with two other community mental health centers and two FQHCs) 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 offers daily health surveys, tips for improvement of current symptoms and access to a life coach.
- Representative Payee Services are provided to approximately 130 more complex need clients within Davis County. This has significantly helped with increasing the ability of people who historically had been at risk of homelessness to live in the community.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to staffing for providing services to non-Medicaid clients. See below.

Describe any significant programmatic changes from the previous year.

As part of our initiative to provide services to all residents of Davis County regardless of payor, we are expanding our Living Well—After Hours Clinic. We have added a full-time therapist and several “piece rate” therapists and are still unable to meet the service demands. We anticipate hiring more part-time staff for this program.

Local Authority:

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 25 individuals working in a supported employment role and nine individuals working in competitive employment in the community. There are two active transitional employment positions and 25 supported employment positions.

• 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 consumers 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.

Form A – Mental Health Budget Narrative

2. Client Employment (cont.)

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

DBH has seven to nine certified peer specialists at any given time and currently employs seven FRFs. Please refer to prior sections for details.

• Evidence-Based Supported Employment

DBH uses the Clubhouse supported employment model and will work to incorporate IPS into its array of employment services. Please refer to earlier pages in this document for details.

DBH has recently been awarded the First Episode Psychosis (FEP) set aside funds to provide early and effective treatment to individuals who have experienced their first episode of psychosis. The treatment will follow the NIMH RAISE Early Treatment program and will consist of both individual treatment and family education. The Individual Placement and Support (IPS) model is one component of treatment for FEP and will be housed in Journey House Clubhouse. The two models, IPS and Clubhouse, work in tandem and can be followed for efficacy through Independence Center; therefore, DBH will be following the equivalent in evidence based practice.

Local Authority:

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, EMDR, Multifamily Psychoeducation, MRT and DBT.
- All children and youth therapists have been trained in TF-CBT. (New therapists receive the training at the earliest opportunity). 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.
- Most outpatient therapists have been trained in Mindfulness Based Stress Reduction.
- 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.
- 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. Six DBT team members received intensive DBT training.
- 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 and EMDR.
- Mental Health and Substance Use Disorder staff will expand their training in MRT and this intervention will be offered to clients in mental health and Dependency Court.

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 Therapists have implemented the use of the CSSR-S to assess risk of self-harm, and are now using the Stanley Brown Safety Plan for 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 and Children and Youth teams have identified and begun a process for utilization review on a regular and ongoing basis. 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.
- The Children and Youth team has increased access to services by overbooking assessment and evaluation appointments. Supervisors and administrators are responsible for providing assessments when all scheduled appointments attend. This has resulted in most clients being able to be seen within the same week that a request is made.

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

Local Authority:

3. Quality and Access Improvements (cont.)

Coalition development

- The Systems of Care program has recently become active in the Northern region and DBH is an active participant. We have referred 4 families and have continued to coordinate with our community partners in offering services and recommendations.
- 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.
- 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.

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) is now an approved National Health Service Corp (NHSC) site. 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 is an approved site through December 31, 2018.

Describe plan to address mental health concerns for people on Medicaid in nursing facilities.

- We have a psychotropic nurse practitioner that goes into several of the nursing homes to meet with those in need of pharmacologic management of their illness. DBH provides clinical services in nursing homes as requested. In addition to prescriber consultation, we do both mental health evaluation and ongoing therapy for clients in skilled nursing facilities. We have also developed a collaborative relationship with Mountain View Care Center. Several severely mentally ill clients with coexisting medical conditions have been admitted there. DBH maintains case management responsibility for these clients and the CRU is used when they become more symptomatic, thereby preserving their nursing home placement. In the past year we have also assigned peer specialists to some clients in nearby Rocky Mountain care center to provide additional supports.

Form A – Mental Health Budget Narrative

4. Integrated Care

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

DBH has one Adult Outpatient team with dual members to ensure that training on dual issues can easily be facilitated. A dual group is offered for clients with a diagnosed mental illness and we are beginning a dual group in CRU, which will be held each weekday for clients with addiction and serious mental illness. In addition, a DBH SUD 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 10 session trauma sensitive yoga group was offered to substance abuse clients as an adjunctive treatment to help them more effectively address their addiction issues.

In our Children and Youth Program, we have one full-time SUD therapist and a part-time SUD/Mental Health therapist. While there is a funding differentiation, these providers are fully integrated in the youth team and assess all SUD clients for co-occurring MH conditions.

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 physicians also provide consultation to interested PCPs.

In addition, in FY 17, DBH is partnering with Midtown Community Health Clinic in providing Vivitrol to inmates with opiate or alcohol addiction prior to release; Midtown will continue to provide the MAT for these clients and DBH will provide the co-occurring SUD/MH treatment and recovery support services.

Local Authority:

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.

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 will continue to enhance resources and referrals for those who want to stop smoking. DBH will continue to address tobacco use by identifying this element to the initial assessment. Those interested in using prescription medications to aid them in smoking cessation are offered this as part of their treatment.

In the Journey House Clubhouse on the Layton Campus, tobacco-free is discussed often to encourage members to reduce their usage and/or quit. There are policies in place within Journey House that have helped the members with harm-reduction of tobacco and smoking. Journey House has two wellness programs throughout the week that many of the smoking clients attend to help them with wellness activities, this has helped the smokers reduce their smoking as well.

DBH peer specialists and case managers participated in a “train the trainers” workshop on smoking cessation and will lead efforts to intensify efforts in tobacco cessation.

Local Authority:

Form A – Mental Health Budget Narrative

5a) Children/Youth Mental Health Early Intervention

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

DBH'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.

The Juvenile Court has requested an increase in hours for providing FRF services for families who are involved in the juvenile court system. This is the result of the excellent services and outcomes they have seen by working with DBH FRF Marlayna Merkley as part of their team. This has also resulted in closer coordination between agencies.

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.

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. 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.)

DBH will continue to serve children, youth and families regardless of their funding source (unfunded, underinsured, or insured) as far as resources allow.

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 over 15%.

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

Local Authority:

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.

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 124 unique children since we have opened. DBH will continue to serve children, youth and families regardless of their funding source (unfunded, underinsured, or insured) as far as resources allow.

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 over 15%.

Describe any significant programmatic changes from the previous year.

None

Describe outcomes that you will gather and report on.

1. Number of children/youth served by FRFs, Therapists, Mobile Crisis Team
2. Improvement of Youth Outcome Measures
3. Reduction of Office Disciplinary referrals and school absences
4. Improvement of grade point averages and curriculum based measurements
5. Number of out of home placements and legal involvement avoided

Local Authority:

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.

Activities: 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 also provide opportunities for support team meetings with both family and school present.

Therapists:

- Approximately 8-10 hours per week for each of the two elementary, junior high, and high schools.
- Approximately 20 hours per week for our district’s alternative high school population.
- Screening, triage, and crisis response, Assessments, Group, Individual and/or Family therapy

FRF/CM: Approximately 10-15 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 staff meetings with the school partner and identified family supports (team).

