

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Davis Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character
Limit/Count**

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

2000

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 are 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, stress management and MBSR.

526

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

2000

Residents of Davis County that are determined to need substance use disorder 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).

342

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	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.	497
	How is this amount of public subsidy determined?	2000
	All client fees are based on the usual and customary rates established by our local authority. DBH obtains income information such as 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.	289
	How is information about eligibility and fees communicated to prospective clients?	2000
	Eligibility and fee information is included in the intake paperwork. Clients must initial that this information has been explained to them and that they understand. Eligibility and fee policies are located on the DBH internal website and is not made public. 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.	508

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx , or similar structured change model.	2000
	DBH has performed the Niatx walk thru process in two different ways. First, we ask new clients to complete the walk-thru and provide us feedback. Second, Administration completed the walk-thru. The client process provided information indicating that the collection of information up front such as state reporting data, OQ and required assessment questions took too long and delayed them discussing the issues that came to have addressed. The administration process revealed that the wait to get into treatment took too long (from the time of first call to the first appointment took 10-15 days). In response, DBH has worked with providers to address engagement opportunities with the client in order to address their concerns sooner. Further, DBH has begun overbooking initial appointments due to no-shows and to help with reducing the number of days to treatment.	870
	Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.	2000
	No	2
	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 of each subcontractor. 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.	2000

Subcontractor's clinical documentation is reviewed weekly before reimbursement is issued. In addition, a prior authorization is required before any treatment is reimbursable. When an authorization is requested the client's treatment plan and prognosis are reviewed for medical necessity before approval is given. Each subcontractor is audited annually to ensure that appropriate training, contractual expectations, and administrative duties are all in order. There is also a clinical component to this desk review in order to verify that treatment, documentation, and Medicaid requirements are met.

FY18 Mental Health Area Plan & Budget													Local Authority: Davis Behavioral Health		Form A	
State General Fund				County Funds												
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue			
FY2018 Mental Health Revenue by Source	274330	3375790	204445	1226852	0	8606307	251658	150000	252747	927360	460800	896940	\$16,627,229			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served	
Inpatient Care (170)	2000	326800		22000		1294200							\$1,645,000	213	\$7,723.00	
Residential Care (171 & 173)	2500	364000	19000	40500		1338900			8000	9000	40000	38000	\$1,859,900	273	\$6,812.82	
Outpatient Care (22-24 and 30-50)	18577	1538900	130745	844852		508507	206358	150000	179347	823560	401100	299940	\$5,101,976	5520	\$924.27	
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	1200	32700		5000		313100	5000			8300	6000	10500	\$381,800	1120	\$340.89	
Psychotropic Medication Management (61 & 62)	1800	358600	41000	26700		2808100	40300			86500	6500	56000	\$3,425,500	2910	\$1,177.15	
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	1400	366000	8800	6800		957200						13700	\$1,353,900	685	\$1,976.50	
Case Management (120 & 130)	1300	182700	4900	21600		1297500					7200	13000	\$1,528,200	1145	\$1,334.67	
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	84198	27500		13000		43900			26400			175000	\$369,998	290	\$1,275.86	
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	2000	169500		7400		26000			39000			130000	\$373,900	445	\$840.22	
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	1500	9000		39800		18900						50000	\$119,200			
Services to persons incarcerated in a county jail or other county correctional facility				189200								90800	\$280,000	970	\$288.66	
Adult Outplacement (USH Liaison)	157855			10000									\$167,855	80	\$2,098.19	
Other Non-mandated MH Services												20000	\$20,000	70	\$285.71	
FY2018 Mental Health Expenditures Budget	274330	3375790	204445	1226852	0	8606307	251658	150000	252747	927360	460800	896940	\$16,627,229			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served	
ADULT	192,478	2,368,551	143,444	860,795		6,038,433	176,570	105,244	177,335	650,662	323,311	629,319	\$11,666,142	4825	\$2,417.85	
YOUTH/CHILDREN	81,852	1,007,239	61,001	366,057		2,567,874	75,088	44,756	75,412	276,698	137,489	267,621	\$4,961,087	2375	\$2,088.88	
Total FY2018 Mental Health Expenditures	274,330	3,375,790	204,445	1,226,852	0	8,606,307	251,658	150,000	252,747	927,360	460,800	896,940	\$16,627,229	7200	\$2,309.34	

FY18 Proposed Cost & Clients Served by Population

Local Authority: Davis

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
1,110,900	ADULT	130	8545.384615
534,100	CHILD/YOUTH	83	6434.939759
Residential Care Budget			
1,836,500	ADULT	270	6801.851852
23,400	CHILD/YOUTH	3	7800
Outpatient Care Budget			
3,086,300	ADULT	3405	906.4023495
2,015,676	CHILD/YOUTH	2115	953.0382979
24-Hour Crisis Care Budget			
259,500	ADULT	760	341.4473684
122,300	CHILD/YOUTH	360	339.7222222
Psychotropic Medication Management Budget			
2,297,100	ADULT	2010	1142.835821
1,128,400	CHILD/YOUTH	900	1253.777778
Psychoeducation and Psychosocial Rehabilitation Budget			
964,800	ADULT	420	2297.142857
389,100	CHILD/YOUTH	265	1468.301887
Case Management Budget			
1,146,100	ADULT	815	1406.257669
382,100	CHILD/YOUTH	330	1157.878788
Community Supports Budget (including Respite)			
146,700	ADULT (Housing)	110	1333.636364
223,298	CHILD/YOUTH (Respite)	180	1240.544444
Peer Support Services Budget			
272,947	ADULT	325	839.8369231
100,953	CHILD/YOUTH (includes FRF)	120	841.275
Consultation & Education Services Budget			
83,440	ADULT		
35,760	CHILD/YOUTH		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority: Davis Behavioral Health

Form A2

	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue											
FY2018 Mental Health Revenue by Source	333136								\$333,136		
	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
FY2018 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	134436.19								\$134,436	200	\$672.18
FRF-ADMIN	21413.84								\$21,414		
School Based Behavioral Health-CLINICAL	152926.83								\$152,927	150	\$1,019.51
School Based Behavioral Health-ADMIN	24359.14								\$24,359		
FY2018 Mental Health Expenditures Budget	333136	0	0	0	0	0	0	0	\$333,136	350	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Davis Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	1,110,900	Form A1 - FY18 Projected Clients Served:	130	
Form A1 - Amount Budgeted In FY17 Area Plan	1,010,000	Form A1 - Projected Clients Served In FY17 Area Plan	80	
Form A1 - Actual FY16 Expenditures Reported by Locals	982,501	Form A1 - Actual FY16 Clients Served as Reported By Locals	123	Character Limit/Count
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.				2,500
<p>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.</p> <p>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. <i>With the new AOT program, we provide additional support to clients under commitment by having a therapist go into the hospital to engage, connect and provide follow-up services.</i></p>				1,077
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).				1,000
No Change				9
Describe any significant programmatic changes from the previous year.				400
No change				9

1b) Children/Youth Inpatient

Form A1 - FY18 Amount Budgeted:	534,100	Form A1 - FY18 Projected Clients Served:	83	
Form A1 - Amount Budgeted In FY17 Area Plan	540,000	Form A1 - Projected Clients Served In FY17 Area Plan	60	
Form A1 - Actual FY16 Expenditures Reported by Locals	472,500	Form A1 - Actual FY16 Clients Served as Reported By Locals	77	Character Limit/Count

a	<p>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.</p> <p>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 are discharged.</p> <p>We continue to offer a daily (Monday through Friday) dual diagnosis group which will target seriously mentally ill clients who also have substance use disorders. This group is open to current CRU clients, but also to outpatient clients who may benefit from this treatment.</p> <p>CRU has also added transitional housing units for both males and females (4 slots each) to help facilitate discharge for clients who are psychiatrically stable, but have a housing barrier which prevents discharge. Clients can stay in the transitional housing for up to 90 days while a CRU care manager works with them on an intensive basis to find appropriate housing.</p>	1,612								
	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).	1,000								
	none	4								
	Describe any significant programmatic changes from the previous year.	400								
	<p>In order to provide more supports for clients in the CRU, there has been an additional trained peer. There now are two CRU staff members who are trained in case management and as peer specialists to better meet the needs of clients while at the CRU, contact following discharge and to provide direct services at the newly established CRU transitional apartments.</p>	364								
	1d) Children/Youth Residential Care									
	Form A1 - FY18 Amount Budgeted:	23,400	Form A1 - FY18 Projected Clients Served:	3						
	Form A1 - Amount Budgeted In FY17 Area Plan	50,000	Form A1 - Projected Clients Served In FY17 Area Plan	20						
	Form A1 - Actual FY16 Expenditures Reported by Locals	22,250	Form A1 - Actual FY16 Clients Served as Reported By Locals	3						
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.	3,000								

a										
	<p>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 Recognition Therapy), a therapy readiness group, a trauma group for women, Gender Specific Seeking Safety groups, Multifamily group, and a community transitions group.</p> <p>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. An initiative to share recorded sessions in team meeting will enhance our peer reviews and quality processes. In an attempt to become more trauma informed and sensitive, five therapists have formed a committee to transform the corporate culture into a trauma aware culture.</p> <p>A group of adult mental health, SUD 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.</p> <p>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.</p>	3,276								
	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).	1,000								
	We should expect to see an increase of 300 adults in Living Well, our unfunded/insured clinic.	94								
	Describe any significant programmatic changes from the previous year.	400								

a	Prodromal and first episode psychosis programming.	50
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1f) Children/Youth Outpatient Care

Form A1 - FY18 Amount Budgeted:	2,015,676	Form A1 - FY18 Projected Clients Served:	2,115	
Form A1 - Amount Budgeted In FY17 Area Plan	1,971,928	Form A1 - Projected Clients Served In FY17 Area Plan	1,525	
Form A1 - Actual FY16 Expenditures Reported by Locals	1,980,036	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,954	Character Limit/Count

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.

5,000

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. Services include:

- Assessment and evaluation
- Individual, family, and group therapy
- Skill development - although turnover with skills development specialists is an ongoing issue, we continue to hire and train. We continue to provide services where clients are able to practice skills in group settings where each client has a one-on-one mentor.
- Targeted case management
- Respite (individual and group including a Friday afternoon "Take Five" program)
- Medication management
- Family resource facilitator services
- Multiple therapeutic groups including DBT (with both parent and child attending), coping skills, and multi-family group for prodromal psychosis
- Wraparound services
- Day treatment for adolescents

See psychosocial rehabilitation section for more information on outpatient services.

Location: 934 South Main Street, Layton, UT
 Provider: Davis Behavioral Health and some contract providers

1,089

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).

1,000

none expected

13

1,000

Describe any significant programmatic changes from the previous year.

5

none

1g) Adult 24-Hour Crisis Care

a	<p>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.</p>	933			
	<p>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).</p>	1,000			
	<p>No change</p>	9			
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000			
	<p>DBH offers a mobile crisis outreach service during regular business hours. 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 during those times.</p>	419			
	<p>1i) Adult Psychotropic Medication Management</p>				
	<p>Form A1 - FY18 Amount Budgeted:</p>	2,297,100	<p>Form A1 - FY18 Projected Clients Served:</p>	2,010	
	<p>Form A1 - Amount Budgeted In FY17 Area Plan</p>	2,077,000	<p>Form A1 - Projected Clients Served In FY17 Area Plan</p>	1,750	
	<p>Form A1 - Actual FY16 Expenditures Reported by Locals</p>	2,186,629	<p>Form A1 - Actual FY16 Clients Served as Reported By Locals</p>	1,896	<p>Character Limit/Count</p>
	<p>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.</p>				2,000

a	<p>Medication management at DBH includes the following elements: Assessing diagnosis for use of medication; medication reduction based on clinical judgment; addressing behaviors related to medications, reducing side effects of medication; monitoring for adverse reactions; conducting AIMS assessment; documenting in the client chart.</p> <p>DBH runs a medication evaluation walk-in clinic. With this model, clients are seen within one week if they desire. They are also given the option of a traditional scheduled appointment if desired; however, this appointment will likely be scheduled out further than the walk-in option allows them to be seen. Also, we have 13.5 hours a week of "walk-in" medication clinic for already established patients, giving them the opportunity to be seen on an urgent basis, without an appointment. Our long acting injectable clinic includes 110 clients. We also have 47 in our clozapine monitoring program. Nursing medication management is offered in the Kaysville clinic and on the Layton Campus. Our FAST team delivers medications to clients who are likely to decompensate without medication and 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 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 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.</p> <p>We are also providing Medication Assisted Therapy for those with opioid or alcohol use disorders.</p> <p>Location: 934 S. Main Layton, UT 84041 2250 N. 1700 W. Layton, UT 84041 Provided: Directly and through a contracted provider</p>	1,987			
	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).	1,000			
	<p>In order to accommodate the increased demand for MAT, we are adding an additional APRN to the team</p>	98			
	Describe any significant programmatic changes from the previous year.	400			
	None	4			
1j) Children/Youth Psychotropic Medication Management					
	Form A1 - FY18 Amount Budgeted:	1,128,400	Form A1 - FY18 Projected Clients Served:	900	
	Form A1 - Amount Budgeted In FY17 Area Plan	1,023,000	Form A1 - Projected Clients Served In FY17 Area Plan	850	
	Form A1 - Actual FY16 Expenditures Reported by Locals	1,073,791	Form A1 - Actual FY16 Clients Served as Reported By Locals	857	
	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.			Character Limit/Count	2,500
	<p>Children and Youth medication management at DBH includes the following key elements: evaluation 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 adverse reactions; conducting AIMS assessment; documenting 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.</p> <p>We also offer specialized first episode psychosis care that includes a prescriber trained in the medication management of first episode psychosis.</p> <p>Location: 934 S. Main Layton, UT 84041 Provided: Directly and through contracted provider</p>	870			

