

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!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Residents of Davis County are eligible to receive mental health services at Davis Behavioral Health (DBH) regardless of their ability to pay or their mental status. Those who meet Serious and Persistently Mentally III/ Seriously Emotionally Disturbed (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 Mindfulness Based Stress Reduction (MBSR).
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?
Residents of Davis County that are determined to need 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 and residential and social detox). Wait times may be experienced for residential treatment. Those on a residential waiting list will be taken in the order of severity (1 pregnant 2. IV Drug use), then in the order the referral was received. Only residential care has a cap on services (currently 16 beds). Initial appointments for evaluation are generally seen within 7 days. Follow-up appointments are scheduled within 5 days from the time of assessment.
What are the criteria used to determine who is eligible for a public subsidy?
Eligible mental health patients must be Davis County residents. Those receiving traditional mental health services are determined using SPMI/SED criteria. Mental health patients who do not meet SPMI/SED criteria will receive non-traditional services such as education classes, brief treatment and medication consultation. Individuals receiving public subsidy for Substance Use Disorder (SUD) treatment must be Davis county residents and have a diagnosed SUD. Those without a diagnosed SUD are referred to prevention and education programs.
How is this amount of public subsidy determined?
All 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 Electronic Medical Record (EMR) software.
How is information about eligibility and fees communicated to prospective clients?
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.
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.

No

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.

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.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes

FY19 Mental Health Area Plan & Budget													Local Authority: Davis Behavioral Health		Form A	
State General Fund				County Funds												
FY2019 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue			
JRI	\$50,000												\$50,000			
Local Treatment Services	\$316,023	\$3,265,701	\$166,794	\$1,287,468		\$8,229,299	\$462,431		\$178,100	\$1,497,760	\$339,200	\$1,897,363	\$17,640,139			
FY2019 Mental Health Revenue by Source	\$366,023	\$3,265,701	\$166,794	\$1,287,468	\$0	\$8,229,299	\$462,431	\$0	\$178,100	\$1,497,760	\$339,200	\$1,897,363	\$17,690,139			
State General Fund				County Funds												
FY2019 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served	
Inpatient Care (170)	\$4,000	\$316,800		\$30,000		\$1,374,200							\$1,725,000	188	\$9,175.53	
Residential Care (171 & 173)	\$6,000	\$359,000	\$21,000	\$55,500		\$1,293,500			\$9,000	\$15,000	\$41,000	\$50,000	\$1,850,000	331	\$5,589.12	
Outpatient Care (22-24 and 30-50)	\$95,351	\$1,471,201	\$91,794	\$222,040		\$555,799	\$406,131		\$98,800	\$1,369,760	\$274,800	\$1,195,463	\$5,781,139	6,365	\$908.27	
Outpatient based service with emergency_ind =	\$2,000	\$32,700		\$10,000		\$315,800	\$6,000			\$11,000	\$6,000	\$16,500	\$400,000	1,247	\$320.77	
Psychotropic Medication Management (61 & 62)	\$10,000	\$360,000	\$42,000	\$341,500		\$2,581,700	\$50,300			\$102,000	\$10,500	\$77,000	\$3,575,000	3,265	\$1,094.95	
Psychosocial Rehabilitation (Skills Dev. 100)	\$2,500	\$350,000	\$7,500	\$111,500		\$935,300						\$18,200	\$1,425,000	705	\$2,021.28	
Case Management (120 & 130)	\$4,500	\$179,500	\$4,500	\$233,400		\$1,094,500					\$6,900	\$26,700	\$1,550,000	2,845	\$544.82	
- Housing (174) (Adult)	\$77,400	\$31,000		\$21,000		\$50,300			\$24,300			\$186,000	\$390,000	295	\$1,322.03	
- Adult Peer Specialist	\$4,500	\$157,500		\$11,300		\$15,700			\$46,000			\$125,000	\$360,000	481	\$748.44	
consultation, collaboration with other county service	\$1,900	\$8,000		\$48,600		\$12,500						\$54,000	\$125,000			
other county correctional facility				\$191,500								\$98,500	\$290,000	1,085	\$267.28	
Adult Outplacement (USH Liaison)	\$157,872			\$11,128									\$169,000	80	\$2,112.50	
Other Non-mandated MH Services												\$50,000	\$50,000	70	\$714.29	
FY2019 Mental Health Expenditures Budget	\$366,023	\$3,265,701	\$166,794	\$1,287,468	\$0	\$8,229,299	\$462,431	\$0	\$178,100	\$1,497,760	\$339,200	\$1,897,363	\$17,690,139	7,750	\$2,282.60	
State General Fund				County Funds												
FY2019 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/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total FY2019 Clients Served	TOTAL FY2019 Cost/Client Served	
ADULT	\$256,993	\$2,292,925	\$117,110	\$903,961		\$5,777,983	\$324,684		\$125,048	\$1,051,612	\$238,160	\$1,332,183	\$12,420,659	5,350	\$2,321.62	
YOUTH/CHILDREN	\$109,030	\$972,776	\$49,684	\$383,507		\$2,451,316	\$137,747		\$53,052	\$446,148	\$101,040	\$565,180	\$5,269,480	2,400	\$2,195.62	
Total FY2019 Mental Health Expenditures	\$366,023	\$3,265,701	\$166,794	\$1,287,468	\$0	\$8,229,299	\$462,431	\$0	\$178,100	\$1,497,760	\$339,200	\$1,897,363	\$17,690,139	7,750	\$2,282.60	
			Allocations	Required Match												
			IGP	\$0	Intergenerational Poverty											
			MHC	\$748,636	\$149,727	State Children										
			EIM	\$333,170	\$66,634	Early Intervention										
			MHX	\$127,000		Federal Children										
			MHS	\$2,499,918	\$499,984	State General										
			MHN	\$166,794	\$33,359	Unfunded										
			MHF	\$124,684		Federal General										
			UZS	\$0		Utah Zero Suicide										
			FRF	\$10,747		Family Resource Facilitator - Federal										
			FRF			Family Resource Facilitator - State General Funds										
			OPT			Peer Support Training										
			JRI	\$50,000	\$10,000	Justice Reinvestment										
			JRC	\$0		Justice Reinvestment - Committee										
			CMT			Community Mental Health Training - 1x General Funds										