FRF with WRAP AROUND: We plan to continue to have the FRFs working with families and youth who have complex needs to build a plan that incorporates both formal supports (e.g. mental health /substance abuse treatment, educational assistance, juvenile court engagement etc.) and informal 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: 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 each family’ needs. FRFs will work directly with families and other Human Service partners in helping families convey their vision and ensure the systems of care are focused on families’ strengths, goals and abilities. DBH will continue to serve children, youth and families regardless of their funding source (unfunded, underinsured, or insured) as far as resources allow.

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 over 15%.

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.)

| | | | |
|---------------------|----------------------|-----------------|------------------------------|
| Lincoln Elementary | Sunset Jr. High | Clearfield High | Mountain High Alternative HS |
| Vae View Elementary | North Davis Jr. High | Syracuse High | |

Describe outcomes that you will gather and report on.

1. Number of children/youth served by FRFs, Therapists, Mobile Crisis Team
2. Improvement of Youth Outcome Measures
3. Reduction of Office Disciplinary referrals and school absences
4. Improvement of grade point averages and curriculum based measurements
5. Number of out of home placements and legal involvement avoided

Local Authority:

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. We have 26 HOPE Squads - all secondary schools.
- 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
 - Participate in a community suicide prevention awareness event
 - Increase the number of active trained QPR Gatekeeper instructors
 - Increase Mental Health First Aid Instructors
 - Offer QPR, Mental Health First Aid, Safe TALK and Connect training for helping professionals
 - Offer QPR, Mental Health First Aid, Safe TALK trainings throughout community
 - Provide support for all Hope Squad teams
 - Davis HELPS Facebook page
 - Support statewide efforts to promote safe storage of firearms
 - Suicide Survivor Support & Mentoring
 - Support national Prescription Drug Take Back Events
 - Increase the number of educational materials/videos for parents & teens

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.

A survey was completed by DBH administrative and clinical staff, and a plan was submitted to the Division of Substance Abuse and Mental Health. This plan included the following: 1) Implementation of a Zero Suicide Steering Committee, 2) Incorporation of the Columbia Suicide Screening Rating Scale into our electronic medical record, 3) Establishment of a formalized fatality review committee, 4) Implementation of post hospitalization tracking committee to assist with transition from hospital to lower levels of care, 5) Ongoing risk assessment training to clinical staff, 6) Ongoing Zero Suicide initiative Training to all DBH staff, and 7) Implementation of Columbia Suicide Screening Rating Scale in the Davis County Jail.

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.

Davis Behavioral Health is in discussions with the Davis County Department of Health on collaborating with distributing firearm cable locks to pediatricians; developing webinar presentations on suicide prevention conversations between parents and teenagers; and implementing CSSR-S screening questions on Davis County pediatrician intake questionnaires. Additionally, DBH, through our mobile crisis team, maintains an ongoing relationship with an assigned detective from Layton City Police Department. The goal of this relationship is to monitor DBH consumers who have involvement with the Layton Police Department and individuals in the community who are not enrolled in therapeutic services but are identified as potential clients by the police department. The DBH crisis worker consults with this detective on an ongoing and regular basis. Together, they go into the community to outreach these identified individuals. Part of these outreaches includes identifying those who have multiple suicide attempts and attempting to engage them in ongoing therapeutic services. This Layton detective also serves as a liaison between DBH and the police department to insure officers are available and trained to handle crisis interventions with clients who have a mental illness.

Local Authority:

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

Judge Dawson
County Attorney Richard Larson
Commissioner Jim Smith
Sherriff Todd Richardson
County Attorney Troy Rawlings
Deputy Sherriff Keith Fielding
Davis Behavioral Health CEO: Brandon Hatch
Davis Behavioral Health Treatment: Virgil Keate, Kristen Reisig, Todd Soutor
Recovery Supports: Brett Bartruff (DBH) and Mike Haws (Red Barn Farm)
Davis Behavioral Health Prevention Coordinator: Debi Todd

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

Davis Behavioral Health will provide additional training on Criminal Risk Assessments – Treatment. This will include training on:

1. The RANT for Criminal Risk.
2. Assessments of Criminal Risk Factors and integration into the Treatment Plan.
3. Treatment modalities pertaining to Criminal Risk Factors such as Moral Reconciliation Therapy and other evidenced based manuals and literature pertaining to Criminal Risk, substance use and mental illness.
4. CSSR-S and Stanley Brown Safety Plan for suicide risk assessment and safety planning.
5. MAT for opioid and alcohol addiction (as resources allow)

Recovery Support Services goal aims to reduce criminal risk factors and recidivism through supporting clients in meaningful recovery engagement. Recovery support provides services that help client remove barriers to their recovery, by connecting them with meaningful recovery activities, vocational access support, stable housing search, and accessing possible assistance programs. Recovery support also focuses on keeping clients engaged in recovery through outreach to clients deemed high risk and follow-up contact with clients who successfully complete treatment. Individually assigned Recovery Support Specialists follow clients through the full continuum of care.

Identify your proposed outcome measures.

OQ

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

Form B - FY16 Amount Budgeted: 35,000

Form B - FY17 Amount Budgeted: 35,000

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 210

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:

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

Adolescents:

- Substance Abuse Interview
- ASAM Dimensions
- SASSI-A2: Substance Abuse Subtle Screening Inventory – Adolescence.
- Urine drug screens

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no anticipated changes in the screening process or number of persons that will be screened.

Clients were counted in outpatient non-methadone in 2016 budget

Describe any significant programmatic changes from the previous year.

There are no programmatic changes anticipated this upcoming year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

3) **Form B - FY16 Amount Budgeted: 5,000 Form B - FY17 Amount Budgeted: 27,300**

Form B – FY16 Projected Clients Served: 0 Form B – FY17 Projected Clients Served: 7

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.

DBH does not have any contracted detoxification services, but we do have a voucher program with ORMC.

Hospital Detoxification Services and Locations:

- Davis County: Lakeview Hospital, Bountiful, Utah and Davis Hospital, Layton, Utah
- Weber County: Ogden Regional Hospital, South Ogden, Utah and McKay Dee Hospital, Ogden, Utah
- Salt Lake County: University of Utah Neuropsychiatric Institute (UNI) and Highland Ridge Hospital
- Client’s own physician

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

We are working on a contract with Ogden Regional Hospital to provide Medical Detox for clients who are unfunded and really need that service.

Describe any significant programmatic changes from the previous year.

There are no programmatic changes anticipated in the upcoming year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: 30,000 Form B - FY17 Amount Budgeted: 1,370,000

Form B – FY16 Projected Clients Served: 5 Form B – FY17 Projected Clients Served: 190

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 and 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, skill development, case management 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 have a referral relationship with House of Hope and with Odyssey House

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

See answer on IOP. Our DT services have to be split into IOP and Residential services.

Describe any significant programmatic changes from the previous year.

There are no anticipated programmatic changes expected in the upcoming year.

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: 7,000

Form B - FY17 Amount Budgeted: 60,000

Form B - FY16 Projected Clients Served: 0

Form B - FY17 Projected Clients Served: 70

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 currently provides MAT internally for clients who are misusing prescription opioids. The Opioid Community Collaborative is a community effort funded by Intermountain Healthcare to provide treatment at Davis Behavioral Health to people who are misusing prescription opioids. This program consists of medication assisted treatment (MAT) with counseling/therapy services, MBSR, and recovery supports.