a	none expected				13														
	Describe any significant programmatic changes from the previous year.				1,000														
	none				5														
1m) Adult Case Management																			
Form A1 - FY18 Amount Budgeted:		1,146,100	Form A1 - FY18 Projected Clients Served:		815														
Form A1 - Amount Budgeted In FY17 Area Plan		936,000	Form A1 - Projected Clients Served In FY17 Area Plan		675														
Form A1 - Actual FY16 Expenditures Reported by Locals		1,004,539	Form A1 - Actual FY16 Clients Served as Reported By Locals		709	Character Limit/Count													
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.						2,500													

a	<p>Adult outpatient case managers work to actively coordinate, advocate, link and monitor services to assist clients with accessing needed services. 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.</p> <p>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 who are also cross trained as peer specialists.</p> <p>The FAST team has five 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. In addition, due to the addition of an AOT grant to better engage and monitor clients on civil commitment we have added a half-time case manager, therapist and peer to the FAST team and expanded services to provide weekend supports, additional psychotherapy and court coordination for inpatients who are civilly commitment and those who are scheduled for ongoing review hearings.</p> <p>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.</p> <p>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.</p>	2,252								
	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).	1,000								
	none expected	13								
	Describe any significant programmatic changes from the previous year.	400								
	AOT services have been added to the FAST team in order to better engage and monitor those clients under civil commitment. These services are described more fully above.	169								
	1n) Children/Youth Case Management									
	Form A1 - FY18 Amount Budgeted:	382,100	Form A1 - FY18 Projected Clients Served:	330						
	Form A1 - Amount Budgeted In FY17 Area Plan	364,000	Form A1 - Projected Clients Served In FY17 Area Plan	275						

a	Describe any significant programmatic changes from the previous year.	1,000
	DBH has initiated a new collaboration with all law enforcement agencies in Davis County for the purpose of reviewing cases in respective jurisdictions; building operational procedures; and developing policy to assist our shared consumers. DBH has also continued to participate in the development of a statewide mobile response system to assist children/youth population.	373

1u) Services to Incarcerated Persons

Form A1 - FY18 Amount Budgeted:	280,000	Form A1 - FY18 Projected Clients Served:	970	
Form A1 - Amount Budgeted In FY17 Area Plan	240,000	Form A1 - Projected Clients Served In FY17 Area Plan	1,200	
Form A1 - Actual FY16 Expenditures Reported by Locals	267,795	Form A1 - Actual FY16 Clients Served as Reported By Locals	956	Character Limit/Count

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.	2,000
Mental health services are provided to inmates of the Davis County Jail. 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 DavisCounty Jail to implement the Veterans Justice Outreach (VJO) program in the Davis County Jail and the administration of Vivitrol to inmates prior to release.	1,579

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).	1,000
No changes	10

Describe any significant programmatic changes from the previous year.	400
DBH has recently begun a partnership with Midtown Clinic and Alkermes Pharmaceuticals to provide Vivitrol injections and subsequent outpatient treatment referrals to inmates in the Davis County Jail.	200

1v) Adult Outplacement

Form A1 - FY18 Amount Budgeted:	167,855	Form A1 - FY18 Projected Clients Served:	80
Form A1 - Amount Budgeted In FY17 Area Plan	140,000	Form A1 - Projected Clients Served In FY17 Area Plan	80

a				
1y) Unfunded Children/Youth Clients				
Form A1 - FY18 Amount Budgeted:	334,000	Form A1 - FY18 Projected Clients Served:	360	
Form A1 - Amount Budgeted In FY17 Area Plan	207,923	Form A1 - Projected Clients Served In FY17 Area Plan	245	
Form A1 - Actual FY16 Expenditures Reported by Locals	330,675	Form A1 - Actual FY16 Clients Served as Reported By Locals	362	Character Limit/Count
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.				2,500
<p>Davis Behavioral Health continues to see a significant number of inquiries for services for non-Medicaid members of our community. The ongoing need has required DBH to allocate 2 full time clinicians (LCSW) and several part-time clinicians 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.</p> <p>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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 – 3 sessions of individual or family therapy <input type="checkbox"/> Cool Minds (mindfulness based stress reduction class for teens) <input type="checkbox"/> Parenting classes <input type="checkbox"/> Medication consultation evaluation <input type="checkbox"/> Medication Management <p>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 and in our traditional outpatient services. Services are provided directly at our Kaysville Clinic and at Wasatch Learning Center in Clearfield.</p>				1,416
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).				1,000
Based on our rate of growth from last year, we expect to see an increase of 63 unfunded C&Y.				94
Describe any significant programmatic changes from the previous year.				1,000
When there is capacity, we use our FRFs to assess and provide community supports.				81
1z) Other non-mandated Services				
Form A1 - FY18 Amount Budgeted:	20,000	Form A1 - FY18 Projected Clients Served:	300	
Form A1 - Amount Budgeted In FY17 Area Plan	45,000	Form A1 - Projected Clients Served In FY17 Area Plan	210	
Form A1 - Actual FY16 Expenditures Reported by Locals	18,750	Form A1 - Actual FY16 Clients Served as Reported By Locals	70	Character Limit/Count
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.				3,000

a										
	<p>Adult Outpatient Quality Improvement Projects The therapists on the Adult Outpatient Team have been working on several self-generated projects over the past year: <u>Recorded Therapy excerpt</u>: Each clinician will record and present the case and provide a checklist of criteria (fidelity to a published or novel model of therapy) that will be used in review by peers. <u>Quantified Treatment Plan Objectives</u>: A perennial problem with treatment plans is measurable, relevant objectives. The Adult Outpatient Team (AOT) has done training in staff meetings on quantifying objectives that are clinically valid. All clinicians were provided with four pages of examples of quantitative objectives grouped by diagnostic category. A secondary effort in improving quantified objectives was creating the Davis Clinician Rated Depression Scale, a 10-item screening tool for clinicians to use <i>after</i> a treatment session. The scale can be completed in two minutes and is based on observed behaviors during the preceding therapy session. <u>OQ Utilization</u>: The Adult outpatient team had formal training in using the OQ as a clinical tool. In addition, we now have an Excel spreadsheet that we use to graphically display <i>all</i> of the OQ scores for select clients (not just the last 10, which is default for the OQ tool) over time. This facilitates objective reviews of progress for long-term clients, informing utilization management decision</p>	1,416								
	<p>Identify process improvement activities - Implementation</p>	1,500								
	<p>Peer reviews are also being used to ensure that the goals and objectives are clear and treatment is driven by client need. In addition, we are in the midst of refining a process for utilization review. Clinical directors meet every other week to review clients who may need a different level of care (including discharge from treatment and connection with community supports or the additional of other untried interventions). We are hoping to create an on-going flow to create access to the right level of care.</p>	514								
	<p>Identify process improvement activities - Training of Evidence Based Practices</p>	1,000								
	<p>C&Y clinicians have been trained in the following EBPs: TF-CBT, EMDR, DBT, CAMS, MFG, and ARC. Staff are being trained to use the Fidelity Checklists both as a way to monitor that they are providing treatment that adheres to the model and to use this as a guide for treatment sessions. This has been helpful in being able to focus on goals and objectives within a specific model. Staff are receiving supervision to ensure that they are providing high fidelity evidenced based work. We continue our efforts to practice full fidelity DBT. Combined supervision groups with staff from adult and children and youth mental health meet weekly. A new initiative has begun for therapists practicing DBT to use portions of a recorded session as the teaching portion of DBT supervision twice a month. We have implemented a DBT pre-treatment group and are working to develop a family education group.</p>	894								
	<p>Identify process improvement activities - Outcome Based Practices</p>	1,000								
	<p>DBH's first episode psychosis team (the PREP program) is receiving ongoing training and consultation from OnTrack NY, with previous training from the EASA program in Oregon. We also continue to receive telephone supervision on the SIPS assessment for identification of Prodromal Symptoms for Barbara Walsh, Ph.D. from Yale University. A DBH therapist (Rosey Bassett) has been identified to help the agency become more trauma sensitive and is planning a series of educational sessions aimed at all DBH staff, not just clinicians. She also conducts a trauma sensitive supervision group for those using evidence-based trauma practices such as EMDR, Seeking Safety or TF-CBT.</p>	675								
	<p>Identify process improvement activities - Increased service capacity</p>	1,000								
	<p>Please see unfunded and other mandated services sections referring to the Living Well Clinic</p>	92								
	<p>Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals</p>	1,000								

a	<p>Davis Behavioral Health meets regularly with the local Health Department to discuss access to behavioral health treatment, suicide and other health related issues. DBH provides behavioral health services to each of the four ACO's. Further, DBH participates with Select Health in areas such as opioid treatment and treatment for ED high utilizers. 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. 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.</p>	1,360	
	<p>Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	1,500	
	<p>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. 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.</p> <p>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.</p>	1,423	
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	1,500	
		1,423	<p>Kyle, this section has been written and the character limit reflects that but I don't know where the words are. Good luck.</p>
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.</p>	1,500	
	<p>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.</p> <p>In the Journey House Clubhouse on the Layton Campus, a tobacco-free lifestyle 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. Case managers are conducting weekly tobacco cessation groups and therapists are urged to identify tobacco use and provide cessation supports to willing clients.</p>	1,051	
		<p>Character Limit/Count</p>	
	<p>5a) Children/Youth Mental Health Early Intervention</p> <p>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.</p>	2,500	

a	<p>We presently have 4 FRF staff that provide high fidelity wrap around and other FRF services in 10 schools in Davis School District. One of our FRF's speaks Spanish so she is utilized throughout the county as needed. They attend many different community committees and participate with the Systems of Care for providing services to clients. We are careful to make sure that we are offering but not duplicating services and have been able to have a good relationship with partners such as DCFS, DJJS and SOC so that clients get what they need and gaps are filled.</p> <p>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 adroitly 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.</p>	1,076	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
	none expected	13	
	Describe any significant programmatic changes from the previous year.	1,000	
	none	5	
	Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO	[1]	YES.
	5b) Children/Youth Mental Health Early Intervention	Character Limit/Count	
	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.	5,000	
	Our Mobile Crisis services are presently funded though DBH and do not have any Early Intervention funds for this service. Please see crisis services above for further description.	180	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	

a	<p>DBH has implemented a Zero Suicide Steering Committee and has incorporated the CSSR-S/Stanley Brown into our EHR. The CSSR-S is in our initial assessment form. The OQ #8 and YOQ #19 are embedded in individual therapy note with subsequent risk assessment and safety planning as indicated. DBH trains staff and community partners on risk assessments, CSSR-S, and Mental Health First Aid. DBH trains front desk and billing staff on handling distressed and possibly suicidal consumers. DBH has established a fatality review committee and has developed recommendations based on the reviews. DBH has implemented a post hospitalization stabilization team to assist with transition from hospital/CRU to lower levels of care. We have developed an outreach plan for any appointments cancelled by a therapist; for all medication no-show appointments; and for appointments that are cancelled by a prescriber. There is risk assessment training to clinical staff and Zero Suicide initiative training to DBH staff. DBH has implemented the CSSR-S in the Davis County Jail. Additionally DBH, through our mobile crisis team, maintains an ongoing relationship with an assigned detective from Layton Police Department. DBH has trained and certified about 40% of DBH therapists in CAMS. DBH has mobile outreach during business hours and 24-hour mobile outreach with law-enforcement partners. DBH has staff follow up calls on all Children and Youth crisis calls. In addition, all hospital and CRU discharges have scheduled within five days. DBH has implemented a suicide education and prevention initiative and Vivitrol injection program at the Davis County Jail. As part of the DBH Zero Suicide Initiative, DBH has partnered with Davis School District in offering mental health education to counselors and administrators on trauma-informed care. 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, secondary schools. DBH has joined 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 para-suicidal 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 DSD. Davis HELPS is the lead coalition in Davis County working on substance abuse prevention and suicide prevention. DBH coordinates with other agencies to address prioritized risk & protective factors throughout the county. Davis Health Education and Law Enforcement Programs (HELPS) is a coalition dedicated to making the county a healthy and safe place for families to live, work and play.</p>	2,800								
	<p>Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.</p>	1,500								
	<p>Baseline data (2015): 3601 Medicaid clients were served and 286 of these received a C-SSRS (7.94%). 188 individuals scored higher than a 2 (65.73%) and, of these, 149 had a same day safety plan completed (79.26%). Remeasurement data (2016): 3561 Medicaid clients were served and 2591 were screened for suicide risk (72.76%). 704 individuals screening scored higher than a 2 (27.17%) and, of these, 378 completed a same day safety plan. (53.69%) A chi-square analysis shows statistically significant increase in screening and a statistically significant decrease in safety plans. Based on this data, additional training will be provided and a policy change will be implemented to require safety planning at all strategic discharges and admissions.</p>	746								
	<p>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 as specific efforts for your clients.</p>	1,500								
	<p>DBH receives a daily report from the Intermountain Hospitals regarding emergency departments admissions and discharges and follows up as clinically indicated.</p>	160								
	<p>7) Justice Reinvestment Initiative</p>	<p>Character Limit/Count</p>								
	<p>Identify the members of your local JRI implementation Team.</p>	1,500								

a	<p>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 Davis Behavioral Health</p>	335								
	<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	1,500								
	<p>Davis Behavioral Health will provide additional training on Criminal Risk Assessments – Treatment. This will include training on: 1.The LS/CMI and 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 Reconation 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)</p> <p>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.</p>	1,289								
	<p>Identify your proposed outcome measures.</p>	1,000								
	<p>OQ and our Recovery Capital Index</p>	33								