FY19 Mental Health Early Intervention Plan & Budget

Local Authority: Davis Behavioral Health

Form A2

	State General Fund		County Funds								
FY2019 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue		
FY2019 Mental Health Revenue by Source	\$200,000	\$133,170							\$333,170		
	State General Fund		County Funds								
FY2019 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	\$0								\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$80,840	\$53,827							\$134,667	300	\$448.89
FRF-ADMIN	\$13,160	\$8,763							\$21,923		
School Based Behavioral Health-CLINICAL	\$91,160	\$60,699							\$151,859	200	\$759.30
School Based Behavioral Health-ADMIN	\$14,840	\$9,881							\$24,721		
FY2019 Mental Health Expenditures Budget	\$200,000	\$133,170	\$0	\$0	\$0	\$0	\$0	\$0	\$333,170	500	#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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	\$1,155,750	Form A1 - FY19 Projected clients Served:	120
Form A1 - Amount budgeted in FY18 Area Plan	\$1,110,900	Form A1 - Projected Clients Served in FY18 Area Plan	130
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,106,633	Form A1 - Actual FY17 Clients Served as Reported by Locals	106
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>Davis Behavioral Health (DBH) 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. With the Assisted Outpatient Treatment (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.</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).			
No Change			
Describe any significant programmatic changes from the previous year.			
No Change			

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$569,250	Form A1 - FY19 Projected clients Served:	68
--	------------------	---	-----------

Form A1 - Amount budgeted in FY18 Area Plan	\$534,100	Form A1 - Projected Clients Served in FY18 Area Plan	83
Form A1 - Actual FY17 Expenditures Reported by Locals	\$539,975	Form A1 - Actual FY17 Clients Served as Reported by Locals	60
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Davis Behavioral Health maintains contracts and referral relationships with McKay Dee Behavioral Health Institute in Ogden, University Neuropsychiatric Institute in Salt Lake City, Primary Children's Medical Center in Salt Lake City, Salt Lake Behavioral in Salt Lake City, Highland Ridge Hospital in Sandy, Provo Canyon in Orem, and Utah State Hospital in Provo for children and youth who are experiencing a level of distress that may result in significant danger to themselves or others; thus requiring a secure treatment environment with the availability of 24-hour medical monitoring.</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.</p> <p>Davis Behavioral Health (DBH) also provides a Family Resource Facilitator FRF to initiate contact with families and prepare a smooth transition from inpatient to outpatient services.</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).			
No change			
Describe any significant programmatic changes from the previous year.			
No change			

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	\$1,757,500	Form A1 - FY19 Projected clients Served:	269
Form A1 - Amount budgeted in FY18 Area Plan	\$1,836,500	Form A1 - Projected Clients Served in FY18 Area Plan	270
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,529,340	Form A1 - Actual FY17 Clients Served as Reported by Locals	234
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>DBH's Crisis Recovery Unit (CRU) is a 24-hour/seven days a week, short-term, crisis stabilization, and short-term residential program for people with serious mental illness, regardless of payor, who need a higher level of care</p>			

than traditional outpatient services. CRU is also used as a step-down unit for clients who have been in inpatient psychiatric units and as a transition point for clients who are in the process of discharging from the Utah State Hospital. We provide active treatment (individual therapy, individual behavior management, skills groups and psychotherapy groups) and admit clients seven days a week.

CRU continues to have good success in using peer specialists to meet with clients. These staff meet with clients as they are admitted to engage and share hope through use of her own recovery story. The Certified Peer Specialist (CPS) staff are available as a support throughout their stay at the CRU and makes a follow-up call after discharge.

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 and outpatient clients who may benefit from this treatment. [Recovery support specialists \(certified peer specialists\) facilitate some of these groups and work to engage clients in recovery services.](#)

CRU has also added transitional housing units for both males and females (4 beds 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 and peer specialists work with them on an intensive basis to find appropriate housing.

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

None

Describe any significant programmatic changes from the previous year.

None

4) Children/Youth Residential Care

Form A1 - FY19 Amount Budgeted:	\$92,500	Form A1 - FY19 Projected clients Served:	62
Form A1 - Amount budgeted in FY18 Area Plan	\$23,400	Form A1 - Projected Clients Served in FY18 Area Plan	3
Form A1 - Actual FY17 Expenditures Reported by Locals	\$82,960	Form A1 - Actual FY17 Clients Served as Reported by Locals	55

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.

Although DBH continues to provide as many services as needed for a child to remain in their home and community, including high fidelity wrap-around services, there are times when residential care is needed.