Buprenorphine/naloxone (Suboxone ®, Zubsolv ®) will be the most typically administered drugs. Recovery supports and care coordination are essential components to this program.

DBH is experiencing significant growth in the number of Substance Use clients using MAT. DBH has shifted funds from a therapist position to allow for an increase in the number of clients receiving MAT. It is anticipated that clients eligible for MAT entering DBH substance abuse services will have an opportunity to be involved in MAT.

In addition, DBH offers naloxone prescriptions and education to all clients with opioid misuse.

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

Midtown CHC - Davis County Health Department: 22 So. State St. Suite 1007, Clearfield, Utah 84015

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Services are being increased to this population.

Describe any significant programmatic changes from the previous year.

In addition to the OCC, in FY17 DBH is partnering with Midtown CHC to provide treatment to opioid and alcohol dependent inmates. The intention is that prior to discharge these inmates will receive Vivitrol and then continue their MAT through Midtown with adjunctive therapy services at DBH. We also intend to grow provider capacity within DBH, and offer MAT to some of our traditional, non-prescription opioid dependent clients. Given the SUD funding cuts over the past three years, this will be difficult.

Form B – Substance Abuse Treatment Budget Narrative

Local Authority:

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: 1,848,356

Form B - FY17 Amount Budgeted: 1,768,568

Form B – FY16 Projected Clients Served: 1215

Form B – FY17 Projected Clients Served: 900

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 use treatment 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

1215 appears high from 2016, but should have been spread over more levels of care that we are now reporting to match SAMHIS reporting.

Describe any significant programmatic changes from the previous year.

Anticipated changes include Criminal Risk/Assessments – Treatment and increased Family Treatment as well as Recovery Supports and MAT.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: 1,883,053

Form B - FY17 Amount Budgeted: 755,000

Form B – FY16 Projected Clients Served: 370

Form B – FY17 Projected Clients Served: 350

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 as well as recovery supports. 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 the Men’s Recovery Center (MRC) and Women’s Recovery Center (WRC) at 2250 No. 1700 West in Layton.

Services at the MRC & WRC are:

- Day-Treatment from 8:00 am to 4:00 pm
- Two sessions of IOP: 9:00 am to 11:00 am & 6:00 pm to 8:00 pm

DBH has all of the IOP programming provided on a gender specific basis at MRC/WRC locations.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Since there is no ASAM option in these forms for our day treatment programs, our IOP has to be split with some services going to residential in state reporting.

Describe any significant programmatic changes from the previous year.

Significant programmatic changes will be the involvement of families and the development of Multi-Family groups in this setting and Criminal Risk / Assessments – Treatment

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

Form B - FY16 Amount Budgeted: 250,000

Form B - FY17 Amount Budgeted: 225,000

Form B – FY16 Projected Clients Served: 145

Form B – FY17 Projected Clients Served: 150

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.

The DBH Recovery Support Program goal is to assist clients with engagement with a recovery lifestyle. Services are provided throughout the continuum of care by an individually assigned Recovery Support Specialist and supplementary support from recovery oriented clinical therapists. Specific recovery support programming targets non-treatment seeking and post treatment clients by assisting clients in building and implementing a recovery lifestyle plan.

Recovery Support Specialists (RSS) attempt to prevent clients from dropping out of treatment by contacting clients assessed as high risk for treatment drop out. RSS also contact clients who successfully completed treatment at 30, 60, and 90 days post discharge to offer recovery support services or connection to resources if needed. Through case management services, RSS also assess client needs and help clients overcome barriers that interfere with long term recovery. RSS link clients with needed community resources and help them navigate the process of setting up resources, by educating clients on the process or acting as the interface between client and resource agency.

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.

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. State Workforce Services for employment opportunities.

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

Housing is a most difficult area for SUD. We currently help clients get connected to places that rent to people with felonies. Part of this process is developing relationships with landlords to help educate them so they are willing to rent to our clients. Providing recovery supports and monitoring encourages landlord renting. In addition, we help clients with the application process because we have learned that how things are worded matters. We help some clients file appeals when they have been turned down for a rental. As funds become available, we would like to develop transitional and longer term sober living units for people in recovery.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

DBH has created a Recovery Support Services Coordinator, assigned a Licensed Therapist for Recovery Support, and added 3 Recovery Support Specialists (case managers/SUDC, peer specialists). DBH will have a greatly increased Recovery Support Services program which will be accessed by all Substance Use clients at DBH. See above for further detail.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: 6,000

Form B - FY17 Amount Budgeted: 6,000

Form B – FY16 Projected Clients Served: 120

Form B – FY17 Projected Clients Served: 120

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 Sherriff's personnel at the jail. Results are provided the next day.

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

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

DORA AP&P agents also obtain UAs 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 UAs are for internal use and the treatment process. They are not used for judicial sanctions.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

There are no programmatic changes in the Drug Testing process planned for the upcoming year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

DBH has been focusing on Criminal Risk Assessments and Treatment. DBH has been involved in significant training of staff in the Criminal Risk/Treatment area. In-service trainings have been provided. Audio recordings of client sessions has been performed in the area of Criminal Risk.

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 of staff this year on Evidenced Based Practices of:

- . Women Seeking Safety: PTSD and Substance Abuse.
- . Criminal Risk Assessment and Criminal Risk Treatment. Interactive Journaling.
- . Moral Reconciliation Therapy

Topics for future training are:

- . Continued Complex Trauma Treatment.
- . Mood Disorders & Substance Abuse.
- . Integrating Personality Disorder/ Substance Use / Co-morbid Mental Health conditions in treatment.

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 / Multi-Family Group Therapy
- Psychotherapy
- Contingency management.
- Criminal Risk Assessment and Treatment.

Although DBH has received significant block grant cuts, with JRI and the Intermountain Healthcare Grant, we anticipate an increase in service capacity for recovery supports and are hoping for a minimal impact on acute care.

New in the community is the DBH Recovery Support program with new case-management services. 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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

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 Sheriff's 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 at DBH for 7 months. The clients also meet weekly with a 2nd District Court Judge to review their progress and compliance with program requirements. The outpatient 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

Criminal Risk Assessment and Treatment will be a primary area of training and treatment emphasis. Recovery Support Services will be increased for clients when they leave the Jail as well as increased Family Involvement in Treatment.

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

The Jail RSAT program is funded by Davis County and does not use SAPT block grant money. There is no plan to expend SAPT block grant dollars in the Davis County Jail Substance Abuse Program.

Local Authority:

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?

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. DBH substance abuse therapists have increased DBT groups for clients in regular SUD services for whom borderline personality issues are getting in the way of successfully completing SUD treatment. PTSD assessment and Treatment as become integrated into SUD services. Co-occurring diagnosis and treatment has become the norm in DBH Substance Abuse Services.

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 and will be implementing a grant this year to provide Vivitrol to releasing inmates with follow-up treatment coordinated through Midtown CHC and DBH.