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Davis Behavioral Health		Form B	
FY2018 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 FY2018 Revenue				
Drug Court	249805					52767						\$302,572				
Drug Offender Reform Act	318106											\$318,106				
JRI	395064											\$395,064				
Local Treatment Services	902484	202850	463448		517150	695419	211401	167760	80640	115200	256060	\$3,612,412				
Total FY2018 Substance Use Disorder Treatment Revenue	\$1,865,459	\$202,850	\$463,448	\$0	\$517,150	\$748,186	\$211,401	\$167,760	\$80,640	\$115,200	\$256,060	\$4,628,154				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	540000	48000	132000		143000	210000	53000		35000	42000	48400	\$1,251,400	185	\$6,764		
Outpatient (Methadone: ASAM I)	66000	7000	21000		23000	33000	7000	167760	5000	7000	26900	\$363,660	160	\$2,273		
Outpatient (Non-Methadone: ASAM I)	462000	40000	111000		118000	167000	42000		18000	35000	109150	\$1,102,150	810	\$1,361		
Intensive Outpatient (ASAM II.5 or II.1)	619208	107850	199448		233150	338186	109401		22640	31200	71610	\$1,732,693	410	\$4,226		
Recovery Support (includes housing, peer support, case management and other non-clinical)	178251											\$178,251	125	\$1,426		
Other (Screening & Assessment, Drug testing, MAT)												\$0		#DIV/0!		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$1,865,459	\$202,850	\$463,448	\$0	\$517,150	\$748,186	\$211,401	\$167,760	\$80,640	\$115,200	\$256,060	\$4,628,154	1690	\$2,739		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	635899	35000	101000		90000	219000	211401	53700	16000	22000	68000	\$1,452,000				
All Other Women (18+)	204200	14000	40000		32000	84000		16800	7000	9000	64000	\$471,000				
Men (18+)	936260	145850	299448		375150	397186		88860	52640	78200	98060	\$2,471,654				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	89100	8000	23000		20000	48000		8400	5000	6000	26000	\$233,500				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$1,865,459	\$202,850	\$463,448	\$0	\$517,150	\$748,186	\$211,401	\$167,760	\$80,640	\$115,200	\$256,060	\$4,628,154				

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Davis	Form B1
FY2018 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 FY2018 Expenditures		
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)	92000		88000		\$180,000		
Outpatient (Methadone: ASAM I)	16000		15000		\$31,000		
Outpatient (Non-Methadone: ASAM I)	83000		79000		\$162,000		
Intensive Outpatient (ASAM II.5 or II.1)	127106		96378		\$223,484		
Recovery Support (includes housing, peer support, case management and other non-clinical)			24194		\$24,194		
Other (Screening & Assessment, Drug testing, MAT)					\$0		
FY2018 DORA and Drug Court Expenditures Budget	\$318,106	\$0	\$302,572	\$0	\$620,678		

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Davis Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0	
Form B - Amount Budgeted In FY17 Area Plan	27,300	Form B - Projected Clients Served In FY17 Area Plan	7	
Form B - Actual FY16 Expenditures Reported by Locals	0	Form B - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
Detoxification Services are primarily provided through referrals to other agencies. DBH does offer some detox services at our Crisis Recovery Unit (2250 North, 1700 West, Layton) for high risk/high need clients with co-occurring mental health conditions who will be participating in treatment at MRC/WRC or through the Opioid Community Collaborative. Hospital Detoxification Services and Locations: <ul style="list-style-type: none"> • 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 We have a contract with Ogden Regional Hospital to provide Medical Detox for clients who are unfunded and really need that service.				875
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).				2000
none expected				13
Describe any significant programmatic changes from the previous year.				2000

We began providing detox through our mental health Crisis Recovery Unit for a small SUD population.				99			
2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)							
Form B - FY18 Amount Budgeted:	\$1,251,400	Form B - FY18 Projected Clients Served:	\$185				
Form B - Amount Budgeted In FY17 Area Plan	1,370,000	Form B - Projected Clients Served In FY17 Area Plan	190				
Form B - Actual FY16 Expenditures Reported by Locals	1,290,225	Form B - Actual FY16 Clients Served as Reported By Locals	170				
				Character Limit/Count			
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000			
<p>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.</p> <p>Medium and Long Term Residential: DBH refers to Odyssey House in Salt Lake City, Utah</p>				606			
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).				2000			

none expected				13			
Describe any significant programmatic changes from the previous year.				2000			
none				5			
3) Outpatient (Methadone - ASAM I)							
Form B - FY18 Amount Budgeted:	\$363,660	Form B - FY18 Projected Clients Served:	\$160				
Form B - Amount Budgeted In FY17 Area Plan	60,000	Form B - Projected Clients Served In FY17 Area Plan	70				
Form B - Actual FY16 Expenditures Reported by Locals	177,862	Form B - Actual FY16 Clients Served as Reported By Locals	113		Character Limit/Count		
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.				2000			

	<p>Activities: ASAM, Opioid Maintenance Therapy</p> <p>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 and recovery supports. Buprenorphine/naloxone (Suboxone®, Zubsolv®) are the most typically administered drugs. Recovery supports and care coordination are essential components to this program.</p> <p>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. DBH also partners with Mid-Town Health Clinic and Davis County Jail for Vivitrol treatment.</p> <p>In addition, DBH offers naloxone prescriptions and education to all clients with opioid misuse.</p> <p>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: Ogden, Utah Davis County Jail, Farmington, Utah 84025</p>	1536			
	<p>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).</p>	2000			
	<p>With the STR and JRI funding we expect to serve roughly 70 additional individuals through MAT. It's important to note that the average cost of providing MAT (Therapy, medical, recovery support and pharmacy) is \$606 per client per month. In FY17 DBH will spend well over a million dollars providing MAT to 145 clients. The numbers reflected above don't account for all the costs,,only the costs of pharmacy. Treatment, medical and recovery support services are supplemented by SAPT funding. IHC funding is not included</p>	522			
	<p>Describe any significant programmatic changes from the previous year.</p>	2000			
	<p>none</p>	4			
	<p>4) Outpatient (Non-methadone – ASAM I)</p>				

	Form B - FY18 Amount Budgeted:	\$1,102,150	Form B - FY18 Projected Clients Served:	\$810				
	Form B - Amount Budgeted In FY17 Area Plan	1,768,568	Form B - Projected Clients Served In FY17 Area Plan	900				
	Form B - Actual FY16 Expenditures Reported by Locals	1,119,645	Form B - Actual FY16 Clients Served as Reported By Locals	741		Character Limit/Count		
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000		
	<p>DBH provides this service directly: ASAM Level 1, Outpatient Treatment</p> <p>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.</p> <p>These services are provided by DBH and include screening, assessment, individual, group, family interventions, and recovery support services. MAT services are also offered. 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.</p> <p>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.</p> <p>Location: 934 So. Main and 2250 North 1700 West, Layton, Utah Provider: Davis Behavioral Health</p>					1239		
	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).					2000		
	Increase will depend on how much funding we get through JRI grant application.					78		
	Describe any significant programmatic changes from the previous year.					2000		

Please see JRI grant application				32			
5) Intensive Outpatient (ASAM II.5 or II.1)							
Form B - FY18 Amount Budgeted:	\$1,732,693	Form B - FY18 Projected Clients Served:	\$410				
Form B - Amount Budgeted In FY17 Area Plan	755,000	Form B - Projected Clients Served In FY17 Area Plan	350				
Form B - Actual FY16 Expenditures Reported by Locals	1,754,455	Form B - Actual FY16 Clients Served as Reported By Locals	375		Character Limit/Count		
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000		
<p>DBH provides Intensive Outpatient/Partial Hospitalization (Day-Treatment) services directly.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Services at the MRC & WRC are:</p> <ul style="list-style-type: none"> 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 <p>DBH has all of the IOP programming provided on a gender specific basis at MRC/WRC locations.</p>					1528		
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).					2000		

	<p>The Recovery Support Services team is supervised by a licensed mental health clinician. A second licensed mental health clinician works as a full-time therapist for the program offering clinical services for continued care clients. Three Recovery Support Specialist (RSS) work as personal recovery coaches, case managers, and peer supports. RSS have various qualifications that may include Social Service Workers and/or Substance Use Disorder Counselors; however, all RSS are go through Certified Peer Specialist training.</p> <p>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.</p> <p>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.</p> <p>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.</p>	1918			
	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).	2000			
	It is anticipated that we will serve a total of 750 individuals if we receive sufficient JRI funding	100			
	Describe any significant programmatic changes from the previous year.	2000			
	<p>Recovery Support Services have self-help type groups six days of the week. Specific self-help groups offered are continued care/alumni, Addict II Athlete program, and SMART Recovery. Recovery Support also hosts traditional 12-step fellowship groups, which allows for clients served by Recovery Support to access these meetings more conveniently. Recovery support is building a broad alumni program of continued care clients that participate in a variety of sober social events and recovery focused activities. Recovery Support alumni activities include city league soft-ball, monthly social dinners, and weekly self-help peer run groups.</p>	639			

7) Peer Support Services							
Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:					
Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan					
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count		
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.					2,000		
Peer Support Services are provided by the Recovery Support team. Please see above section on Recovery Support Services for full detail of peer supports offered.					161		
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).					1,000		
Increase is dependent on JRI funding, but likely to have a significant increase as we will be using our Recovery Support Team to do screening, evaluations and engagement of pre-trial clients.					191		
How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?					1,000		
The supervisor of our RSS team is a master's level clinician with a lived experience. He meets with the RSS staff in weekly supervision.					137		

	Describe any significant programmatic changes from the previous year.	400			
	Please see JRI Grant proposal.				
		30			
	8) Opioid Treatment and Recovery Support Formula Funds				
	The allowable uses for this funding are described in the SFY 18 Division Directives: 1. Contract with Opioid Treatment Programs (OTP); 2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT); 3. Provision of evidence based-behavioral therapies for individuals with OUD; 4. Support innovative telehealth in rural and underserved areas; 5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD; 6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings; 7. Enhance or support the provision of peer and other recovery supports.	Character Limit/Count			
	Describe the activities you propose and identify where services will be provided.	2000			
	The OTRS funds will be used to expand evidence-based MAT to clients with an OUD who are currently unable to access MAT due to funding barriers. Priority populations will be pregnant women, IV drug users, people with dependent children and those being released from jail who are willing to have vivitrol prior to release. If there is sufficient funding, we will expand to people with OUD in treatment as usual. Most services will be provided in-house at DBH because we have learned through the Opioid Community Collaborative (OCC) that not only is it far more cost effective than contracting, it is also easier coordinate care and help clients with treatment accountability. However, in respect of client choice, if a client wishes to receive OUD treatment through another provider, we will explore this option with them when the desired provider is willing to provide evidence-based MAT as outlined by SAMHSA. In addition to MAT, we will provide case management and recovery supports services (RSS) through peers. These RSS include telephone, text and in person outreach to engage clients in activities--including treatment--that build their recovery capital. RSS may occur at DBH, in the community or with Red Barn Farms, one of our key partners in recovery services. Treatment services and recovery supports include physician, nursing, therapy, counseling, care coordination, case management, housing and employment assistance, alumni services, Addict II Athlete, AA/NA groups, faith-based groups and other activities identified by the client that help create and maintain recovery. Naloxone education and prescriptions will be given to all clients and any interested/willing support person.	1711			
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000			

	<p>As part of the OCC, DBH is working with OB/GYNs to educate and provide treatment/RSS supports. Some OBs are comfortable providing MAT as part of pregnancy and some are not; many do not have a treatment provider network so we will work with them on that. . The OCC at DBH also networks with other recovery providers in Northern Utah (RENU) to link and connect OUD clients to needed resources for lifelong recovery from addiction and substance use. In addition, we are partnering with Midtown Community Health Center and Alkermes to engage inmates at the Davis County jail with vivitrol prior to release. As follow-up, the client receives vivitrol through Midtown or DBH (client choice) and treatment/RSS services through DBH. We also reach out to faith-based organizations, hospitals and doctor clinics to help engage people in treatment; on-going engagement is accomplished by providing medication on a "short leash" (weekly instead of monthly), therapeutic alliance, and intensive outreach to assure follow-up. In addition to these outreach efforts, DBH has partnered with WHS and SL County to provide seamless care to clients who are moving between counties.</p>	1166			
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000			
	<p>With last 2 years of experience providing MAT, we now know that if medication is funded people will come for treatment. Our concern is not about improving access, but in how we will target and cap demand. We have treatment outcomes that demonstrate 70% retention at 15 months vs. 14% retention for treatment as usual and abstinence rates at 15 months hover around 70%. The biggest barrier to accessing MAT is the expense of the medication and prescriber capacity; DBH will hire an additional prescriber and nurse to help with capacity. Outcomes are dependent on rapid access, medication and therapy, intense care coordination and on-going recovery supports.</p>	666			
	For each service, identify whether you will provide services directly or through a contracted provider.	2000			
	<p>DBH will be the primary site for MAT services. We will explore contracts with other providers as clients request this service and providers agree to evidence-based implementation.</p>	181			
	9) Quality & Access Improvements				
	Identify process improvement activities including implementation and training of:	Character Limit/Count			
	Describe access and quality improvements.	2000			