DBH's AMRC (Auntie M's Receiving Center) is a supported living respite program that has provided an alternative to an out-of-county placement and to unnecessary hospitalizations for children and youth between the ages of 5 - 18. AMRC has provided the ability for youth to remain in their community and close to their family while working on relationships and behaviors that would have otherwise resulted in a hospitalization or out-of-home placement. At the request of community partners and families, AMRC has provided services to both clients and non-clients in our community.

Although AMRC provides the bulk of services needed for children/youth requiring a residential level of care, some children have needed longer term placement so we also contract with Utah Youth Village, Brookshire and Milestone when it is in the best interest of a child/youth to be placed outside of their home. We will continue to be clear about our expectations for the parents to actively participate on a daily basis when their child is in a placement.

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

None expected

Describe any significant programmatic changes from the previous year.

This year DBH partnered with the Department of Human Services (DHS), the Division of Child and Family Services (DCFS) and System of Care (SOC) to open a specialized intensive support program for a youth in custody who requires high levels supervision and treatment supports. We anticipate being involved with this youth through at least the remainder of this calendar year and likely through Fiscal Year 19 (FY19).

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$3,556,488	Form A1 - FY19 Projected clients Served:	3,915
Form A1 - Amount budgeted in FY18 Area Plan	\$3,086,300	Form A1 - Projected Clients Served in FY18 Area Plan	3,405
Form A1 - Actual FY17 Expenditures Reported by Locals	\$3,136,375	Form A1 - Actual FY17 Clients Served as Reported by Locals	3,482

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

Outpatient services are provided in a central location at the Main Street Clinic and 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 participates in his/her own recovery process and individualized treatment planning. Clients can participate in a variety of groups offered for specifically defined treatment concerns. Individual and group therapy are offered as well as case and med management.

Outpatient therapists use the Outcome Questionnaire (OQ) 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 (Dialectical Behavior Therapy), Dual Diagnosis Treatment, MRT (Moral Reconnection Therapy), Therapy Readiness, Gender Specific Trauma Process Group for Women, Gender Specific Seeking Safety, Multifamily Psychoeducation (MFG), and Community Transitions. 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.

As part of high fidelity implementation, adult and children and youth therapists continue to meet weekly in DBT,

EMDR (Eye Movement Desensitization and Reprocessing) and CAMS (Collaborative Assessment and Management of Suicidality) consultation groups. The structure of these consultation groups consists of education, rehearsal and clinical staffing. Our MFG Therapy (for individuals who have psychotic disorders and their families) meet with our youth team as part of the Prevention and Recovery from Early Psychosis (PREP) Program for first episode psychosis. This very effective, evidenced-based intervention 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 Structured Interview for Prodromal Syndromes Evaluations (SIPS), which identifies and ranks prodromal and early psychosis symptoms. We are now completing these assessments on a regular basis. Referrals for PREP come internally and from community partners

.Provider: Davis Behavioral Health and some contract providers

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

None

Describe any significant programmatic changes from the previous year.

We have added a CAMS (Collaborative Assessment and Management of Suicidality) cross department consultation group as part of our Zero Suicide efforts. We also had an in-house training from CAMS at which 21 therapists were trained in this intervention.

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

DBH has a robust Assisted Outpatient Treatment Program (AOT) which specifically services the needs of clients who are under civil commitment, have had multiple hospitalizations and/or are difficult to engage. The AOT therapist attends commitment court, sees clients while they are still hospitalized to introduce the program and orient clients to what services will be offered through AOT. AOT staff include the therapist, case manager, peer, IPS worker and a portion of a psychiatrist time. This team works to track clients carefully and to meet their many needs for medications, therapy, benefits and employment or education. Through the active involvement of AOT we are able to keep clients in an outpatient level of care and resolve problems the client may be experiencing earlier.

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$2,179,780	Form A1 - FY19 Projected clients Served:	2,400
Form A1 - Amount budgeted in FY18 Area Plan	\$2,015,676	Form A1 - Projected Clients Served in FY18 Area Plan	2,115
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,962,200	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	2,088

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

We use a multi-disciplinary clinical team approach of providing services that assist children, youth and families 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.

We have provided the ASQ to children as young as 24 months old when a child presents with behavior concerns. The mental health services that are provided focus on parenting education, developmental expectancies and teaching nurturing skills.

When there is information provided about an infant who is at high risk of developing mental illness due to a history of in utero exposure to substances, we refer them to specialty services such as Early Intervention programs which provide identification, support, treatment and other resources; Utah Parent Center which provides resources and information for children with special needs or disabilities as well referring to the Utah Fetal Alcohol Coalition for children with FASD.

Location: 934 South Main Street, Layton, UT

Provider: Davis Behavioral Health and some contract providers

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

None

Describe any significant programmatic changes from the previous year.

We have added a CAMS (Collaborative Assessment and Management of Suicidality) cross department consultation group as part of our Zero Suicide efforts. We also had an in-house training from CAMS at which 21 therapists were trained in this intervention. We also have consultation groups for Trauma Focused-Cognitive Behavioral Therapy (TF-CBT); EMDR; Attachment, Regulation and Competency (ARC);and Play Therapy.