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 thing such as nutrition and obesity.

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 managers or Recovery Support Specialists for coordinated care with health care practitioners. Travel assistance is provided also.

Recovery Support Services has added a Program Director, Substance Use Therapist, and three Case-managers. Recovery Support Services has expanded and is now assessment and providing Recovery Support Services to all clients admitted for SUD treatment at DBH. Recovery Support Services provides a comprehensive approach to addressing client needs in all areas and with community outreach and scheduling of community services.

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

Training of staff at tobacco cessation seminars and implementing more Tobacco/Nicotine cessation groups. DBH will have a more focused, intensive approach to tobacco / nicotine cessation at all levels of care.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

Form B - FY16 Amount Budgeted: 1,643,750 Form B - FY17 Amount Budgeted: 1,732,700

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.

DBH Women’s Treatment services (WRC) are provided through DBH at 2250 North 1700 West, Bldg B in Layton. Women’s Day-Treatment & IOP services are provided as described in the section on ASAM Level II.

Current programming for the WRC 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 women’s apartment beds for safe and sober housing through DBH 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 WRC daily, for Day-Treatment services. The DBH Outpatient Program also offers several women’s specific groups for trauma, and women’s issues.

WRC has volunteers who provide 12-step meetings for AA / NA / LDS 12-Step as well as skill development on topics such as budgeting, time management and goal setting. We also offer yoga, Love and Logic Parenting and coordinate with DBH Recovery Support Specialists to engage clients in building long-term recovery capital.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is no expected change in the number of clients served.

Describe any significant programmatic changes from the previous year.

PTSD will continue to have an emphasis as well as Criminal Risk / Assessment and Treatment for Justice Referred Women. Family Involvement will increase and Multi-Family Group Treatment will be implemented. In addition, there will be an increase in Recovery Support Services.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: 240,450

Form B - FY17 Amount Budgeted: 254,900

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 the Main Street Clinic, 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. Case management and medication management services are also available if indicated. 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.

Co-occurring assessments and treatment are the Standard at DBH. All service providers are Licensed Mental Health Therapists who perform dual-diagnosis and co-occurring assessment and treatment. Providers have also been trained in TF-CBT and trauma-informed care. All Adolescent clients are involved in developing co-occurring treatment plans and services. Adolescent substance abuse clients may also participate in mental health therapy groups as needed and can be referred for medication management services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no anticipated changes in the number of clients served.

Describe any significant programmatic changes from the previous year.

Family Therapy will continue to be a significant treatment part of the program. We anticipate beginning a family group for parents and other caregivers to further engage them in the treatment process. Adolescent Substance Clients referred by the Juvenile Justice System will have Criminal Risk / Assessments -Treatment as part of their ongoing assessments and treatment.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: 263,294

Form B - FY17 Amount Budgeted: Felony

Form B - FY17 Amount Budgeted: Family Dep.257,663

Form B - FY17 Amount Budgeted: Juvenile

Form B1 - FY16 Recovery Support Budgeted:21,000

Form B1 - FY17 Recovery Support Budgeted:21,349

Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).

Adult Drug Court eligibility criteria:

- Felony Offense-drug related.
- Score high on Risk / Needs RANT.

Dependency Family Juvenile Court:

- DCFS removes children home due to parental drug use.
- Score high on Risk / Needs Rant.

Urinalysis Services for Drug Courts:

- Adult Felony Drug Court and the Davis County Attorney’s 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.

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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).

DBH provides treatment for 2 Drug courts.

1. 2nd District Davis Adult Felony Drug Court (DBH is Subcontracted by the Davis County Attorney’s Office for Treatment of the Adult Drug Court Clients)
2. 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. Case Management Services for all Drug Court and Dependency Court clients at DBH are described above, in the Recovery Support Services provided by DBH. Dependency Court clients have additional case management services from DCFS.

Adult Felony Court: Drug Testing is provided through contractual arrangements made by the Davis County Attorney’s Office and the Davis Co. Jail UA testing Services.

Dependency Family Court: DCFS has Drug Testing Arrangements made through the State DCFS contract with Task UA services, and we also have an agreement for the Davis Co. Jail UA services to provide UA services to Dependency Family Court Services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Please answer for each type of court (Felony, Family Dep. and Juvenile).

Adult Felony Drug Court should remain about the same in terms of the numbers of individuals served.

Dependency Family Court has seen an expansion of the numbers of clients served and we anticipate 35 to 45 clients will be served in FY 17.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).

Adult Felony Drug court has some additional fees through the Davis County Attorney’s Office.

Dependency Family Court has no additional fees beyond the sliding fee scale.

Local Authority:

Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).

None.

Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).

Adult Drug Court and Dependency Family Court receive the following:

- Treatment Services: ASAM Levels Outpatient: Outpatient (methadone MAT): Intensive Outpatient, Day-Treatment.
- Adult Drug Court CASE MANAGEMENT includes: Recovery Support Services; After-Care Support Individual and Groups; Training, Education, Housing Placement, Access to Health Care, and help with Job Placement.
- Dependency Family Court CASE MANAGEMENT includes: Recovery Support Services; After-Care Support Individual and Groups; Training, Education, Housing Placement, Access to Health Care, and help with Job Placement.
 - Dependency Family Court CASE MANAGEMENT also includes case management services from the Division of Child & Family Services.
- Drug Testing Services are described in the area plan for each court.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: 480,632

Form B - FY17 Amount Budgeted: 402,117

Identify the members of your local JRI Implementation Team.

Judge Dawson
County Attorney Richard Larson
Commissioner Jim Smith
Sherriff Todd Richardson
County Attorney Troy Rawlings
Deputy Sherriff Keith Fielding
Davis Behavioral Health CEO: Brandon Hatch
Davis Behavioral Health Treatment: Virgil Keate, Kristen Reisig, Todd Soutor
Recovery Supports: Brett Bartruff (DBH) and Mike Haws (Red Barn Farm)
Davis Behavioral Health Prevention Coordinator: Debi Todd

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

Davis Behavioral Health will provide additional training on Criminal Risk Assessments – Treatment.

This will include training on:

1. The RANT for Criminal Risk.
2. Assessments of Criminal Risk Factors and integration into the Treatment Plan.
3. Treatment modalities pertaining to Criminal Risk Factors such as Moral Reconciliation Therapy and other evidenced based manuals and literature pertaining to Criminal Risk, substance use and mental illness.
4. CSSR-S and Stanley Brown Safety Plan for suicide risk assessment and safety planning.
5. MAT for opioid and alcohol addiction (as resources allow)

Recovery Support Services goal aims to reduce criminal risk factors and recidivism through supporting clients in meaningful recovery engagement. Recovery support provides services that help client remove barriers to their recovery, by connecting them with meaningful recovery activities, vocational access support, stable housing search, and accessing possible assistance programs. Recovery support also focuses on keeping clients engaged in recovery through outreach to clients deemed high risk and follow-up contact with clients who successfully complete treatment. Individually assigned Recovery Support Specialists follow clients through the full continuum of care.

Identify training and/or technical assistance needs.