	<p>DBH has provided significant training to staff in the Criminal Risk/Treatment area including training all DBH SUD staff on the LSI-RNR by a certified trainer. This instrument will be integrated into the assessment process and provided to all clients. In accordance to recommendations by the U of U CJC, DBH will also be focusing on Cognitive Behavioral Therapy and Social Skills training for the Criminally at Risk population. Staff will attending CJC training and have ongoing supervision to ensure high fidelity implementation. Staff will also be trained on CBT and Criminal Personality which is based on 15 years of research. This CBT / Criminal Personality training will specifically focus on CBT interventions for the Criminal at Risk population as identified by the LSI-RNR.</p> <p>Staff continue to develop competency in treating trauma by attendance at trauma workshops, Seeking Safety training and the Utah Trauma Academy. DBH also provides on-going supervision to ensure high fidelity implementation of trauma treatment. The DBH Women's Recovery Center continues to implement Stephanie Covington's PTSD trauma treatment,; a Healing Journey. In addition, more than 20 therapists are now EMDR trained with on-going high fidelity supervision. Staff have also been reviewing and implementing evidenced based treatments for Complex Trauma including assessments, individualized treatment planning, focused evidenced based interventions for trauma symptoms, and researched based therapy interventions for working through the entire trauma spectrum.</p> <p>Family Therapy for substance use has focused on multi-family groups psychoeducation. Our multi-family groups are in conjunction with efforts to improve family involvement in individual family therapy as a treatment modality when clients and families are willing to participate in family therapy sessions.</p>	1869			
	Identify process improvement activities - implementation.	2000			
	<p>DBH has an on-going process improvement strategy through the use of group supervision and session observed supervision. DBH has defined fidelity protocols for evidence-based interventions and requires therapists either record sessions or have a supervisor/peer observe a session and rate implementation of the defined practice to ensure model acquisition is obtained and high fidelity care is used. In addition to this individual process improvement, we have group supervision for most evidence-base practices we implement. The structure of the supervision includes: education, rehearsal (recording/role play) and staff. In addition to this long-term process improvement structure, DBH-SUD services will be training on:</p> <ul style="list-style-type: none"> Criminal Risk Assessment / Treatment. PTSD treatments. Continued Complex Trauma Treatment. Mood Disorders & Substance Abuse. Integrating Personality Disorder/ Substance Use / Co-morbid Mental Health conditions in treatment. <p>DBH is also a key partner with Intermountain Healthcare, Weber Human Services, Midtown Community Health Center and local providers in developing solutions to the opioid epidemic.</p>	1138			
	Identify process improvement activities - Training of Evidence Based Practices.	2000			

	<p>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:</p> <p>Recovery Supports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Motivational Interviewing with on-going, structured clinical supervision. <input type="checkbox"/> CBT for Substance Abuse and Co-Occurring Disorders. <input type="checkbox"/> CBT with focus on Relapse Prevention and Social Skills Training <input type="checkbox"/> MRT <input type="checkbox"/> DBT <input type="checkbox"/> CBT for Post-Traumatic Stress Disorder. <input type="checkbox"/> Co-occurring therapies <input type="checkbox"/> PTSD Treatments: Seeking Safety & Beyond Trauma <input type="checkbox"/> Matrix Model <input type="checkbox"/> Stages of Change Counseling <input type="checkbox"/> Substance Abuse and Criminal Behavior <input type="checkbox"/> Behavioral Therapy <input type="checkbox"/> Family Therapy / Multi-Family Group Therapy <input type="checkbox"/> Contingency management. <input type="checkbox"/> Criminal Risk Assessment and Treatment. 	1003			
	Identify process improvement activities - Outcome Based Practices.	2000			
	<p>DBH has an on-going peer review process where records are reviewed, strengths noted and weaknesses defined. From this process, DBH provides group and individual supervision to improve the quality of both documentation and intervention. Additionally, all practices at DBH have a basis in the research literature therapy outcomes. Outcome based practices including identification of substance abuse and co-occurring disorders upon admission, and their co-occurring treatments is based on Outcome practices that have demonstrated higher recovery rates with co-occurring treatment. Recovery Support Services have increased dramatically at DBH; with referrals, following-up, and outreach to clients while in treatment and a strong emphasis on re-engaging clients that drop-out. The Recovery Support Team has a strong re-engagement process to help those clients who have not completed their treatment episodes. Services offered in the community to increase outcomes are also provided by our recovery support team. This includes multiple activities related to self-help groups; after-care groups; wellness activities; and treatment follow-up activities.</p> <p>.</p>	1157			
	Identify process improvement activities - Increased Service Capacity.	2000			
	<p>Recovery Support Services (RSS) aims to offer services to all those in need within Davis County. The RSS program is looking to increase capacity to its services by providing recovery oriented groups throughout the week. Currently, RSS groups are offered six days of the week. RSS program has refined out reach efforts to prevent those at risk treatment dropout, which has increased the capacity across treatment levels of care, by keeping clients engaged for longer periods of treatment.</p>	489			
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000			

	<p>Community Health Improvement Access Committee - DBH chairs and hosts Davis County's "Community Health Improvement Access Committee." This committee identifies service gaps throughout the community and creates plans to address the gaps. For example, we have compiled a resource directory for all of behavioral health (including SUD); this resource directory identifies who provides which services and the cost for services as well. It also delineates who takes insured, unfunded and self-paying clients. DBH also has refers people from our Living Well Clinic into SUD services. Through efforts such as these, DBH has increased SUD services by 15% since 2012, despite the significant funding cuts from the Methodology Formula Reduction.</p>	744			
	Identify process improvement activities - Efforts to respond to community input/need.	2000			
	<p>Recovery Support Services (RSS) maintain working relationships with various community members and partners. These partners and members include various local and state government agencies, community treatment providers, community resources, religious affiliated groups, and others. Maintaining open communication with the community members and partners allows us to educate them on how to assist those in need in accessing our services, as well as identification of areas to adjust services that a better meet the needs of the community.</p>	538			
	Identify process improvement activities - Coalition Development	2000			
	<p>Davis Behavioral Health's Recovery Support Services and Weber Human Services' Treatment and Recovery Services have partnered together for Northern Utah Prevention and Recovery Days. The goal of prevention and recovery days is to bring community awareness that prevention works, treatment is effective, and people recover. It is an event held statewide during the month of September as a part of National Recovery Month. There is a one-day event at Ogden amphitheater that's a day of celebration and information/resource sharing. The coalition will also be holding a dinner/auction that will allow for fundraising to provide treatment scholarships and funding for future events. There is also a 5k that is another way to celebrate recovery and bring awareness to the community.</p>	776			
	Other Quality and Access Improvements (not included above)	2000			

	<p>DBH medical staff have educated all SUD and MH staff on naloxone. In addition, at the request of treatment staff, the medical team writes naloxone prescriptions for all clients with an OUD.</p>	190			
	<p>10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility</p>	<p>Character Limit/Count</p>			
	<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>	2000			
	<p>Davis County Jail Substance Use Disorder Program is provided by DBH in the jail.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Program Location: Davis County Jail 800 West Center St. Farmington, Utah Provider: Davis Behavioral Health</p>	1288			
	<p>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).</p>	2000			

	none expected	13			
	Describe any significant programmatic changes from the previous year.	2000			
	Clients with an OUD who are being released from jail are now eligible to receive a Vivitrol injection prior to release with follow-up care from Midtown Community Health Center and DBH. We also provide a naloxone prescription to all clients with an OUD.	254			
	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.	2000			
	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.	222			
	11) Integrated Care	Character Limit/Count			
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	2000			

	<p>Davis Behavioral Health meets regularly with the local Health Department to discuss access to behavioral health treatment, suicide and other health related issues. DBH provides behavioral health services to each of the four ACO's. Further, DBH participates with Select Health in areas such as opioid treatment and treatment for ED high utilizers. 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. 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.</p>	1402			
	<p>Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	2000			
	<p>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. 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. We have also coordinated with local pharmacies to have naloxone easily accessible to clients through a voucher program when needed.</p> <p>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.</p>	1600			
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000			
	<p>For clients with co-occurring MH/SUD conditions who receive psychiatric care at DBH coordination with primary care physicians is conducted by e-faxing coordination documentation of visits with psychiatric medication providers to the primary care physician. Regular monitoring of BMI, and vital signs are conducted for all consumers receiving medication management. Metabolic lab work monitoring (lipid panel, glucose) is conducted for those on antipsychotics, and when abnormalities are discovered, patient is notified, as well as the consumer's primary care physician. If needed, recovery support specialists may assist clients in following through with visit with their primary care physician to address medical concerns. For those at risk of blood borne illnesses (hepatitis C, HIV), education is given about the risk, as well as they are recommended to be seen at their PCP or health department for screening and treatment if needed. For clients not seeing a prescriber at DBH, therapists address health care issues as part of our regular assessment process. Clients are routinely assessed for their HIV, TB, Hepatitis, MAT status and willingness to engage in seeking treatments. Health care issues are referred either to the client's primary care physician or Midtown Community Health Center or the Health Department. Therapists follow the status of their client's health care behaviors during treatment, and at evaluation / treatment plan updates. Living In Balance is a treatment protocol and concepts from this program are used in helping clients develop positive healthcare practices as part of the recovery support process.</p>	1675			
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.</p>	2000			

	<p>DBH will have a more focused, intensive approach to tobacco / nicotine cessation at all levels of care. Tobacco Cessation is an ongoing treatment process with continual upgrading at DBH. Regular Tobacco Cessation topics are integrated into all treatment programs. Clients are involved in groups with educational information and treatment issues surrounding prevention and cessation. OP / IOP / day-treatment SUD programs have regular nicotine cessation groups / individual sessions with structured materials being presented and worked on, including tracking and behavioral logs. Smoking Cessation posters are in group rooms and around DBH facilities. Quit-line, brochures and information booklets are provided to clients. DBH will continue to work with clients to engage them in nicotine prevention and elimination efforts. DBH will continue to address tobacco use by identifying this element in the initial assessment. DBH will continue to enhance resources and referrals for those who want to stop / decrease their use. Those interested in using prescription medications and nicotine replacement treatment to aid them are offered as part of their treatment. Those receiving substance specific treatment have available reoccurring nicotine cessation and prevention groups. Higher levels of care for substance treatment require involuntary attendance to prevention and cessation groups, where nicotine replacements such as patches and referrals to medications are provided.</p>	1487			
12) Women's Treatment					
	Form B - FY18 Amount Budgeted:				
	Form B - Amount Budgeted In FY17 Area Plan	1,732,700			
	Form B - Actual FY16 Expenditures Reported by Locals	1,802,426			Character Limit/Count
	Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.				2000

	<p>Women's Gender Specific Substance Disorder treatment is provided at the Women's Recovery Center and includes Day-Treatment, Intensive Outpatient, and Outpatient Services for Women only. DBH also provides services in the Davis County Jail with a Women's Specific Intensive Outpatient program for the women court ordered to SUD treatment while in the Jail. (RSAT women's program). Our general outpatient also has gender groups for general women's issues in SUD Recovery and women's PTSD therapies. The Staff have been trained and/or will continue training on:</p> <p>SUD: CBT for SUD. DBT treatment for Co-occurring Borderline Personality Disorder. Co-occurring disorders – Mood Disorder Treatments. Interpersonal therapies – Abusive relationships. Family / Marital Therapy / Multi-Family Therapy. Recovery / Relapse issues for Women. Yoga Instructions, healthy living groups while in treatment. Women's Relapse Issues and Recovery Support Services. Health Care referrals, vocational referrals, educational referrals, Recovery Support services / after care groups / parenting class referrals.</p> <p>PTSD: Seeking Safety for Women. Stephanie Covington's Women's: A Health Journey for PTSD. Complex Trauma Treatment for Women.</p> <p>Criminal Risk Assessment / Treatment for Women only. Criminal Thinking Errors Criminal Risk Factors – CBT Criminal Personality and Substance Use</p>	1441			
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000			
	<p>DBH has not assertively addressed the the treatment and other needs of WRC women's children. In the coming year we will begin to address this by 1) initiating a process where providers ask clients at intake whether they have dependent children whom we can engage; 2) Clients with children will be asked to complete a symptom checklist for each of their children; 3) A CY therapist will be given the assignment to review the symptom checklists and will make an initial determination about whether the child needs further assessment;. 4) Efforts will be made to address transportation barriers; 5) Strengthening Families (EBP) will be offered as an on-going program for participants in the WRC and MRC. This will be held on the Layton Campus to be convenient for those in the program. Strengthening Families is an example of one program specifically designed for children of substance-abusing parents. This family skills training program works to reduce risk factors for behavioral, emotional, academic, and social problems in children 3 to 16 years old (NREPP, 2011). This program and others have been found to decrease children's behavior problems and support appropriate child development. DBH provides treatment for children in State's custody and those at risk of being placed in custody. We provide the initial assessment for all children that are taken and placed in custody as referred by DCFS. We work closely with case workers and foster care families to provide services to these children who have usually suffered greatly. The Baby Benefits program was introduced to Utah in August 2007. Since that time DBH and other centers have coordinated with DCFS for the treatment of the women whose children are in custody. This has typically been treatment as part of their reunification plan.</p>	1807			
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000			