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$280,000	Form A1 - FY19 Projected clients Served:	874
Form A1 - Amount budgeted in FY18 Area Plan	\$259,500	Form A1 - Projected Clients Served in FY18 Area Plan	760
Form A1 - Actual FY17 Expenditures Reported by Locals	\$254,932	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	782

Describe access to crisis services during daytime work hours, after-hours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Davis Behavioral Health 24-hour crisis line is a service available to the general public. An advanced degree mental health therapist is available 24-hours/day to screen, evaluate and treat clients upon request for the purpose of mitigating imminent risk, reducing current behavioral health symptoms, and making triage decisions regarding the immediate and long-range therapeutic services that can be provided. During normal business hours, clinicians specializing in crisis response and risk assessment are available to assist all crisis situations and interventions over the telephone or in person. During night-time hours, weekends and holidays, the DBH residential facility (CRU) serves as a crisis answering service, screening calls for non-emergency requests and referring all other calls to an on-call crisis worker. An on-call psychiatrist is also available 24-hours/day, seven days/week for consultation as needed. DBH psychiatrists can give orders for admission to the CRU at any time when the clinical situation warrants. In addition, the National Suicide Prevention Lifeline number has been moved from a secondary page on our website to the front page for easy access.

Currently, DBH offers a mobile crisis outreach service during regular business hours. This mobile outreach allows DBH staff, consisting of advanced degree therapists, case managers, and nurses to provide assessment, crisis intervention, suicide prevention, referral, and emotional support/assistance to individuals in their home or in the community during those times.

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

None

Describe any significant programmatic changes from the previous year.

In order to respond more effectively to Davis County residents, DBH will apply for one of the Mobile Crisis Outreach Team (MCOT) grants being offered by the Division of Substance Abuse and Mental Health (DSAMH). If awarded, this team will work collaboratively with our Stabilization and Mobile Response (SMR) Team to expand resources and offer mobile crisis response and, as resources allow, acute stabilization services for adults, youth and families. For more information on SMR, please see Section 8.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$120,000	Form A1 - FY19 Projected clients Served:	373
Form A1 - Amount budgeted in FY18 Area Plan	\$122,300	Form A1 - Projected Clients Served in FY18 Area Plan	360
Form A1 - Actual FY17 Expenditures Reported by Locals	\$105,668	Form A1 - Actual FY17 Clients Served as Reported by Locals	325

Describe access to crisis services during daytime work hours, after-hours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Davis Behavioral Health 24-hour crisis line is a service available to the general public. An advanced degree mental health therapist is available 24-hours/day to screen, evaluate and treat clients upon request for the purpose of mitigating imminent risk, reducing current behavioral health symptoms, and making triage decisions regarding the immediate and long-range therapeutic services that can be provided. During normal business hours, clinicians specializing in crisis response and risk assessment are available to assist all crisis situations and interventions over the telephone or in person. During night-time hours, weekends and holidays, the DBH residential facility (CRU) serves as a crisis answering service, screening calls for non-emergency requests and referring all other calls to an on-call crisis worker. An on-call psychiatrist is also available 24-hours/day, seven days/week for consultation as needed.

DBH 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.

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).

It is anticipated that there will be an increase in numbers as well as an increase in funding due to the new SMRT program. While the funding will increase to now provide crisis services in the home, we don't expect a significant increase in individuals served since many of those to be served through SMRT will be existing clients.

Describe any significant programmatic changes from the previous year.

In January of 2018, DBH received SOC funds to begin a 24/7 Stabilization and Mobile Response Team. DBH will be the Northern Region Administrator for for SMR services and will both provide and contract for SMR services in Davis, Weber, Morgan, Brigham, Logan, Box Elder, Cache and Rich Counties. Stabilization and mobile response services (SMR) are aimed at (1) ensuring the safety of children, youth and young adults and their families/caregivers facing situations they are unable to manage and (2) preventing the disruption of the child, youth or young adult's current living arrangement. Stabilization and mobile response services address escalating behaviors and/or emotional issues as expeditiously as possible at the site of the escalating behavior. Individuals requesting SMR services define the crisis situations and the need for services/supports. These services are provided regardless of ability to pay.

SMR services are therapeutic, time limited and embrace philosophy and principles such as being strengths based, child centered, family driven, trauma sensitive, culturally and linguistically mindful, and community based. SMR services are available 24/7 365 days/year. In FY19, only a limited number of long-term (6-8 weeks) stabilization services will be authorized. If the data demonstrates that families are effectively served and societal costs are reduced, we will seek additional funds to expand these services beyond the demonstration project. In FY19, the broader community will receive mobile response services and stabilization services will be defined as acute (no longer that 72 hours).

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$2,502,500	Form A1 - FY19 Projected clients Served:	2,310
Form A1 - Amount budgeted in FY18 Area Plan	\$2,297,100	Form A1 - Projected Clients Served in FY18 Area Plan	2,010
Form A1 - Actual FY17 Expenditures Reported by Locals	\$2,314,300	Form A1 - Actual FY17 Clients Served as Reported by Locals	2,088

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.

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.

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. A Licensed Practical Nurse (LPN) participates on the Flying Assertive Services Team (FAST) 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 a Registered Nurse (RN), who will assess for side effects as well as educate the clients regarding their medications.

We are also providing Medication Assisted Treatment (MAT) for those with opioid or alcohol use disorders.

Location: 934 S. Main Layton, UT 84041
 2250 N. 1700 W. Layton, UT 84041
 Provided: Directly and through a contracted provider

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

None

Describe any significant programmatic changes from the previous year.