Continued training on Criminal Risk/ Assessment / and Recovery Support – Behavioral Management Issues with the JRI population. Effectively capturing outcomes.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: 328,764

Form B - FY17 Amount Budgeted: 322,098

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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 Defender's 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 2017? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2016)?
 - Approximately 80-90 clients will be served in Davis DORA SFY 2017
 - Davis DORA will carry over approximately 35 clients into SFY 2017

- 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 2017, 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, education, housing placement, access to health care, 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.

Local Authority:

16) Drug Offender Reform Act (Cont.)

4. **Evidence 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
- Criminal Risk / Assessments -Treatment
- 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 –Multi-Group Family Therapy
- Psychotherapy
- Contingency management.
- Recovery Support Services

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.

Local Authority:

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 | \$309,835 |

(Personnel costs are divided among several SUD providers who all see DORA clients)

| Contract Services | |
|---|-------------|
| Briefly describe the Contract Services you will pay for with DORA funding. | |
| Total Contract Costs | \$ 0 |

(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 | \$12,263 |

(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 | \$ 0 |

(Provide budget detail and narrative here)

| | |
|--------------------|------------------|
| Total Grant | \$322,098 |
|--------------------|------------------|

Local Authority:

Application for Facilities
Seeking a Provisional
Mental Health/Substance Use Disorder Justice Certification

Please note that only treatment sites identified in this application will be certified

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provide DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submit required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

Provisional MH/SUD Justice Certification Application Continued†

SITE 1:

Site Name: Main Street Clinic

Site Administrator's Name: Brandon Hatch

Address: 934 South Main
Layton, UT 84041

Phone Number: 801.773.7060 Administrator's Email Address: brandonh@dbh.utah.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 2:

Site Name: Layton Campus

Site Administrator's Name: Brandon Hatch

Address: 2250 North 1750 West
Layton, UT 84041

Phone Number: 801-773-7060 Administrator's Email Address: brandonh@dbh.utah.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 3:

Site Name: Clearfield Campus

Site Administrator's Name: Brandon Hatch

Address: 129 South State Street, Suite 240
Clearfield, UT 84015

Phone Number: 801-773-7060 Administrator's Email Address: brandonh@dbh.utah.gov

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: Davis Behavioral Health

Agency Director's Name: Brandon Hatch

Agency Director's Email Address: brandonh@dbh.utah.gov

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDE A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified;
- b. Accreditations;
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low,
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental Health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

Signature of Authorizing Officer

Date

Supplemental Check List
Community Based Treatment Services Continued

Main Street Clinic

1. Type of license from The Utah Office of Licensing for each site being certified;
 - a. Outpatient SUD
 - b. Intensive Outpatient
2. Accreditations;
 - a. None
3. Levels of care:
 - a. .5 Early Intervention
 - b. 1.0 Outpatient
 - c. 2.0 Intensive Outpatient
 - d. OMT
4. Criminogenic- High, Moderate, Low,
 - a. This location provides services to High, Moderate and Low risk populations
5. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - a. This location provides outpatient and intensive outpatient services to individuals with co-occurring illness.
6. Population Capacity for Males and Females
 - a. Capacity at this location is generally 1,000 individuals with SUD. Gender counts are typically 100 male and 100 female, although fluctuations can occur depending on need.
7. Evidence Based Practices currently being used
 - a. CBT, MRT, Motivational Interviewing, MAT, TF-CBT, EMDR, Seeking Safety,

Layton Campus Clinic

1. Type of license from The Utah Office of Licensing for each site being certified;
 - b. Outpatient SUD
 - c. Intensive Outpatient
 - d. Day Treatment
2. Accreditations;
 - e. None
3. Levels of care:
 - f. .5 Early Intervention
 - g. 1.0 Outpatient
 - h. 2.0 Intensive Outpatient
 - i. 2.5 Day Treatment
 - j. OMT
4. Criminogenic- High, Moderate, Low,
 - k. This location provides services to High, Moderate and Low risk populations
5. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - l. This location provides outpatient and intensive outpatient services to individuals with co-occurring illness.
6. Population Capacity for Males and Females
 - m. Capacity at this location is generally 400 individuals with SUD. Typically 200 female and 200 male
7. Evidence Based Practices currently being used
 - n. CBT, MRT, Motivational Interviewing, MAT, TF-CBT, EMDR, Seeking Safety,

Clearfield Campus Clinic

1. Type of license from The Utah Office of Licensing for each site being certified;
 - a. Outpatient SUD
2. Accreditations;
 - b. None
3. Levels of care:
 - c. .5 Early Intervention
 - d. 1.0 Outpatient
4. Criminogenic- High, Moderate, Low,
 - e. This location provides services to High, Moderate and Low risk populations
5. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - f. This location provides outpatient services to individuals with co-occurring illness.
6. Population Capacity for Males and Females
 - a. Capacity at this location is generally 200 clients. Gender counts are typically 100 male and 100 female, although fluctuations can occur depending on need.
7. Evidence Based Practices currently being used
 - o. CBT, MRT, Motivational Interviewing, MAT, TF-CBT, EMDR, Seeking Safety,

Form C – Substance Abuse Prevention Narrative

1. List your prioritized communities and prioritized risk/protective factors.

| Community | Risk Factors | Protective Factors | Link to Strategic Plan |
|--------------|---------------------------------|-----------------------|------------------------|
| Davis County | Life time Alcohol Use | Prosocial Involvement | |
| | Attitudes Favorable to Drug Use | | |
| | Family Conflict | | |
| | Poor Family Management | | |
| | Depression Symptoms | | |
| | Low Commitment to School | | |

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Davis HELPS, Davis County’s community coalition, will continue to build capacity within the community to ensure adequate support for prioritized prevention programs and interventions.

At an organizational level, DBH will strengthen data collection systems, re-allocate staff workloads to improve efficiency, and increase coordination with other agencies in the community to further build capacity for implementing prevention interventions

At a community level, Davis HELPS will collaborate with key stakeholders and increase awareness about how they can support prevention efforts in Davis County, specifically identifying the role they can play. DBH will conduct a community readiness assessment, in Syracuse City, to develop and implement strategies for increasing their readiness levels.

Davis HELPS will continue to strengthen collaboration efforts in Davis County by increasing public awareness, developing new partnerships, partnering on common strategies, and maximizing resource sharing. Coalition members will work together to make decisions based on data and stakeholder input, and secure funding to address community priorities.

Davis HELPS and Bountiful CTC Coalition members will have opportunities to increase knowledge and skills, to address aspects of prevention, by attending the Utah Coalition Summit, the Troubled Youth Conference, the mid-year CADCA conference and Utah Fall Conference.