	<p>Clients in WRC and other DBH programs have access to a Recovery Support Specialist who helps coordinate and arrange for child care through community resources and natural supports. Recovery Support Specialists also provide traditional case management services to connect clients to community and vocational resources. To assist clients with transportation issues, Recovery Support Services assess for need and offer training in public transportation use, providing temporary bus passes, utilizing natural and community supports, and occasionally providing transportation to treatment appointments. DBH does not provide childcare on-site.</p>	639			
	Describe any significant programmatic changes from the previous year.	2000			
		0			
13) Adolescent (Youth) Treatment					
	Form B - FY18 Amount Budgeted:				
	Form B - Amount Budgeted In FY17 Area Plan	254,900			
	Form B - Actual FY16 Expenditures Reported by Locals	245,320			Character Limit/Count
	Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation.	2000			

	<p>1) Screenings include a SASSI-A2, brief interview and UA with recommendations using the ASAM. If returning for treatment, a comprehensive assessment builds on the screening. It assesses use history, legal status, medical issues, family life, social/peer relations, school performance, employment, criminal risk and mental health issues including trauma.</p> <p>2) Co-occurring assessments and treatment are standard. Providers are licensed mental health therapists who perform dual diagnosis and co-occurring assessment/treatment. Providers are trained in TF-CBT and trauma-informed care. Clients may participate in mental health therapy groups and can be referred for med management.</p> <p>3) Clients are assessed for co-occurring mental health disorders. Treatment is provided if indicated. Case management is available.</p> <p>4) Providers are trained in issues related to adolescent development. Incentives, importance of peers and brain development are examples of areas considered. Clients are assessed for developmental delays.</p> <p>5) Family involvement is encouraged in all stages of treatment. Strategies for engaging the family are used continuously.</p> <p>6) Providers are trained in MI to engage clients. Motivational incentives are used to retain clients. Outreach is used to contact clients who have disengaged.</p> <p>7) The program is supervised by a minimum of a masters level clinician. Staff complete required CEUs for their licensure. Trainings are offered on topics relevant to adolescent treatment. Therapists have weekly individual supervision and bi-monthly staffings.</p> <p>8) Recovery supports are discussed throughout treatment with emphasis on increasing prosocial activities and supports. Clients are contacted 30 and 90 days post-discharge to follow up and offer services/supports.</p> <p>9) All adolescent clients are involved in developing their treatment plans.</p> <p>10) Program evaluation is done quarterly using TEDS data collected at admission vs discharge. Point-in-time evaluations are completed annually via the MHSIP.</p>	1999			
	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).	2000			
	none expected	13			
	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.	2000			
	<p>90% of the adolescent clients are referred by the juvenile court. As such, significant coordination occurs between program staff and the court including weekly reports and monthly staffing meetings (with the appropriate releases of information in place). If clients are involved with DCFS, frequent coordination also occurs between the appropriate parties, which may include the biological family, the foster family, the caseworker, and the guardian ad litem. Additionally, DBH attends the multi-agency staffing held each week at the juvenile court along with representatives from DCFS, JJS, SOC, and Davis School District.</p> <p>Program changes this year include assessment of criminal risk using the LSI, as well as programming for both low and high risk clients based on their criminal risk. High risk clients will participate in an MRT group in addition to individual and family therapy, while low risk youth will receive the standard programming (individual and family therapy along with CBT based group therapy addressing thinking errors, high risk situations, social issues, relapse planning, and psychoeducation).</p>	1116			

14) Drug Court							
Form B - FY17 Amount Budgeted: Felony	242,669	Form B - FY18 Amount Budgeted: Felony	\$248,378				
Form B - FY17 Amount Budgeted: Family Dep.	50,000	Form B - FY18 Amount Budgeted: Family Dep.	30,000.00				
Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile					
Form B - FY17 Recovery Support Budgeted	21,349	Form B - FY18 Recovery Support Budgeted	\$24,194				
Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).					2000		
<p>Adult Drug Court eligibility criteria:</p> <ul style="list-style-type: none"> Felony Offense(s) that are drug related. Score high on Risk / Needs on the LSI. <p>Dependency Family Juvenile Court:</p> <ul style="list-style-type: none"> DCFS removes children home due to parental drug use. Score high on Risk / Needs on the LSI. <i>DBH has used the RANT in previous years, but this year will be using the LSI as the criminogenic risk tool.</i> 					395		
Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).					2000		
<p>DBH provides treatment for 2 Drug courts.</p> <p>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)</p> <p>2.2nd District Davis Dependency-Family Drug Court</p> <p>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.</p>					669		
Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).					2000		

	<p>With new funding available for the treatment of OUD, clients in drug court will now have access to MAT at DBH. Respecting client choice, if a client has a provider with whom they would prefer to receive MAT, DBH will approach that provider to see if they would be willing to engage in a voucher relationship with us. Vouchers would be contingent upon the provider being willing to provide MAT according to SAMHSA guidelines currently implemented at DBH.</p>	457			
	Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)	2000			
	<p>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.</p> <p>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.</p> <p>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.</p> <p>DBH allows SUD program personnel to conduct UA screenings within its ASAM program levels. These UAs are for internal use and the treatment process and are not used for judicial sanctions.</p> <p>Most court involved clients have a UA schedule arranged for by the Drug Court / Corrections / DCFS Agencies. These include Lab Confirmations Tests. DBH uses Redwood Laboratories when UA screenings need to have Confirmation. The Davis County Sheriff's Office reports UA results to DBH and Probation but does not engage in sanction recommendations. DORA Agents and SUD Counselors review for and recommend sanctions. The Sheriff's office only reports results.</p>	1564			
	Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).	2000			
	Adult Felony Drug Courtt: The County Attorney's Office requires \$150 administration fee. Dependency Family Court has no additional fees.	140			
	Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).	2000			

	<p>Davis Behavioral Health will provide additional training on Criminal Risk Assessments – Treatment. This will include training on:</p> <ol style="list-style-type: none"> 1. The LS/CMI and 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 Reconation 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) 6. Recovery Capital Index for building recovery supports based on client choice. <p>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.</p> <p>People whole offend sexually or who perpetrate other violent crimes are treated for their SUD at DBH, with no discriminatory process. DBH does work with AP&P and corrections to help determine appropriate placement and treatment for these clients.</p>	1650			
	Identify training and/or technical assistance needs.	2000			
	We would appreciate on-going supervision that supports fidelity implementation for the CBT trainings that are offered.	118			
	16) Drug Offender Reform Act				
	In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:				
	Form B - FY18 Amount Budgeted:				
	Form B - Amount Budgeted In FY17 Area Plan	322,098			
	Form B - Actual FY16 Expenditures Reported by Locals	272,821			Character Limit/Count
	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.	2000			

	<input type="checkbox"/> Presiding District Court Judge: Judge John Morris, 2nd District Court <input type="checkbox"/> Regional AP&P Director: Karl Kennington or Designee 2nd District AP&P DORA Supervisor: Preston Kay <input type="checkbox"/> 2nd District AP&P DORA agents: Austin Rhees & Travis Timothy. <input type="checkbox"/> District/County Attorney: Troy Rawlins or designee <input type="checkbox"/> DBH Substance Abuse Local Authority Designee: Virgil Keate <input type="checkbox"/> Davis County Public Defender's Office/ Designee: Determined by Public Defenders Office	453			
	Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?	2000			
	DBH estimates we will serve 175 DORA clients in FY 2018 and that there will be 110 DORA clients carried over from FY17 into FY18.	131			
	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 2018, 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.	2000			
	<input type="checkbox"/> Continuum of Substance Use Disorder Treatment: Outpatient, Intensive Outpatient, Day-Treatment, Short-Term Residential, Medium Residential, Detoxification, & MAT services. <input type="checkbox"/> 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. <input type="checkbox"/> Assessments are provided by Davis Behavioral Health and including screening for co-occurring disorders. <input type="checkbox"/> Drug Testing is provided by the Davis County Jail Drug Testing Service and the DORA AP&P Department.	575			
	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.	2000			

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
- DBT
- 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.

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Davis Behavioral Health				Form C						
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 FY2018 Revenue		
FY2018 Substance Abuse Prevention 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		388637	255476					\$644,113		
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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
FY2018 Substance Abuse Prevention Expenditures Budget	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		116591							\$116,591	90%
Universal Direct						124364							\$124,364	90%
Universal Indirect						89387							\$89,387	90%
Selective Services						58295							\$58,295	90%
Indicated Services														
FY2018 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$388,637	\$0	\$0	\$0	\$0	\$0	\$0	\$388,637	\$4
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures	69955	209863	15545	62182	27205	3887	\$388,637							

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

Local Authority: Davis Behavioral Health

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

**Character
Limit/Count**

In this section, **please write an overview or executive summary of the entire plan.** Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

3,500

This plan outlines Davis Behavioral Health's strategic plan for FY18

Davis HELPS is a county-wide community prevention coalition with over 20 partners, dedicated to cultivating healthy communities, and assisted in the development of this plan utilizing the SPF process. Davis HELPS has been operating for almost a decade to develop a sustainable and effective prevention system that is committed to the prevention of substance abuse and its related consequences, and suicide prevention.

An annual review and update of the prevention plan was completed using the Student Health and Risk Prevention survey, EASY check data, SYNAR check data, school incident report data, school climate survey, hospital data, and key informant surveys. With the support of Davis HELPS coalition, the following risk and protective factors were prioritized: low commitment to school, depressive symptoms, family conflict, attitudes favorable to drug use, and prosocial involvement. The problem behavior prioritized is Underage Drinking.

In order to address risk and protective factors and the overall problem behavior, Davis HELPS highlighted some training needs and program gaps. The plan will detail how Davis Behavioral Health will support the plan during FY2018.

The plan was written by Debi Todd, prevention coordinator for Davis Behavioral Health. The contributors included Davis School District, Davis County Health Department, USU-Extension, and Layton Youth Court.

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Love & Logic, Incredible Years, Anger Management, MBSR, Learning to Breathe, Mindful Schools, Protecting You Protecting Me, Prime for Life, and Parent Empowered. Davis Behavioral Health will work with local Law Enforcement agencies to increase the number of EASY compliance checks.

Evaluation is key to knowing if programs and strategies are successful. Davis Behavioral Health and Davis HELPS will work together to ensure that each strategy is evaluated and demonstrates the results needed to make Davis County healthier.

2167

1) Assessment

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character
Limit/Count**

Things to Consider/Include:
 Methodology/what resources did you look at? What did it tell you?
 Who was involved in looking at data?
 How did you come up with the prioritization?
 Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.

1,000,000

	<p>Davis Behavioral Health's prevention assessment process involves collecting and analyzing data, prioritizing community risk & protective factors, assessing community readiness to address prioritized risk & protective factors, reviewing current community programs, policies and resources, and identifying gaps in community resources.</p> <p>An annual review and update of the prevention plan was completed using the Student Health and Risk Prevention survey, school incident report data, school climate survey, hospital data, and key informant surveys. With the support of Davis HELPS coalition, the following risk and protective factors were prioritized: low commitment to school, depressive symptoms, family conflict, attitudes favorable to drug use, and prosocial involvement. The problem behavior prioritized is Underage Drinking.</p> <p>The plan review identified two gaps in services, which will be addressed in this year's plan.</p> <p>GAP 1: As part of our current community plan, Davis Behavioral Health (DBH) provides Mindfulness-Based Stress Reduction (MBSR), a high quality evidenced-based intervention for adults, to address anxiety, depression, and chronic stress. DBH also offers adolescent mindfulness classes. We are currently working to address the gap in services and expand mindfulness and compassion training to children.</p> <p>In 2015, 32.5% of 6th-12th grade students reported having depressive symptoms and 19.7% reported being bullied on School Property. Additionally, a 2016 district survey showed only 57% of 3rd-6th grade students felt safe at their school.</p> <p>GAP 2: Davis Behavioral Health offers a number of programs to enhance parenting skills. We are working to expand more resources to the Spanish speaking population.</p> <p>During the annual plan review and update, the Davis HELPS coalition decided it was time to conduct another comprehensive community substance abuse prevention needs assessment. Davis HELPS will begin a comprehensive community assessment on Monday, May 8, 2017, with a targeted completion date of November 2017.</p> <p>Goal: Conduct a Comprehensive Community-wide Substance Abuse Prevention Needs Assessment Objective 1: DBH will work with community partners to gather, analyze, and prioritize data that can be used for planning, accountability, and measuring outcomes. Objective 2: DBH will ensure the publication of an annual report on substance abuse trends and related risk and protective factors, performance indicators and targets for five-year change.</p>	2497				
2)	Capacity Building					
	Example:					
	In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.	Character Limit/Count				
	Things to Consider/Include: Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)	1,000,000				

Davis Behavioral Health 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 programs. DBH will work with local law enforcement to increase the number of EASY compliance checks.

Davis Behavioral Health recognizes the importance of collaboration and will continue to bring community partners together to participate in the SPF planning process. Collaborating with various community agencies and stakeholders brings valuable perspectives to the process and fosters a shared sense of ownership and responsibility for the plan's implementation.

At a community level, DBH will collaborate with key stakeholders and increase awareness about how they can support prevention efforts in Davis County. DBH 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 Behavioral Health will provide opportunities to increase knowledge and skills to address aspects of prevention by providing: SPF process and Prevention Science training, and opportunities for coalition members to attend the Utah Coalition Summit, the CADCA Academy, and the Utah Fall Conference.

DBH will work to build prevention capacity by organizing additional community coalitions, specifically in the northern part of the county, to better address local needs.

Goal 1: Strengthen Coalition Capacity

Objective 1: Build capacity by increasing membership and involvement of key agencies and individuals on the Davis HELPS community coalition. Activity: Develop a new member packet to educate new members on the history of the coalition, as well as goals, objectives and strategies of the coalition.