None

10) Children/Youth Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	1,072,500	Form A1 - FY19 Projected clients Served:	955
Form A1 - Amount budgeted in FY18 Area Plan	\$1,128,400	Form A1 - Projected Clients Served in FY18 Area Plan	900
Form A1 - Actual FY17 Expenditures Reported by Locals	\$965,367	Form A1 - Actual FY17 Clients Served as Reported by Locals	834

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.

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 (Abnormal Involuntary Movement Scale) assessment; and 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. We also offer specialized first episode psychosis care that includes a prescriber trained in the medication management of first episode psychosis.

Location: 934 S. Main Layton, UT 84041

Provided: Directly and through contracted provider

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

None expected

Describe any significant programmatic changes from the previous year.

None

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$954,750	Form A1 - FY19 Projected clients Served:	445
Form A1 - Amount budgeted in FY18 Area Plan	\$964,800	Form A1 - Projected Clients Served in FY18 Area Plan	420
Form A1 - Actual FY17 Expenditures Reported by Locals	\$845,188	Form A1 - Actual FY17 Clients Served as Reported by Locals	388

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.

Along with Clubhouse International Accreditation, Journey House (JH) has incorporated the evidence based employment/education model of Individual Placement and Support Specialists (IPS) within the clubhouse. Our units include business, career development and kitchen units. We also have transition-aged youth attending Step Forward (Youth-In-Transition) who work on education and employment. JH continues its emphasis on healthy eating in regard to menu planning, food preparation, healthy snacks, and growing a garden.

The wellness efforts continue to grow and include Wednesday evening activities in the community, Thursday night gym group, Saturday and Sunday outings in the community, and holiday activities. JH has encouraged weekly attendance to Smoking Cessation classes. These have been very helpful to combat social isolation and to build skills of independence.

The IPS team within JH along with the Step-Forward lead have attended the Association of Community Rehabilitation Educators (ACRES) Training with the State of Utah for Vocational Rehabilitation coordination and reimbursement of employment/education services provided by the IPS team. JH/IPS has hosted a monthly meeting with Vocational Rehabilitation (VR) to coordinate services for members who desire employment and/or education.

JH/IPS has participated in DBH's efforts with program implementation of First Episode Psychosis. JH/IPS offers employment services through the Clubhouse/IPS model for young people who are experiencing psychosis.

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

None

Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$470,250	Form A1 - FY19 Projected clients Served:	260
Form A1 - Amount budgeted in FY18 Area Plan	\$389,100	Form A1 - Projected Clients Served in FY18 Area Plan	265
Form A1 - Actual FY17 Expenditures Reported by Locals	\$456,037	Form A1 - Actual FY17 Clients Served as Reported by Locals	233

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

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

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

DBH and Davis School District also offer Quest, a day treatment program for adolescents. This program combines on-site education with psychosocial rehabilitation and therapy services. Quest works with youth and their parents to target and resolve issues that are preventing the youth from being successful in the typical school setting, strengthen the parent/child relationship, teach and reinforce effective communication and social skills, and identify and maximize familial and community resources in support of the youth and their parents. Quest provides a weekly evidence based education group, Strengthening Families, to parents/caregivers and youth. Seeking Safety and Learning to Breathe are other Evidence Based Practices (EBP) integrated into the Quest program. Daily social skills training and group therapy for youth are core components of the Quest Program. Davis School district employs a part time certified special educator to meet Quest clients educational requirements and needs. Students are engaged in 3 hours of daily instruction both during the regular school year and the Summer break. Respite services are provided by DBH over school holidays and include education, social skills training, group therapy and therapeutic activities designed to encourage teamwork, self-reflection, personal growth and change. Quest staff coordinate with school personnel at both admission to and discharge from the Quest program. Referral sources for the program include therapists, inpatient hospital staff, Juvenile Justice Services (JJS), school personnel, Family Resource Facilitators (FRF), and Division of Children and Family Services (DCFS).

Location: 934 South Main Street in Layton, Utah and in the community Provider: Davis Behavioral Health
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
None expected
Describe any significant programmatic changes from the previous year.
None

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	\$1,147,000	Form A1 - FY19 Projected clients Served:	2,100
Form A1 - Amount budgeted in FY18 Area Plan	\$1,146,100	Form A1 - Projected Clients Served in FY18 Area Plan	1,980
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,011,949	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,868

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>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, including targeted services to those in our transitional housing.</p> <p>The crisis residential unit (CRU) also has three full-time case managers, two of whom are also cross-certified 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 clients on inpatient units who are civilly committed.</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>

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.

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

None expected

Describe any significant programmatic changes from the previous year.

None

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	\$403,000	Form A1 - FY19 Projected clients Served:	745
Form A1 - Amount budgeted in FY18 Area Plan	\$382,100	Form A1 - Projected Clients Served in FY18 Area Plan	694
Form A1 - Actual FY17 Expenditures Reported by Locals	\$356,445	Form A1 - Actual FY17 Clients Served as Reported by Locals	661

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

Case managers assess and document a client's need for community resources and services. They work closely with families and therapists to ensure that clients gain access to needed services. We presently have a seasoned team of case managers who are very familiar with community resources and the wraparound model. They are very proactive in utilizing flexible funding so that small problems do not turn into large problems. They are amazingly creative and continue to advocate for families. We are fortunate to have the supervisor of this team also coordinating with the FRF programs. This has enhanced the skills and mindset of the case managers in always making sure that they listen to family voice and use this as their guide for developing the family's plan.