3. Attach Logic Models for each program or strategy.
See the following pages.

| 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 65% in 2019. 2) Attitudes favorable to drug use in 8 th grade will decrease from 13.6% in 2011 12% in 2017. | Lifetime alcohol use in 8 th grade will decrease from 14.0% in 2011 to 9.0% 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: 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 27% in 2017</p> <p>(1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 22% 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 8% 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 27% in 2017</p> <p>(1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 22% 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 3.5% 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>(1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 22% in 2017</p> <p>(1.3) 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 9% in 2021.</p> <p>Lifetime alcohol use in 10th grade will decrease from 23.1% in 2011 to 17% 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 DCF. 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. | (1.1) Family conflict in 6 th grade will decrease from 34.5% in 2011 to 27% in 2017 (2) Prosocial involvement in 6 th graders will increase from 52.6% in 2013 to 65% in 2019. | Lifetime alcohol use in 6 th grade will decrease from 6% in 2011 to 1.5% in 2021. |
| Measures & Sources | 2011 Sharp Data | 1) 2011 Sharp Data (2) 2013 Sharp Data | Attendance Records | | | Program Log, Attendance Records | 1) 2017 Sharp Data (2) 2019 Sharp Data | 2021 Sharp Data |

| Program Name: 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 22% in 2017. | <p>Lifetime alcohol use in 6th grade will decrease from 6% in 2011 to 1.5% in 2021.</p> <p>Lifetime alcohol use in 8th grade will decrease from 14% in 2011 to 9% 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: 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 9% in 2021.</p> <p>Lifetime alcohol use in 10th Grade will decrease from 23.1% in 2011 to 17% 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: 20,000 | | |
| | 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 9% in 2021. Lifetime alcohol use in 10 th grade will decrease from 23.1% in 2011 to 17% 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 <input checked="" type="radio"/> Y <input type="radio"/> N | | | Tier Level 3 | | |
|--|-------------------------------|---|---|---|----------------|---|---|---|
| Agency: Davis Behavioral Health | | | | | Cost: \$10,000 | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | <input checked="" type="radio"/> U | S | I | | Short | Long |
| Logic | Reduce lifetime alcohol abuse | 1) Poor Family Management 2) Family Conflict | This program targets parents in Davis County who may need to improve family management and parenting skills. We anticipate serving 200-300 parents with this program. | | | Parenting with Love & Logic classes will be taught in 17 elementary schools in Davis County. Classes are held for 1 ½ hours on Tuesday, Wednesday and Thursday nights from 6:30-8:00 p.m. | (1) Poor Family management will decrease in 6th grade from 34% in 2011 to 31% in 2017 (2) Family conflict will decrease from 34.5% (6 th grade) in 2011 to 31.5% in 2017. | Lifetime alcohol use in 8 th grade will decrease from 14.0% in 2011 to 9% 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 8% in 2019 Alcohol use among women will decrease from 4.64% in 2009 to 3.5% 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 (Y)N | | | Tier Level 4 | | |
|---------------------------------------|-------------------------------|---|--|-----|-----|--|--|---|
| Agency: Davis Behavioral Health | | | | | | Cost: 30,000 | | |
| | 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 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 6th grade from 34.5% in 2011 to 31.5% in 2017. | Lifetime alcohol use in 8th grade will decrease from 14.0% in 2011 to 9% 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 9% in 2021. Lifetime alcohol use in 10 th grade will decrease from 23.1% in 2011 to 17% 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 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 9% in 2021. 10th Grade will decrease from 23.1% in 2011 to 17% in 2021. 12th Grade will decrease from 35.2% in 2011 to 20% 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 1.5% 2021.</p> <p>8th grade will decrease from 14% in 2011 to 9% in 2021.</p> <p>10th Grade will decrease from 23.1% in 2011 to 17% 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> | Depression symptoms will decrease by 25% from pre to post-tests. | <p>Alcohol use among men will decrease from 9.09% in 2009 to 8% in 2019</p> <p>Alcohol use among women will decrease from 4.64% in 2009 to 3.5% 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: \$6,000 | | | |
| | 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 9% in 2021.</p> <p>Lifetime alcohol use in 10th grade will decrease from 23.1% in 2011 to 17% in 2021.</p> |
| Measures & Sources | 2011 Sharp Survey | Pre-post tests | Attendance Records | | | Program Log, Attendance Records | Pre-post tests | 2021 Sharp Survey |

| FY2017 Mental Health Revenue | State General Fund | | | County Funds | | Net Medicaid | Mental Health Block Grant (Formula) | 10% 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 FY2017 Revenue |
|--|--------------------|--|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|--|---|-------------------------|---|---------------|----------------------|
| | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match | | | | | | | | |
| FY2017 Mental Health Revenue by Source | \$ 129,098 | \$ 3,173,501 | \$ 204,623 | \$ 1,335,603 | | \$ 8,224,350 | \$ 251,350 | \$ 75,000 | \$ 241,163 | \$ 708,400 | \$ 266,800 | \$ 716,999 | \$ 15,326,887 |

| FY2017 Mental Health Expenditures Budget | State General Fund | | | County Funds | | Net Medicaid | Mental Health Block Grant (Formula) | 10% 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 FY2017 Expenditures Budget | Total Clients Served | TOTAL FY2017 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) | 7,100 | 350,000 | | 32,000 | | 1,160,900 | | | | | | | \$ 1,550,000 | 140 | \$ 11,071 |
| Residential Care (171 & 173) | 8,000 | 360,000 | 15,000 | 48,000 | | 1,099,000 | | | 9,000 | 10,000 | 22,000 | 29,000 | \$ 1,600,000 | 255 | \$ 6,275 |
| Outpatient Care (22-24 and 30-50) | 66,998 | 1,288,501 | 137,623 | 747,503 | | 1,102,198 | 207,350 | 75,000 | 169,416 | 615,400 | 235,800 | 289,099 | \$ 4,934,888 | 4,270 | \$ 1,156 |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes) | 4,000 | 38,000 | | 8,000 | | 251,000 | 4,000 | | | 8,000 | 3,000 | 9,000 | \$ 325,000 | 975 | \$ 333 |
| Psychotropic Medication Management (61 & 62) | 6,000 | 370,000 | 40,000 | 32,000 | | 2,492,000 | 40,000 | | | 75,000 | 3,000 | 42,000 | \$ 3,100,000 | 2,600 | \$ 1,192 |
| Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100) | 5,000 | 370,000 | 8,000 | 8,000 | | 903,000 | | | | | | 11,000 | \$ 1,305,000 | 675 | \$ 1,933 |
| Case Management (120 & 130) | 4,000 | 180,000 | 4,000 | 27,000 | | 1,074,000 | | | | | 3,000 | 8,000 | \$ 1,300,000 | 950 | \$ 1,368 |
| Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth) | 5,000 | 29,000 | | 77,000 | | 93,000 | | | 22,000 | | | 124,000 | \$ 350,000 | 265 | \$ 1,321 |
| Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database) | 7,000 | 178,000 | | 9,000 | | 22,252 | | | 10,747 | | | 100,000 | \$ 326,999 | 400 | \$ 817 |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information | 6,000 | 10,000 | | 37,000 | | 27,000 | | | | | | 30,000 | \$ 110,000 | | |
| Services to persons incarcerated in a county jail or other county correctional facility | | | | 180,100 | | | | | | | | 59,900 | \$ 240,000 | 1,200 | \$ 200 |
| Adult Outplacement (USH Liaison) | 10,000 | | | 130,000 | | | | | | | | | \$ 140,000 | 80 | \$ 1,750 |
| Other Non-mandated MH Services | | | | | | | | | 30,000 | | | 15,000 | \$ 45,000 | 210 | \$ 214 |
| FY2017 Mental Health Expenditures Budget | \$ 129,098 | \$ 3,173,501 | \$ 204,623 | \$ 1,335,603 | \$ - | \$ 8,224,350 | \$ 251,350 | \$ 75,000 | \$ 241,163 | \$ 708,400 | \$ 266,800 | \$ 716,999 | \$ 15,326,887 | | |