Objective 2: Provide training to coalition members, and other community stakeholders, on the Strategic Prevention Framework process and Prevention Science principles.

Objective 3: Increase leadership skills and prevention planning skills through state and national trainings (Utah Fall Substance Abuse Conference, CADCA National Leadership training, Utah Prevention Coalition Association webinar trainings, and the Utah Coalition Training Summit).

Objective 4: Davis HELPS will conduct a community readiness assessment in Syracuse and Clearfield Cities.

Objective 5: Develop a plan to create and sustain a coalition in the northern part of Davis County.

Capacity to address Gap 1 – Mindfulness and compassion training in the schools

DBH has four qualified Mindful Schools instructors, one part-time Mindful Schools coordinator who is primarily working with implementing in the elementary schools. It is our intention to hire an additional part-time personnel to broaden our community-wide reach to the Spanish-speaking population and support successful, sustainable implementation of mindfulness training in the secondary schools. The DBH mindfulness team will provide support to the schools to ensure proper implementation and program sustainability. Implementation plan includes training students, parents, and staff in 62 public elementary, 24 secondary, and 4 alternative schools, as well as the HeadStart Preschool programs, over the next 3 years. Currently, we have 16 schools in the training and implementing process, with 127 administrators, school counselors, family resource facilitators, school-based therapists, and classroom teachers receiving or registered to receive Mindful Schools Training.

Goal 2: Build Mindful Schools program capacity in the schools

Objective 1: Build capacity by increasing the number of schools going through the Mindful Schools training

Objective 2: Develop a networking plan to sustain capacity throughout the school district

Current Prevention Program Capacity

Programs and # of instructors

Strengthening Families

3

Project Davis

5

Guiding Good Choices

4

Incredible Years

5

Love & Logic

4

Stepfamily

6

MBSR

3

Learning to Breathe

1

Prime for Life

1

Alcohol Intervention

1

Protecting You Protecting Me

4

Anger Management

5

Mindful Schools

4

Capacity to address Gap 2 – Parent training to Spanish speaking community

DBH will collaborate with community partners to create more opportunities for the Spanish speaking population to attend parent training.

Goal 3: Increase the number of parent programs for Spanish speaking parents

Objective 1: Identify a location to hold parent trainings for the Spanish speaking population

Objective 2: Secure two Spanish speaking instructors

Goal 4: Coordinate efforts with local law enforcement to increase EASY compliance checks.

3) **Planning**

Example:

The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment, resource assessment and gaps assessment was completed.

Things to Consider/Include:

Write in a logical format or In a narrative. Logical Format is:

- Goal: 1
- Objective: 1.1
- Measures/outcomes
- Strategies:
- Timeline:
- Responsible/Collaboration:

**Character
Limit/Count**

What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?

1,000,000

Reduce Alcohol Consumption	Risk/Protective Factor	Program	# of Cycles	Anticipated # of people served
	Reducing Family Conflict	Strengthening Families	3	15-20 High Risk Families
		Project Davis	4	40-60 Families
		Guiding Good Choices	5	40-50
		Incredible Years	7	75-125
		Love & Logic	10	200-300
		Stepfamily	3	30-40 Families
		Anger Management kids, teens, men, women	16	150-180
		Fearless Marriage	8	100-150
	Decreasing depressive symptoms (increasing prosocial skills)	MBSR	6	90-120
		Learning to Breathe	6	90-120
		Mindful Schools	School Based program – will help with implementation in 30 schools	20,000
	Attitudes favorable to drug use	Prime for Life	6	60-80
		Alcohol & Drug Interv.	12	
	Increasing prosocial skills	Protecting You Protecting Me	School based program – will implement in 6 schools, grades 3, 4, 5	2,000 – 3,000

0

4) **Im**

Example:

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.

**Character
Limit/Count**

	Things to Consider/Include: Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions? **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).	1,000,000				
	Goal 4: Provide access to effective prevention services that produce measureable outcomes and use resources efficiently. Objective 1: Promote the use of evidenced based strategies that are designed to create environments and conditions that support the overall wellness of individuals and their ability to withstand challenges. Objective 2: Develop prevention policies for Evidence-Based Practices Objective 3: Monitor performance measures at least annually	462				

5) **Evaluation**

Example:

	Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	Character Limit/Count				
	Things to Consider/Include: What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes	1,000,000				
	Davis Behavioral Health's evaluation process involves the collection and analysis of outcome data, a review of policy, practice, and program effectiveness, and the development of recommendations for quality improvement	219				

6) Attach Logic Models for each program or strategy.

Logic Model 1

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Protecting You Protecting Me		\$15,000		Yes	
Agency		Tier Level:			
Davis Behavioral Health		4			
Goal	Factors	Focus Population: U/S/I		Outcomes	
		Universal	Strategies	Short	Long

Logic	Reduce lifetime alcohol	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	Prevention Strategy: Education - Presentations 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 6th graders will increase from 52.6% in 2013 to 65% in 2019. 2) Attitudes favorable to drug use in 8th grade will decrease from 13.6% in 2011 to 12% in 2017.	Lifetime alcohol use in 8th 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 Re	1) 2019 Sharp data 2) 2017 Sharp data	2021 Sharp data

Logic Model 2

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Anger Management (Men)			\$5,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		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.	Prevention Strategy: Education 8 sessions Small group anger management classes meet for 1 ½ to 2 hours, once a week for 8 weeks. The Anger Management Classes are held at Davis Behavioral Health (Layton), on Thursday evenings from 5:30 to 7:00	(1.1) Family conflict in 6th grade will decrease from 34.5% in 2011 to 27% in 2017 (1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 22% in 2017 (1.3) Family conflict in 10th grade will decrease from 31% in 2011 to 28% in 2017	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 Re	2017 Sharp Data	2019 BRFSS

Logic Model 3

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Anger Management (Women)			\$5,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		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.	Prevention Strategy: Education 8 sessions Small group anger management classes meet for 1 ½ to 2 hours, once a week for 8 weeks. The Anger Management Classes are held at Davis Behavioral Health (Layton), on Monday evenings from 5:30 to 7:00	(1.1) Family conflict in 6th grade will decrease from 34.5% in 2011 to 27% in 2017 (1.2) Family conflict in 8th grade will decrease from 27.3% in 2011 to 22% in 2017 (1.3) Family conflict in 10th grade will decrease from 31% in 2011 to 28% in 2017	Alcohol use among adult women will decrease from 4.64% in 2009 to 3.5% in 2019
Measures & Sources	2009 BRFS Data	2011 Sharp Data	Attendance Records	Program Log, Attendance Re	2017 Sharp Data	2019 BRFS

Logic Model 4

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Anger Management (Children)		\$5,000		No	
Agency		Tier Level:			
Davis Behavioral Health		1			
	Goal	Factors	Focus Population: U/S/I Selective	Strategies	Outcomes Short Long
Logic	Reduce alcohol use	(1) Family conflict (2) Prosocial involvement	Children ages 5 to 12. Participants are self-referral, referred by a counselor or school administrator, court ordered or referred by DCFS. We anticipate serving 30-50 individuals with this program.	Prevention Strategy: Education 6 sessions Small group anger management classes meet for 1 hour, once a week for 6 weeks. Anger Management Classes are held at Davis Behavioral Health (Layton) on Thursday from 5:30 to 6:30.	(1.1) Family conflict in 6th grade will decrease from 34.5% in 2011 to 27% in 2017 (2) Prosocial involvement in 6th graders will increase from 52.6% in 2013 to 65% in 2019. Lifetime alcohol use in 6th grade will decrease from 6% in 2011 to 1.5% in 2021.
Measures & Sources	2011 Sharp Data	1) 2011 Sharp 2) 2013 Sharp Data	Attendance Records	Program Log, Attendance Re	1) 2017 Sharp Data 2) 2019 Sharp Data

Logic Model 6

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Project Davis		\$25,000		No	
Agency		Tier Level:			
Davis Behavioral Health		1			
	Goal	Factors	Focus Population: U/S/I Universal / Selective	Strategies	Outcomes 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.	Prevention Strategy: Education 8 group sessions Project Davis classes will be held at Fremont, Endeavor, Wasatch, and Odyssey Elementary. This program runs for eight weeks for 1.5 to 2 hours.	(1) Poor family management in 6th grade will decrease from 34% in 2011 to 22% in 2017.	Lifetime alcohol use in 6th grade will decrease from 6% in 2011 to 1.5% 2021. Lifetime alcohol use in 8th grade will decrease from 14% in 2011 to 9% in 2021.
Measures & Sources	2011 Sharp Data	2011 Sharp Data	Attendance Records	Program Log, Attendance Re	2017 Sharp Data	2021 Sharp Data

Logic Model 5

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Prime for Life (PRI) - Juvenile			\$3,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I Universal/Selective/Indicated	Strategies	Outcomes	
					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.	Prevention Strategy: Education 5 group sessions 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.	Favorable attitudes toward alcohol and drug use in 8th grade will decrease from 16.4% in 2011 to 14.4% in 2017 Favorable attitudes toward alcohol and drug use in 10th grade will decrease from 20.3% in 2011 to 18% in 2017	Lifetime alcohol use in 8th grade will decrease from 14% in 2011 to 9% in 2021. Lifetime alcohol use in 10th Grade will decrease from 23.1% in 2011 to 17% in 2021
Measures & Sources	2011 Sharp Data	2011 Sharp	Attendance Records	Program Log, Attendance Re	2017 Sharp	2021 Sharp Data

Logic Model 6

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Strengthening Families			\$20,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I Universal/Selective/Indicated	Strategies	Outcomes	
					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 Re	Pre-Post Tests	2019 BRFSS

Logic Model 9

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Incredible Years			\$30,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I Selected	Strategies	Outcomes Short Long	
Logic	Reduce lifetime alcohol	(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.	(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 D	2021 Sharp Data

Logic Model 10

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Guiding Good Choices			\$8,000			
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I Universal/Selective/Indicated	Strategies	Outcomes Short Long	

Logic	Reduce lifetime alcohol use	(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 10th grade will decrease from 31% in 2011 to 28% in 2017	Lifetime alcohol use in 8th grade will decrease from 14.0% in 2011 to 9% in 2021. Lifetime alcohol use in 10th 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	2021 Sharp Data

Logic Model 11

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Fearless Marriage			\$5,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I Universal/Selective/Indicated	Strategies	Outcomes Short Long	
Logic	Reduce alcohol use	Family conflict	This program targets couples in Davis County. Participants are self-referral, referred by DCFS or the court. We anticipate serving 20-25 couples.	Prevention strategy: Education The class will be held at Davis Behavioral Health (Layton) on Thursday nights from 6:00 to 8:00. Participants will attend once a week for 6 weeks.	Family conflict will decrease from 34.5% (6th grade) in 2011 to 31.5% in 2017. Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017	Lifetime alcohol use in: 6th grade problem will decrease from 6% in 2011 to 1.5% in 2021. 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
Measures & Sources	2011 Sharp Data	2011 Sharp	Attendance Records	Program Log, Attendance Records	2017 Sharp	2021 Sharp Data

Logic Model 12

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Mindfulness Based Stress Reduction			\$12,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I Universal/Selective	Strategies	Outcomes Short Long	

Logic	Reduce Binge Drinking	Depressive symptoms	This program targets adults in Davis County who report having depressive symptoms. Participants are self-referral, referred by a therapist or doctor. We anticipate serving 50-75 individuals.	Prevention Strategy: Education The class will be held at Davis Behavioral Health (Layton) on Thursday nights from 6:30 to 9:00. Participants will attend once a week for 8 weeks.	Depression symptoms will decrease by 25% from pre to post-tests.	Binge Drinking among men will decrease from 9.09% in 2009 to 8% in 2019 Binge Drinking 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 Re	Pre-post tests	2019 BRFSS

Logic Model 13

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Learning to Breathe (Cool Minds)			\$6,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
Logic	Reduce alcohol use	Depressive symptoms	This program targets adolescents in Davis County who report having depressive symptoms. Participants are self-referral, referred by a teacher, counselor, or administrator. We anticipate serving 30-60 individuals.	Prevention Strategy: Education – group The class will be held at Davis Behavioral Health (Layton) on Thursday afternoons from 4:00 to 5:30. Participants will attend once a week for 8 weeks.	Depression symptoms will decrease by 25% from pre to post-tests.	Lifetime alcohol use in 8th grade will decrease from 14.0% in 2011 to 9% in 2021. Lifetime alcohol use in 10th grade will decrease from 23.1% in 2011 to 17% in 2021.
Measures & Sources	2011 Sharp Survey	Pre-post tests	Attendance Records	Program Log, Attendance Re	Pre-post tests	2021 Sharp Survey

Logic Model 14

Program Name			Cost to Run Program		Evidence Based: Yes or No	
Mindful Schools			\$60,000		Yes	
Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce alcohol use	Depressive symptoms	This program targets school aged children and youth in The Davis School District. We anticipate 20,000 young people will be served.	Prevention Strategy: Education – 16 mindfulness lessons will be taught in the school classrooms.	Depression symptoms will decrease by 25% from pre to post-tests.	Lifetime alcohol use in 8th grade will decrease from 14.0% in 2011 to 9% in 2021. Lifetime alcohol use in 10th grade will decrease from 23.1% in 2011 to 17% in 2021.
Measures & Sources	2011 Sharp Survey	Pre-post tests	Attendance Records	Program Log, Attendance Re	Pre-post tests	2021 Sharp Survey

FY18 Substance Use Disorder Treatment Federal Opioid Grant

Local Authority: Davis Behavioral Health

[Form B-OG](#)

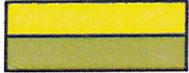
FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	167760	\$167,760
Total FY2018 Substance Use Disorder Treatment Revenue	\$167,760	\$167,760

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)				#DIV/0!
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)				#DIV/0!
Intensive Outpatient (ASAM II.5 or II.1)				#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical)				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)	167760	\$167,760		#DIV/0!
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$167,760	\$167,760	0	#DIV/0!