Case managers continue to provide families with a Strengths, Needs and Cultural Discovery (SNCD) service as well as the Daily Living Assessment (DLA) to identify areas of need and strengths. The SNCD has been very meaningful for families in having creative strengths identified; these strengths have assisted in treatment sessions. We also have a daily case management walk in clinic for families who need immediate case management services and/or education about accessing resources.

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

Provider: Davis Behavioral Health

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

None expected

Describe any significant programmatic changes from the previous year.

None

15) Adult Community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	\$163,800	Form A1 - FY19 Projected clients Served:	120
Form A1 - Amount budgeted in FY18 Area Plan	\$146,700	Form A1 - Projected Clients Served in FY18 Area Plan	110
Form A1 - Actual FY17 Expenditures Reported by Locals	\$153,079	Form A1 - Actual FY17 Clients Served as Reported by Locals	112

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

DBH housing resources come from a variety of sources including: two Housing and Urban Development (HUD) sponsored group homes; tax credit properties (HOPE apartments); DBH owns six four-plex and two small houses; DBH scattered rental apartments; and DBH sponsored master-leased apartments (including a cluster of apartments where some of our most severe clients live along with a staff as a live-in-companion). In addition, we have two units (4 beds) allocated for Safe and Sober Housing for women participating in the Women's Recovery Center (WRC) substance use disorder program.

Through our Peer Support Team, we offer extensive in-home support to residents who are residing in housing. Respite services are provided by case managers and peer support specialists in housing. Certified Peer Specialist (CPS) assess clients' need, help with teaching of life skills and report back to DBH housing committee on a weekly basis. If any additional support is needed it can be assigned to the appropriate clinical team.

The DBH housing committee meets weekly to decide placement, violations and potential evictions as well as to determine what additional clinical supports are needed. The Housing Committee consists of representatives from facilities, finance, and clinical. The financial team assures that the regulatory requirements are met and that housing services remain financially viable. They also provide a monthly report on any rents that may be owed.

We have also developed a relationship with Paag services in the Ogden. They accept referrals from DBH into their affordable housing. While they reside there, DBH retains all case management, payee services, peer services and medication management. Having this option has allowed us to extend housing to more clients, even those with little income.

DBH has allocated 8 beds (4 men and 4 women) to transitional housing support for CRU clients. This is to help the clients who have been in the CRU, are now stable, but do not have housing.

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

None

Describe any significant programmatic changes from the previous year.

None.

16) Children/Youth Community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	\$226,200	Form A1 - FY19 Projected clients Served:	175
Form A1 - Amount budgeted in FY18 Area Plan	\$223,298	Form A1 - Projected Clients Served in FY18 Area Plan	180
Form A1 - Actual FY17 Expenditures Reported by Locals	\$206,476	Form A1 - Actual FY17 Clients Served as Reported by Locals	159

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

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

In addition to outpatient respite, DBH provides short-term, overnight respite at AMRC. The purpose of these brief episodes is to provide relief to families with children experiencing serious emotional or behavioral difficulties. With assistance from skilled respite providers, families are able to be supported while their children have a safe place to be.

Location: 934 South Main, Layton, UT; AMRC - Kaysville, and In the community

Provider: Davis Behavioral Health

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

None expected

Describe any significant programmatic changes from the previous year.

DHS is entering into a sole source contract with DBH so that some Davis County youth in custody may also receive these respite services at AMRC.

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$276,500	Form A1 - FY19 Projected clients Served:	367
Form A1 - Amount budgeted in FY18 Area Plan	\$272,947	Form A1 - Projected Clients Served in FY18 Area Plan	325
Form A1 - Actual FY17 Expenditures Reported by Locals	\$245,063	Form A1 - Actual FY17 Clients Served as Reported by Locals	335

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

Davis Behavioral Health Adult Peer Support Services are provided by Certified Peer Support Specialists (CPSS). This program is very strong and DSAMH has praised this program as an example of excellent peer services. Our team of CPSS identifies needs and provides ongoing supports to clients in DBH housing or clients in community housing who have difficulty with tasks of daily living.

Peer referrals have increased significantly and many other programs (medical, adult outpatient, case management, etc.) are requesting the help of the peer program to give clients additional supports. Currently, DBH has 16 certified peer support mental health positions who have assignments in various areas including housing, FAST/AOT, CRU and Journey House. All services are provided by the Certified Peer Support Specialist (CPSS) team directly to clients through their individualized treatment plan. Peer Support Services (PSS) promote client self-determination and decision-making. Services are provided at both our Layton and Kaysville campuses as well as in the community. DBH provides these services directly.

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

None expected

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

All CPSS's attend weekly group supervision by a licensed mental health therapist. Topics covered are documentation practices, training for wellness (WHAM), how employment affects the CPSS, boundaries, sharing of recovery story rather than sharing life story, etc. [Clinical supervision is provided by an LCSW who received training at an accredited university.](#)

Describe any significant programmatic changes from the previous year.

[DBH has struggled with finding qualified peers this year and many of our CPSS positions are currently vacant.](#)

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$83,500	Form A1 - FY19 Projected clients Served:	114
Form A1 - Amount budgeted in FY18 Area Plan	\$100,953	Form A1 - Projected Clients Served in FY18 Area Plan	120
Form A1 - Actual FY17 Expenditures Reported by Locals	\$74,715	Form A1 - Actual FY17 Clients Served as Reported by Locals	101

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.