| FY2017 Mental Health Expenditures Budget | State General Fund | | | County Funds | | Net Medicaid | Mental Health Block Grant (Formula) | 10% 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 FY2017 Expenditures Budget | Total FY2017 Clients Served | TOTAL FY2017 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 | 89,156 | 2,191,653 | 141,315 | 922,382 | - | 5,679,823 | 173,585 | 51,796 | 166,550 | 489,229 | 184,255 | 495,167 | \$ 10,584,910 | 4,845 | \$ 2,185 |
| YOUTH/CHILDREN | 39,942 | 981,848 | 63,308 | 413,221 | - | 2,544,527 | 77,765 | 23,204 | 74,613 | 219,171 | 82,545 | 221,832 | \$ 4,741,977 | 2,225 | \$ 2,131 |
| Total FY2017 Mental Health Expenditures | \$ 129,098 | \$ 3,173,501 | \$ 204,623 | \$ 1,335,603 | \$ - | \$ 8,224,350 | \$ 251,350 | \$ 75,000 | \$ 241,163 | \$ 708,400 | \$ 266,800 | \$ 716,999 | \$ 15,326,887 | 7,070 | \$ 2,168 |

Local Authority

| FY2017 Mental Health Revenue | State General Fund | | County Funds | | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, | Other Revenue | TOTAL FY2017 Revenue |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|---------------|----------------------|
| | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match | | | | | |
| FY2017 Mental Health Revenue by Source | \$ 34,804 | \$ 329,852 | | | | | | | \$ 364,656 |

| FY2017 Mental Health Expenditures Budget | State General Fund | | County Funds | | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, | Other Expenditures | TOTAL FY2017 Expenditures Budget | Total Clients Served | TOTAL FY2017 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 | | | | | | | | | \$ - | | #DIV/0! |
| MCOT 24-Hour Crisis Care-ADMIN | | | | | | | | | \$ - | | |
| FRF-CLINICAL | 6,100 | 122,370 | | | | | | | \$ 128,470 | 180 | \$ 714 |
| FRF-ADMIN | 900 | 18,000 | | | | | | | \$ 18,900 | | |
| School Based Behavioral Health-CLINICAL | 24,082 | 168,391 | | | | | | | \$ 192,473 | 115 | \$ 1,674 |
| School Based Behavioral Health-ADMIN | 3,722 | 21,091 | | | | | | | \$ 24,813 | | |
| FY2017 Mental Health Expenditures Budget | \$ 34,804 | \$ 329,852 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 364,656 | 295 | \$ 1,236 |

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

FY2017 Form A (1) - Proposed Cost and Clients Served by Population

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Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

| MH Budgets | | Clients Served | FY2017 Expected Cost/Client Served |
|---|----------------------------|-----------------------|---|
| Inpatient Care Budget | | | |
| \$ 1,010,000 | ADULT | 80 | \$ 12,625 |
| \$ 540,000 | CHILD/YOUTH | 60 | \$ 9,000 |
| Residential Care Budget | | | |
| \$ 1,550,000 | ADULT | 235 | \$ 6,596 |
| \$ 50,000 | CHILD/YOUTH | 20 | \$ 2,500 |
| Outpatient Care Budget | | | |
| \$ 2,962,960 | ADULT | 2,745 | \$ 1,079 |
| \$ 1,971,928 | CHILD/YOUTH | 1,525 | \$ 1,293 |
| 24-Hour Crisis Care Budget | | | |
| \$ 230,000 | ADULT | 725 | \$ 317 |
| \$ 95,000 | CHILD/YOUTH | 250 | \$ 380 |
| Psychotropic Medication Management Budget | | | |
| \$ 2,077,000 | ADULT | 1,750 | \$ 1,187 |
| \$ 1,023,000 | CHILD/YOUTH | 850 | \$ 1,204 |
| Psychoeducation and Psychosocial Rehabilitation Budget | | | |
| \$ 930,200 | ADULT | 415 | \$ 2,241 |
| \$ 374,800 | CHILD/YOUTH | 260 | \$ 1,442 |
| Case Management Budget | | | |
| \$ 936,000 | ADULT | 675 | \$ 1,387 |
| \$ 364,000 | CHILD/YOUTH | 275 | \$ 1,324 |
| Community Supports Budget (including Respite) | | | |
| \$ 139,300 | ADULT (Housing) | 100 | \$ 1,393 |
| \$ 210,700 | CHILD/YOUTH (Respite) | 165 | \$ 1,277 |
| Peer Support Services Budget | | | |
| \$ 247,900 | ADULT | 325 | \$ 763 |
| \$ 79,099 | CHILD/YOUTH (includes FRF) | 100 | \$ 791 |
| Consultation & Education Services Budget | | | |
| \$ 77,000 | ADULT | | |
| \$ 33,000 | CHILD/YOUTH | | |
| Services to Incarcerated Persons Budget | | | |
| \$ 240,000 | ADULT Jail Services | 1,200 | \$ 200 |
| Outplacement Budget | | | |
| \$ 140,000 | ADULT | 80 | \$ 1,750 |
| Other Non-mandated Services Budget | | | |
| \$ 22,500 | ADULT | \$ 105 | \$ 214 |
| \$ 22,500 | CHILD/YOUTH | \$ 105 | \$ 214 |

Summary

| | |
|---------------|----------------------|
| Totals | |
| \$ 10,562,860 | Total Adult |
| \$ 4,764,027 | 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) | | | |
| \$ 161,700 | ADULT | 180 | \$ 898 |
| \$ 42,923 | CHILD/YOUTH | 45 | \$ 954 |
| Unfunded (all other) | | | |
| \$ 868,000 | ADULT | 1,120 | \$ 775 |
| \$ 165,000 | CHILD/YOUTH | 200 | \$ 825 |