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	53700	\$53,700
All Other Women (18+)	25200	\$25,200
Men (18+)	88860	\$88,860
Youth (12- 17) (Not Including pregnant women or women with dependent children)		

Davis Behavioral Health
FY 2017 APPROVED FEE SCHEDULE

2012 Poverty Guideline
2012 200% Poverty



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

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

Additional Considerations:

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

Employee Name	Job Title	Department	Supervisor
Alice Carter	Case Manager - TCM	210 - CRU	Anderson, Shanna
Cole Jones	Human Service	210 - CRU	Anderson, Shanna
Heather Knight	Peer Specialist	210 - CRU	Anderson, Shanna
Holly Alder	Human Service	210 - CRU	Anderson, Shanna
Jacob Holbrook	Human Service	210 - CRU	Anderson, Shanna
JaNall Black	Human Service	210 - CRU	Anderson, Shanna
Janet Ercanbrack	Human Service	210 - CRU	Anderson, Shanna
Jonathan Harrell	Case Manager -	210 - CRU	Anderson, Shanna
Kennedy Gandy	Student Intern -	210 - CRU	Anderson, Shanna
Madyson Weinmann	HST	210 - CRU	Anderson, Shanna
Palepa Chatman	Human Service	210 - CRU	Anderson, Shanna
Preston Bradley	Human Service	210 - CRU	Anderson, Shanna
Ryan Charles	Human Service	210 - CRU	Anderson, Shanna
Sandra Cook	Human Service	210 - CRU	Anderson, Shanna
Shaylynn Hunsaker	Human Service	210 - CRU	Anderson, Shanna
Tamara Stratford	Case Manager	210 - CRU	Anderson, Shanna
Alison Christiansen	Office Specialist -	821 - CLINICAL	Arave, Margaret
Angelique Hamel	Office Specialist -	821 - CLINICAL	Arave, Margaret
Dalene White	Office Specialist -	821 - CLINICAL	Arave, Margaret
Dawnn Bruns	Office Specialist -	821 - CLINICAL	Arave, Margaret
Gentry Neilson	Office Specialist -	821 - CLINICAL	Arave, Margaret
Ikara Bounds	Office Specialist -	821 - CLINICAL	Arave, Margaret
Jill Chiles	Office Specialist -	821 - CLINICAL	Arave, Margaret
Kaitlyn Gordy	Office Specialist -	821 - CLINICAL	Arave, Margaret
Lauren Bieniek	Office Specialist -	821 - CLINICAL	Arave, Margaret
Luciann Johnson	Office Specialist	821 - CLINICAL	Arave, Margaret
Melissa Rasmussen	Office Specialist -	821 - CLINICAL	Arave, Margaret
Roxanne Garnica	Office Specialist -	821 - CLINICAL	Arave, Margaret
Shawnie Brocius	Office Specialist -	821 - CLINICAL	Arave, Margaret
Brandon Nielsen	Certified Social	301 - YOUTH MH	Baker, Kimberlee
Emily Duffin	Licensed Clinical	301 - YOUTH MH	Baker, Kimberlee
Erin Scott	Certified Social	509 - YOUTH SA	Baker, Kimberlee
Jamille Johnson	Clinical Mental	301 - YOUTH MH	Baker, Kimberlee
Tamara Roberts	Licensed Clinical	301 - YOUTH MH	Baker, Kimberlee
Timothy Chavez	Certified Social	301 - YOUTH MH	Baker, Kimberlee
Catherine Grigsby	Human Service	421 - MRC	Baker, Spencer
Christopher Jackson	Human Service	421 - MRC	Baker, Spencer
Ernest Wims	Case Manager	421 - MRC	Baker, Spencer
John Larsen	Licensed Clinical	421 - MRC	Baker, Spencer
Julie Janes	Licensed SUDC	421 - MRC	Baker, Spencer
Michelle Harris	Human Service	421 - MRC	Baker, Spencer
Victoria Rehbein	Human Service	421 - MRC	Baker, Spencer
Kristi Hensley	Recovery Support	415 - Justice	Bartruff, Brett
Lisa Marino	Recovery Support	415 - Justice	Bartruff, Brett
Mark Giles	Licensed Clinical	415 - Justice	Bartruff, Brett
Michael Haws	Licensed SUDC	401 - ADULT SA	Bartruff, Brett
Nathan Brown	Recovery Support	415 - Justice	Bartruff, Brett
Bret Hafen		201 - ADULT MH	Bassett, Rosanne
Cassie Flinders	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas

Clark Vicente	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
David Dickey	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
Jadrianette Lacy	Food Service	400 - DIVERSIFIED	Broadbent, Douglas
Jeulie Clark	Food Service Crew	400 - DIVERSIFIED	Broadbent, Douglas
Jon Flinders	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
LeRoy Schamber	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
Marcy Alexander	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
Sarah Vourtsis	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
Troy Price	Food Service Helper	400 - DIVERSIFIED	Broadbent, Douglas
Amber Schiffman	Licensed Clinical	301 - YOUTH MH	Deveraux, Lara
Barbara Sirken	Licensed Clinical	301 - YOUTH MH	Deveraux, Lara
Cambria O'Neal	Certified Social	301 - YOUTH MH	Deveraux, Lara
Chera Mann	Student Intern -	301 - YOUTH MH	Deveraux, Lara
Katryna Campbell	Clinical Mental	301 - YOUTH MH	Deveraux, Lara
Kelle Valentine	Program Supervisor I	310 - QUEST	Deveraux, Lara
Niki Harrell	Certified Social	301 - YOUTH MH	Deveraux, Lara
Rachel Reist	Licensed Clinical	301 - YOUTH MH	Deveraux, Lara
Sophie Archibald	Certified Social	301 - YOUTH MH	Deveraux, Lara
Autumn Woodfall	Maintenance	824 - MAINTENANCE	Foren, Timothy
Jack Evertsen	Maintenance	824 - MAINTENANCE	Foren, Timothy
Jaron Gold	Maintenance	824 - MAINTENANCE	Foren, Timothy
Matthew Beers	Maintenance	824 - MAINTENANCE	Foren, Timothy
Rich Burrows	Maintenance	824 - MAINTENANCE	Foren, Timothy
Amelia Brandley	Residential Manager	201 - ADULT MH	Gamboa, Randee
Heidi Finlinson	Peer Specialist	201 - ADULT MH	Gamboa, Randee
Jonathan Reynolds	Peer Specialist	201 - ADULT MH	Gamboa, Randee
Karon Peckham	Peer Specialist	201 - ADULT MH	Gamboa, Randee
Rickie Pierce	Peer Specialist	201 - ADULT MH	Gamboa, Randee
Sandra Trump	Peer Specialist	201 - ADULT MH	Gamboa, Randee
Terrilee Yule	Peer Specialist	201 - ADULT MH	Gamboa, Randee
Colleen Thompson	Peer Specialist	201 - ADULT MH	Gold, Deborah
Jerry Rverse	Case Management	231 - JOURNEY	Gold, Deborah
Juan Enriquez	Case Manager	311 - STEP FORWARD	Gold, Deborah
Cheri Wardleigh	Accounts Receivable	913 - FINANCE	Hansen, Jill
Gerilyn Tubbs	Office Specialist -	821 - CLINICAL	Hansen, Jill
Jared Hardman	Office Specialist -	821 - CLINICAL	Hansen, Jill
Julie Peckham	Accounts Receivable	913 - FINANCE	Hansen, Jill
Kaitlin Tate	Office Specialist -	913 - FINANCE	Hansen, Jill
Katie Barnedt	Office Specialist -	913 - FINANCE	Hansen, Jill
Mary Jensen	Office Specialist -	821 - CLINICAL	Hansen, Jill
Michelle Gideon	Office Specialist -	821 - CLINICAL	Hansen, Jill
Michelle Scott	Office Specialist -	913 - FINANCE	Hansen, Jill
Paula Pingel	Accounts Receivable	913 - FINANCE	Hansen, Jill
Shaylee Brocious	Office Specialist -	913 - FINANCE	Hansen, Jill
Stephanie Weaver	Office Specialist -	913 - FINANCE	Hansen, Jill
Tammra Thomason	Office Specialist -	821 - CLINICAL	Hansen, Jill
Christopher Lang	Medical Director	610 - YOUTH	Hatch, Brandon
Debi Todd	Program Coordinator	710 - GENERAL	Hatch, Brandon
Jill Swain	Executive Assistant	910 -	Hatch, Brandon
Julana Schenk	Medical Director	620 - ADULT MEDICAL	Hatch, Brandon
Kristen Reisig	Clinical Director	910 -	Hatch, Brandon

Lowell Smith	Chief Financial	913 - FINANCE	Hatch, Brandon
Margaret Arave	Office Manager	821 - CLINICAL	Hatch, Brandon
Michele Tanner	Corporate	912 - LEGAL	Hatch, Brandon
Tim London	Human Resources	910 -	Hatch, Brandon
Dana Giles	Prevention	301 - YOUTH MH	Hood, Marty
Jena Temple	Case Management	301 - YOUTH MH	Hood, Marty
Joseph Giles	Skills Development	301 - YOUTH MH	Hood, Marty
Kimberlee McComas	Program Supervisor	301 - YOUTH MH	Hood, Marty
Lara Deveraux	Program Supervisor	301 - YOUTH MH	Hood, Marty
Alicia Anderson	Medical	821 - CLINICAL	Johnson, Diane
Connie Ward	Medical	821 - CLINICAL	Johnson, Diane
Richard Anderson		914 - UTILIZATION	Johnson, Norman
Brett Bartruff	Certified Social	415 - Justice	Keate, Virgil
Callie Murray	Program Director	423 - WRC	Keate, Virgil
Julie Humphrey	Licensed Clinical	430 - RSAT	Keate, Virgil
Leslie Woodfall	Case Manager -	430 - RSAT	Keate, Virgil
Spencer Baker	Program Director	421 - MRC	Keate, Virgil
Annette Welch	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Erin Rasmussen	Registered Nurse	210 - CRU	Lockyer, Paul
Gayla Pesnell	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Judith West	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Kathleen Bachman	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Melanie Atkinson	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Melissa Roundy	Registered Nurse	210 - CRU	Lockyer, Paul
Misty Hannigan	Licensed Practical	210 - CRU	Lockyer, Paul
Robert Green	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Stephanie Scott	Registered Nurse	210 - CRU	Lockyer, Paul
Teri Nimitz	Registered Nurse	620 - ADULT MEDICAL	Lockyer, Paul
Timothy Woolworth	Licensed Practical	210 - CRU	Lockyer, Paul
Christine Buck	Human Resources	910 -	London, Tim
Kathy Carson	Human Resources	910 -	London, Tim
Kiera Reisig	Human Resources	910 -	London, Tim
Kim Dalrymple	Human Resources	910 -	London, Tim
Kirk Harrison	Certified Social	509 - YOUTH SA	McComas, Kimberlee
Julianne Cox	Licensed Clinical	201 - ADULT MH	McKay, David
Kenton Francis	Licensed Clinical	201 - ADULT MH	McKay, David
Kirsten Jacobson	Licensed Clinical	201 - ADULT MH	McKay, David
Mary Gramer-Smithe	Licensed Clinical	201 - ADULT MH	McKay, David
Molly Tagge	Licensed Clinical	201 - ADULT MH	McKay, David
Nancy Moss	Certified Social	201 - ADULT MH	McKay, David
Theresa Rock	Licensed Practical	460 - ATR	McKay, David
Aubree Thomas	Family Resource	726 - Partners For	Moss, Nancy
Donna Raby	Clinical Mental	301 - YOUTH MH	Moss, Nancy
Elena Ekker	Family Resource	305 - MOBILE CRISIS	Moss, Nancy
Elizabeth Dille	Family Resource	305 - MOBILE CRISIS	Moss, Nancy
Lindsay Bartholomew	Family Resource	726 - Partners For	Moss, Nancy
Lydia Arguelles	Licensed Clinical	305 - MOBILE CRISIS	Moss, Nancy
Marlayna Merkley	Family Resource	305 - MOBILE CRISIS	Moss, Nancy
Sherrie Wallace	Certified Social	305 - MOBILE CRISIS	Moss, Nancy
Victoria Thompson	Certified Social	305 - MOBILE CRISIS	Moss, Nancy
Ambria Lamb	Human Service	423 - WRC	Murray, Callie