FRFs are based in offices available at DBH, the AMRC and at schools. Most are providing services in schools, homes and the community. They work closely with the parents of the children who are identified as needing these services. These FRFs are uniquely skilled at navigating and balancing the demands of an agency with the needs of families. They are adept at engagement, finding resources, helping families identify natural supports, bringing

teams together and representing family voice in professional settings.

Over the past year, the Davis School District was so impressed with the services they have added their own Family Resource Educator to their clinical assessment team and the 2nd District Juvenile Court continue to contract with DBH for FRF services.

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

Provider: Davis Behavioral Health

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

None expected

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Family Resource Facilitators meet weekly for supervision with an L.C.S.W who received training at an accredited University. The current supervisor was previously an FRF so brings a wealth of experience and information. In addition, FRF's and their supervisors meet at least monthly with a mentor from Allies With Families for supervision and consultation. All of our Family Resource Facilitators are also certified in providing peer support services.

Describe any significant programmatic changes from the previous year.

None

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$87,500		
Form A1 - Amount budgeted in FY18 Area Plan	\$83,440		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$82,072		

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

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

In addition, DBH crisis personnel have worked this past year in a collaborative manner to help police officers throughout Davis County become CIT certified. DBH also provides training to agencies/providers statewide in civil

commitment and designated examiner processes. Additionally, DBH provides licensed therapists to respond to critical incidents in the Community.

DBH is active in educating the Davis County community, sponsoring seminars and training on mental health, substance abuse and topics related to recovery. Examples of ongoing consultation and education are:

- On-going training to the community on Mental Health Court
- In-service education to Davis School District psychologists, social workers and teachers
- Our prescribers offer routine "curbside consults"
- Monthly NASW host of CEU trainings for DBH staff and other community professionals
- Prodromal and first episode SIPS assessments to community referrals
- Mental Health First Aid courses
- Providing medication assisted treatment
- Monthly CPSS call for all Northern Utah peers who will consultation

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

Provider: Davis Behavioral Health

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

None expected

Describe any significant programmatic changes from the previous year.

None

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$37,500		
Form A1 - Amount budgeted in FY18 Area Plan	\$35,760		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$35,174		

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

Davis Behavioral Health has a partnership with several local law-enforcement agencies in Davis County (Davis County Sheriff's Department, Layton Police Department, Bountiful Police Department, West Bountiful Police Department, Woods Cross Police Department, and North Salt Lake Police Department) to provide 24-hour response to mental health or substance abuse related calls received by these departments. DBH continues its monthly collaboration meeting 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

Members of DBH's crisis team respond on scene accompanied by and at the request of the local law enforcement to assist with situations that involve mental health or substance abuse related issues. In addition, DBH crisis

personnel have worked this past year in a collaborative manner to help police officers throughout Davis County become CIT certified. DBH also provides training available to agencies/providers statewide in civil commitment and NDDF processes.

DBH is active in educating the Davis County community, sponsoring seminars and training on mental health, substance abuse and topics related to recovery. Examples of ongoing consultation and education are:

- We provide weekly consultation to the Children’s Justice center and the Juvenile court as well as participating in the bi-monthly Davis County Interagency Committee in staffing high risk youth and collaborating together to provide for their needs.
- In-service education to Davis School District psychologists, social workers and teachers
- Our prescribers offer routine “curbside consults”
- Monthly NASW host of CEU trainings for DBH staff and other community professionals
- Prodromal and first episode psychosis SIPS assessments to community referrals
- Mental Health First Aid courses
- [Children’s Director participates on the SOC Regional Advisory Council](#)
- [Key participant in the Davis County Interagency Coordinating Council \(DCIC\)](#)

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

Provider: Davis Behavioral Health

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

No changes

Describe any significant programmatic changes from the previous year.

None

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	\$290,000	Form A1 - FY19 Projected clients Served:	1,085
Form A1 - Amount budgeted in FY18 Area Plan	\$280,000	Form A1 - Projected Clients Served in FY18 Area Plan	970
Form A1 - Actual FY17 Expenditures Reported by Locals	\$269,545	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,041

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

Mental health services are provided to inmates of the Davis County Jail. Two full-time therapists provide a variety of services including:

- Assessment of inmates' mental health needs and referral to medical staff for psychiatric medications.
- Crisis evaluations, classifications, and supervision determinations that jail personnel request on inmates.
- Review of inmates who enter the jail with psychiatric medications and triage services with outside providers. Individual counseling for immediate needs of inmates
- Assessment and community referrals when inmates leave the jail

- Group therapy interventions for jail inmates in the areas of anger management, cognitive behavior modification, self-esteem, emotional control issues, and interpersonal relations
- Screening for potential Mental Health Court participation
- Partnership with the Veterans Administration and the Davis County Jail to implement the Veterans Justice Outreach (VJO) program in the Davis County Jail and the administration of Vivitrol to inmates prior to release.
- Coordination with jail personnel, Alkermes, Midtown and DBH to provide Vivitrol injections and subsequent outpatient MAT for inmates with opioid use disorders (OUD) in the Davis County jail.

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).

No changes

Describe any significant programmatic changes from the previous year.