FY2017 Substance Use Disorder Treatment Area Plan and Budget

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Form B

Local Authority

| FY2017 Substance Use Disorder Treatment 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 | 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 FY2017 Revenue |
|---|---|-------------------------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|--|----------------------|
| Drug Court | 239,944 | | | | | 39,068 | | 13,657 | | | | \$292,669 |
| Drug Offender Reform Act | 322,098 | | | | | | | | | | | \$322,098 |
| JRI | 402,117 | | | | | | | | | | | \$402,117 |
| Local Treatment Services | 757,496 | 181,988 | 335,297 | | 476,429 | 715,356 | 211,401 | | 61,600 | 66,700 | 423,717 | \$3,229,984 |
| Total FY2017 Substance Use Disorder Treatment Revenue | \$1,721,655 | \$181,988 | \$335,297 | \$0 | \$476,429 | \$754,424 | \$211,401 | \$13,657 | \$61,600 | \$66,700 | \$423,717 | \$4,246,868 |

| FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care | 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 | 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 FY2017 Expenditures | Total FY2017 Client Served | Total FY2017 Cost/ Client Served |
|--|---|-------------------------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|---------------|---------------------------|----------------------------|----------------------------------|
| Assessment Only | 35,000 | | | | | | | | | | | \$35,000 | 210 | \$167 |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D) | | | | | | | | | | | 27,300 | \$27,300 | 7 | \$3,900 |
| Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3) | 656,000 | 55,000 | 85,000 | | 120,000 | 200,000 | 130,000 | 3,000 | 10,000 | 11,000 | 100,000 | \$1,370,000 | 190 | \$7,211 |
| Outpatient (Methadone: ASAM I) | 25,000 | | | | | | | | | | 35,000 | \$60,000 | 70 | \$857 |
| Outpatient (Non-Methadone: ASAM I) | 509,655 | 41,988 | 193,297 | | 346,429 | 451,424 | 11,401 | 5,657 | 39,600 | 42,700 | 126,417 | \$1,768,568 | 900 | \$1,965 |
| Intensive Outpatient (ASAM II.5 or II.1) | 365,000 | 85,000 | 57,000 | | 10,000 | 103,000 | 70,000 | 5,000 | 12,000 | 13,000 | 35,000 | \$755,000 | 350 | \$2,157 |
| Recovery Support (includes housing, peer support, case management and other non-clinical) | 125,000 | | | | | | | | | | 100,000 | \$225,000 | 150 | \$1,500 |
| Drug testing | 6,000 | | | | | | | | | | | \$6,000 | 120 | \$50 |
| FY2017 Substance Use Disorder Treatment Expenditures Budget | \$1,721,655 | \$181,988 | \$335,297 | \$0 | \$476,429 | \$754,424 | \$211,401 | \$13,657 | \$61,600 | \$66,700 | \$423,717 | \$4,246,868 | 1,997 | \$2,127 |

| FY2017 Substance Use Disorder Treatment Expenditures Budget By Population | 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 | 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 FY2017 Expenditures |
|---|---|-------------------------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---|---------------------------------------|---|---------------|---------------------------|
| Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) | 496,899 | 31,000 | 92,000 | | 75,000 | 190,000 | 211,401 | | 15,000 | 17,000 | 184,000 | \$1,312,300 |
| All Other Women (18+) | 196,000 | 12,000 | 33,000 | | 28,000 | 75,000 | | | 5,000 | 6,000 | 65,400 | \$420,400 |
| Men (18+) | 917,856 | 130,988 | 192,297 | | 352,429 | 444,424 | | 13,657 | 36,600 | 39,700 | 131,317 | \$2,259,268 |
| Youth (12- 17) (Not Including pregnant women or women with dependent children) | 110,900 | 8,000 | 18,000 | | 21,000 | 45,000 | | | 5,000 | 4,000 | 43,000 | \$254,900 |
| Total FY2017 Substance Use Disorder Expenditures Budget by Population Served | \$1,721,655 | \$181,988 | \$335,297 | | \$476,429 | \$754,424 | \$211,401 | \$13,657 | \$61,600 | \$66,700 | \$423,717 | \$4,246,868 |

FY2017 Drug Offender Reform Act and Drug Court Expenditures

DAVIS
Local Authority

Form B1

| FY2017 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 FY2017 Expenditures |
|--|---------------------------------|-------------------|-------------------|---------------------|---------------------------|
| Assessment Only | 16,000 | 8,300 | 1,700 | | 26,000 |
| 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) | 254,098 | 183,420 | 37,900 | | 475,418 |
| Intensive Outpatient (ASAM II.5 or II.1) | 52,000 | 33,200 | 6,800 | | 92,000 |
| Recovery Support (includes housing, peer support, case management and other non-clinical) | | 17,749 | 3,600 | | 21,349 |
| Drug testing | | | | | 0 |
| FY2017 DORA and Drug Court Expenditures Budget | 322,098 | 242,669 | 50,000 | 0 | 614,767 |

Local Authority

| FY2017 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 FY2017 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 | | | | | | | | |
| FY2017 Substance Abuse Prevention Revenue | | | | | | \$ 397,182 | | | | | \$ 55,000 | \$ 452,182 |

| FY2017 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 FY2017 Expenditures | TOTAL FY2017 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 | | | | | | 119,155 | | | | | | | \$ 119,155 | |
| Universal Indirect | | | | | | 127,000 | | | | | | | \$ 127,000 | |
| Selective Services | | | | | | 91,352 | | | | | | | \$ 91,352 | |
| Indicated Services | | | | | | 59,675 | | | | | | | \$ 59,675 | |
| FY2017 Substance Abuse Prevention Expenditures Budget | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 397,182 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 397,182 | \$ - |

| SAPT Prevention Set Aside | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total |
|---------------------------------|---------------------------|------------|--------------|-----------------------------------|-------------------------|---------------|------------|
| Primary Prevention Expenditures | \$ 71,493 | \$ 214,478 | \$ 15,887 | \$ 63,549 | \$ 27,803 | \$ 3,972 | \$ 397,182 |

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 2017 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) # MH122434 SA122387, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Davis County

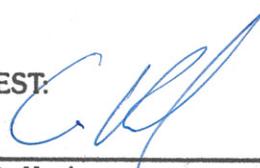
By: 
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: John Petroff, Jr.

Title: Commission Chair

Date: 5/3/16

ATTEST: 
2016-158
Curtis Koch
Davis County Clerk/Auditor

FEE
POLICY

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

PURPOSE

To charge for services based on verified ability to pay.

POLICY

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

PROCEDURES

- 1.0 Fee Setting & Collecting Procedures:
 - 1.1 All clients will be provided a written explanation of the fee policy at the time of their intake appointment.
 - 1.2 All clients' fees will be based on the usual and customary rates established by our local authority or a negotiated contracted cost of services.
 - 1.3 Client's fees will not exceed the average cost of delivering the service.
 - 1.4 All fees assessed to clients, including upfront administrative fees, shall be reasonable as determined by the local authority
 - 1.5 All of DBH's programs will make a reasonable effort to collect outstanding fee charges and use an outside collection agency when appropriate.
 - 1.6 Individuals who indicate they are unable to pay for treatment or co-pays (and do not qualify for other funding sources) will be provided a Sliding Fee Application form. Once the form 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.

FY2016 APPROVED FEE SCHEDULE

| 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 | \$ 8.00 | \$ 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 | \$ 20.00 |
| 550% | \$4,655 - \$5,120 | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee |
| 600% | \$5,121 - \$5,585 | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee |
| 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 | \$ 140.00 | \$ 140.00 |
| 500% | \$4,190 - \$4,654 | \$ 560.00 | \$ 420.00 | \$ 350.00 | \$ 280.00 | \$ 175.00 | \$ 140.00 | \$ 140.00 | \$ 140.00 |
| 550% | \$4,655 - \$5,120 | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee |
| 600% | \$5,121 - \$5,585 | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee |
| 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.