Cynthia Fennell	Clinical Mental	423 - WRC	Murray, Callie
Joseph Wegener	Licensed SUDC	423 - WRC	Murray, Callie
Marie Fritz	Human Service	423 - WRC	Murray, Callie
Melyssa Conerly	Certified Social	423 - WRC	Murray, Callie
Sarah Stone	CSW	423 - WRC	Murray, Callie
Tammie Bratsch	Human Service	423 - WRC	Murray, Callie
Vicki Oliphant	Human Service	423 - WRC	Murray, Callie
Ainsley Wall	Certified Social	201 - ADULT MH	Pendley, Janet
Allison Martinez	Case Manager	201 - ADULT MH	Pendley, Janet
Amy Christensen	Case Manager -	201 - ADULT MH	Pendley, Janet
Deborah Gold	Program Supervisor	231 - JOURNEY	Pendley, Janet
Henry James Vandenhazel	Licensed Clinical	210 - CRU	Pendley, Janet
Jeffrey Smith	Program Supervisor I	230 - FAST	Pendley, Janet
Randee Gamboa	Certified Peer	201 - ADULT MH	Pendley, Janet
Rod Thornley	Program Supervisor I	201 - ADULT MH	Pendley, Janet
Shanna Anderson	Program Coordinator	210 - CRU	Pendley, Janet
Brandon Hatch	Chief Executive	910 -	Reisig, Kristen
David McKay	Program Supervisor I	201 - ADULT MH	Reisig, Kristen
Diane Johnson	Office Manager	821 - CLINICAL	Reisig, Kristen
Janet Pendley	Program Director	201 - ADULT MH	Reisig, Kristen
Marty Hood	Program Director	301 - YOUTH MH	Reisig, Kristen
Ryan Hatch	Office Specialist	821 - CLINICAL	Reisig, Kristen
Todd Soutor	Program Director	910 -	Reisig, Kristen
Virgil Keate	Program Director	401 - ADULT SA	Reisig, Kristen
Alexia Guidry	Skills Development	306 - Children's	Reynolds, Joseph
Calli Carter	Skills Development	306 - Children's	Reynolds, Joseph
Chalene Calaway	Skills Development	306 - Children's	Reynolds, Joseph
Dallin Tate	Skills Development	306 - Children's	Reynolds, Joseph
Gregory Charles	Skills Development	306 - Children's	Reynolds, Joseph
Jenika Reisig	Skills Development	306 - Children's	Reynolds, Joseph
Jessica Bredsguard	Skills Development	306 - Children's	Reynolds, Joseph
Leah Hunt	Skills Development	306 - Children's	Reynolds, Joseph
Lisa Pettus	Skills Development	306 - Children's	Reynolds, Joseph
Madison Larrabee	Skills Development	306 - Children's	Reynolds, Joseph
Nancy Leavitt	Skills Development	306 - Children's	Reynolds, Joseph
Sandra Solano	Skills Development	306 - Children's	Reynolds, Joseph
Shaelyn Worthen	Skills Development	306 - Children's	Reynolds, Joseph
Trinity Conover	Skills Development	306 - Children's	Reynolds, Joseph
Tynesha Roberts	Family Resource	306 - Children's	Reynolds, Joseph
Aislynn Wilson	Medical Assistant	620 - ADULT MEDICAL	Richins, Scott
Hallie Morgan	Medical Secretary	620 - ADULT MEDICAL	Richins, Scott
Laura Boyle	Medical Assistant	620 - ADULT MEDICAL	Richins, Scott
Adreea Randall	Support Worker	400 - DIVERSIFIED	Rickman, Robert
Angela Maxwell	Custodian	400 - DIVERSIFIED	Rickman, Robert
Angie Clark	Custodian	400 - DIVERSIFIED	Rickman, Robert
Blaine Shelton	Custodian	400 - DIVERSIFIED	Rickman, Robert
Brittany Dowding	Custodian	400 - DIVERSIFIED	Rickman, Robert
Corey Jones	Custodian	400 - DIVERSIFIED	Rickman, Robert
Courtney Crompton	Custodian	400 - DIVERSIFIED	Rickman, Robert
David Galloway	Custodian	400 - DIVERSIFIED	Rickman, Robert
Eric Singleton	Custodian	400 - DIVERSIFIED	Rickman, Robert

George Parnell	Custodial Crew Lead	400 - DIVERSIFIED	Rickman, Robert
Jamie Kennedy		400 - DIVERSIFIED	Rickman, Robert
Kelley Long	Custodian	400 - DIVERSIFIED	Rickman, Robert
Levi Contreras	Custodian	400 - DIVERSIFIED	Rickman, Robert
Melisa Lovato	Custodian	400 - DIVERSIFIED	Rickman, Robert
Rafferty Bennett	Custodial Crew Lead	400 - DIVERSIFIED	Rickman, Robert
Rebecca Hart	Custodian	400 - DIVERSIFIED	Rickman, Robert
Robert Soule	Custodian	400 - DIVERSIFIED	Rickman, Robert
Russell Gordy	Custodial Crew Lead	400 - DIVERSIFIED	Rickman, Robert
Ryan Farrimond	Custodian	400 - DIVERSIFIED	Rickman, Robert
Sharolyn Jones	Custodian	400 - DIVERSIFIED	Rickman, Robert
Shaun Gale	Custodian	400 - DIVERSIFIED	Rickman, Robert
Sheldon Mawyer	Custodian	400 - DIVERSIFIED	Rickman, Robert
Shirley Palmer	Custodian	400 - DIVERSIFIED	Rickman, Robert
Tanya McCoy	Custodian	400 - DIVERSIFIED	Rickman, Robert
Tyler Anderson	Custodian	400 - DIVERSIFIED	Rickman, Robert
Valerie Abele	Custodian	400 - DIVERSIFIED	Rickman, Robert
Vicki Rex	Custodian	400 - DIVERSIFIED	Rickman, Robert
Victor Lemons	Custodian	400 - DIVERSIFIED	Rickman, Robert
Edward Hodgson	Shuttle Driver	230 - FAST	Ryerse, Jerry
Harold Fricke	Courier	231 - JOURNEY	Ryerse, Jerry
Jenafer Newman	Case Manager -	231 - JOURNEY	Ryerse, Jerry
Kim Smith	Human Service	231 - JOURNEY	Ryerse, Jerry
Lorna Rosenstein	Case Manager - Peer	231 - JOURNEY	Ryerse, Jerry
Michael Maez	Courier	231 - JOURNEY	Ryerse, Jerry
Bonnie Baldwin	Medical Assistant	610 - YOUTH	Schenk, Julana
Donna Philippi	Psychiatrist	620 - ADULT MEDICAL	Schenk, Julana
Frankie Jackson	Advanced Practice	610 - YOUTH	Schenk, Julana
Gayle Stockslager	Advanced Practice	620 - ADULT MEDICAL	Schenk, Julana
Heather Bernard	Advanced Practice	610 - YOUTH	Schenk, Julana
Kav Stewart	Medical Assistant	610 - YOUTH	Schenk, Julana
Michael Scott Roundy	Psychiatrist	650 - OCC	Schenk, Julana
Michelle Robbins	Medical Assistant	620 - ADULT MEDICAL	Schenk, Julana
Mitzy Stewart	Advanced Practice	620 - ADULT MEDICAL	Schenk, Julana
Paul Lockyer	Registered Nurse	620 - ADULT MEDICAL	Schenk, Julana
Rene Valles	Psychiatrist	610 - YOUTH	Schenk, Julana
Scott Richins	Advanced Practice	620 - ADULT MEDICAL	Schenk, Julana
Carrie Quartuccio	Case Manager -	230 - FAST	Smith, Jeffrey
Erica Lessing	Case Management	230 - FAST	Smith, Jeffrey
Michelle Cook	Case Manager - Non-	230 - FAST	Smith, Jeffrey
Valita Bishop	Licensed Practical	230 - FAST	Smith, Jeffrey
Amulya Sharma	Data Analyst	650 - OCC	Smith, Lowell
Douglas Broadbent	Food Service	400 - DIVERSIFIED	Smith, Lowell
Jason Adams	Housing Supervisor	985 - HOUSING	Smith, Lowell
Robert Rickman	Cleaning Manager	400 - DIVERSIFIED	Smith, Lowell
Ryan Westergard	Corporaate	913 - FINANCE	Smith, Lowell
Timothy Foren	Maintenance	824 - MAINTENANCE	Smith, Lowell
Jaime Welch	Assoc. Clinical	201 - ADULT MH	Soutor, Todd
Joseph Reynolds	Program Supervisor I	306 - Children's	Soutor, Todd
Kristin Orgill	Licensed Clinical	201 - ADULT MH	Soutor, Todd
Kyle Newman	Skills Development	301 - YOUTH MH	Soutor, Todd

Natalie Floyd	Utilization	914 - UTILIZATION	Soutor, Todd
Raigan Steele	Assoc. Clinical	201 - ADULT MH	Soutor, Todd
Andrea Hamala	Utilization	914 - UTILIZATION	Tanner, Michele
Andrea Martinez	ADMINISTRATIVE	912 - LEGAL	Tanner, Michele
Allysa Westergard	Case Manager -	301 - YOUTH MH	Temple, Jena
Anne Reynolds	Skills Development	301 - YOUTH MH	Temple, Jena
Britta Olsen	Casemanager	301 - YOUTH MH	Temple, Jena
Brynlie Ogden	Skills Development	301 - YOUTH MH	Temple, Jena
Jessica Lee	Skills Development	301 - YOUTH MH	Temple, Jena
Karen Greenwell	Family Resource	301 - YOUTH MH	Temple, Jena
Kylee Ogden		301 - YOUTH MH	Temple, Jena
Michelle Wardell	Case Manager -	301 - YOUTH MH	Temple, Jena
Peter Burgoyne	Skills Development	301 - YOUTH MH	Temple, Jena
RanDee Martinez	Skills Development	301 - YOUTH MH	Temple, Jena
Roel Ramos	Skills Development	301 - YOUTH MH	Temple, Jena
Sara Wood	Case Manager -	301 - YOUTH MH	Temple, Jena
Teresa Clawson	Skills Development	301 - YOUTH MH	Temple, Jena
Zachary Berger	Skills Development	301 - YOUTH MH	Temple, Jena
Amanda Cornelius	Licensed Clinical	201 - ADULT MH	Thornley, Rod
Brittany Olson	Certified Social	401 - ADULT SA	Thornley, Rod
Carol Hendricks	Licensed Clinical	201 - ADULT MH	Thornley, Rod
Cindie Parker	Licensed Clinical	401 - ADULT SA	Thornley, Rod
Crystalyn Hori-Wilson	Clinical Mental	401 - ADULT SA	Thornley, Rod
Dawneen Herrin	Case Manager -	450 - FAMILY	Thornley, Rod
Edward Seiler	Assoc. Clinical	401 - ADULT SA	Thornley, Rod
Gary Goodrich	Psychiatrist	201 - ADULT MH	Thornley, Rod
Heidi Kraus	Licensed Clinical	410 - ADULT SA IOP	Thornley, Rod
Jane Woolley	Clinical Mental	401 - ADULT SA	Thornley, Rod
Jennifer Jones	Certified Social	401 - ADULT SA	Thornley, Rod
Joshua Holmes	Certified Social	201 - ADULT MH	Thornley, Rod
Karen Cook	Licensed Clinical	201 - ADULT MH	Thornley, Rod
Kari Harrison	Casemanager	201 - ADULT MH	Thornley, Rod
Rosa Bridges	Certified Social	201 - ADULT MH	Thornley, Rod
Rosanne Bassett	Licensed Clinical	201 - ADULT MH	Thornley, Rod
Sheila Perry	Licensed Clinical	201 - ADULT MH	Thornley, Rod
Stephanie McSparen	Assoc. Clinical	401 - ADULT SA	Thornley, Rod
Susan Bollow	Licensed Clinical	201 - ADULT MH	Thornley, Rod
Terrance Orton	Certified Social	201 - ADULT MH	Thornley, Rod
Angie Maxfield	Prevention	710 - GENERAL	Todd, Debi
Angie Smith	Prevention	710 - GENERAL	Todd, Debi
Carlene Kemp	Prevention	710 - GENERAL	Todd, Debi
Cheryl Hendry	Prevention	710 - GENERAL	Todd, Debi
Deanna Gardner	Prevention	710 - GENERAL	Todd, Debi
Douglas Weaver	Prevention	710 - GENERAL	Todd, Debi
Katie Bingham	Prevention	710 - GENERAL	Todd, Debi
Kristen Calder-Judd	Prevention	710 - GENERAL	Todd, Debi
Lynn Tanner	Prevention	727 - PREVENTION	Todd, Debi
Marcee Buxton	Prevention	710 - GENERAL	Todd, Debi
Mark Dewsnup	Prevention	710 - GENERAL	Todd, Debi
Chelsie Penman	School Teacher	310 - QUEST	Valentine, Kelle
Kate Meyer	Human Service	310 - QUEST	Valentine, Kelle

Org Chart Labels

DAVIS BEHAVIORAL HEALTH INC (N7380)

Anthony Barlow	Accountant	913 - FINANCE	Westergard, Ryan
Chhaysim Sun		913 - FINANCE	Westergard, Ryan
Gloria Bartlome	Payroll Coordinator	913 - FINANCE	Westergard, Ryan
Jill Hansen	Accounts Receivable	913 - FINANCE	Westergard, Ryan
Kathleen Long	Payee Services	201 - ADULT MH	Westergard, Ryan
Rea Simpson	Accounts Payable	913 - FINANCE	Westergard, Ryan
Shaylie Haskell	Payee Services	201 - ADULT MH	Westergard, Ryan
Summer Biesinger	Payee Services	201 - ADULT MH	Westergard, Ryan

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 2018 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: DAVIS COUNTY GOVERNMENT

By: _____

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

PLEASE PRINT:

Name: **JAMES E. SMITH**

Title: **COMMISSION CHAIR**

Date: **5/2/17**

ATTEST:

Curtis Koch
Davis County Clerk/Auditor

2017-153