None

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	\$169,000	Form A1 - FY19 Projected clients Served:	80
Form A1 - Amount budgeted in FY18 Area Plan	\$167,855	Form A1 - Projected Clients Served in FY18 Area Plan	80
Form A1 - Actual FY17 Expenditures Reported by Locals	\$147,632	Form A1 - Actual FY17 Clients Served as Reported by Locals	80

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

DBH uses outplacement funds for a variety of purposes in order to maintain people who have been at the Utah State Hospital (USH), or who are at risk of going to USH, in the community. Some of the things we have done with these funds include:

- Paying for cleaning services to help these clients maintain stable and independent housing in the community.
- Medications for clients without funding. Sometimes these funds are only used until Medicaid benefits are reinstated and sometimes the funds are indefinite (as in the case of foreign nationals who have a green card and no other benefits).
- CRU transitional housing so that we can move people out of the USH in a timelier way.
- Nursing and case management costs associated with obtaining benefits and patient assistance for medication.
- Stays at CRU as part of trial visits when discharge from USH is being contemplated
- Periodic rent
- Furniture and household basic needs such as groceries and clothing

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

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

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	

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

DBH is extremely grateful for outplacement funds and uses them for a variety of purposes in order to maintain people who have been at USH, or who are at risk of going to USH, in the community. Some of the things we have done with these funds include:

- Medications for clients without funding. Sometimes these funds are only used until Medicaid benefits are reinstated and sometimes the funds are indefinite (as in the case of foreign nationals who have a green card and no other benefits).
- Case management costs associated with obtaining benefits and patient assistance for medication.
- Stays at AMRC as part of transition plans from USH or to provide family respite as part of family stabilization planning
- Proctor treatment home care
- Families First in-home treatment services
- Gas cards and bus tokens to get to family therapy at USH
- Therapy services for children without funding

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

Provider: Davis Behavioral Health

Describe any significant programmatic changes from the previous year.
None

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	\$1,608,894	Form A1 - FY19 Projected clients Served:	1,690
Form A1 - Amount	\$1,631,145	Form A1 - Projected Clients	1,725

budgeted in FY18 Area Plan		Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,569,782	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,766
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>Davis Behavioral Health continues to see a significant number of inquiries for services from people with commercial insurance and people without funding. The ongoing need has required DBH to allocate several fully licensed clinicians (LCSW) to provide services through the Living Well Clinic. Davis Behavioral Health strives to be a therapeutic resource to all members in our community. Our objective is to offer some level of service to everyone who calls DBH; however, when appropriate every attempt is made to provide awareness of and help accessing other resources that may be helpful in the community. The response and participation to services offered through the Living Well Clinic has been very positive.</p> <p>. DBH Treatment and Prevention services offer:</p> <ul style="list-style-type: none"> • Up to 5 sessions of individual or family therapy on a sliding fee • Individual, family and group therapy with limits defined by insurance • Cool Minds (mindfulness based stress reduction class for teens) • MBSR (Mindfulness Based Stress Reduction) • Parenting classes • Medication consultation evaluation • Medication Management 			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None expected			
Describe any significant programmatic changes from the previous year.			
We have not been able to keep up with the demand for medication management services. As part of the Davis County Behavioral Health Network , DBH will now be seeing people without funding who are discharging from Intermountain inpatient and emergency departments who need follow-up behavioral health care. These patients will be coordinated by the Patient Liaison at Intermountain and the Living Well Care Coordinator at DBH and will be seen by a therapist or a prescriber within 7 days of inpatient discharge.			

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	\$330,400	Form A1 - FY19 Projected clients Served:	352
Form A1 - Amount budgeted in FY18 Area Plan	\$334,000	Form A1 - Projected Clients Served in FY18 Area Plan	360
Form A1 - Actual FY17 Expenditures Reported by Locals	\$261,441	Form A1 - Actual FY17 Clients Served as Reported by Locals	300
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted			

provider.

Davis Behavioral Health continues to see a significant number of inquiries for services from people with commercial insurance and people without funding. The ongoing need has required DBH to allocate several fully licensed clinicians (LCSW) to provide services through the Living Well Clinic. Davis Behavioral Health strives to be a therapeutic resource to all members in our community. Our objective is to offer some level of service to everyone who calls DBH; however, when appropriate every attempt is made to provide awareness of and help accessing other resources that may be helpful in the community. The response and participation to services offered through the Living Well Clinic has been very positive.

DBH Treatment and Prevention services offer:

- Up to 5 sessions of individual or family therapy on a sliding fee scale
- Individual, family and group therapy with limits defined by insurance
- Cool Minds (mindfulness based stress reduction class for teens)
- MBSR (Mindfulness Based Stress Reduction)
- Parenting classes
- Medication consultation evaluation
- Medication Management

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.

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

None expected.

Describe any significant programmatic changes from the previous year.

We have not been able to keep up with the demand for medication management services. [As part of the Davis County Behavioral Health Network, DBH will now be seeing people without funding who are discharging from Intermountain inpatient and emergency departments who need follow-up behavioral health care. These patients will be coordinated by the Patient Liaison at Intermountain and the Living Well Care Coordinator at DBH and will be seen by a therapist or a prescriber within 7 days of inpatient discharge.](#)

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	\$50,000	Form A1 - FY19 Projected clients Served:	70
Form A1 - Amount budgeted in FY18 Area Plan	\$20,000	Form A1 - Projected Clients Served in FY18 Area Plan	300
Form A1 - Actual FY17 Expenditures Reported by Locals	\$49,385	Form A1 - Actual FY17 Clients Served as Reported by Locals	70

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

- DBH has implemented services utilizing a coordinated speciality care model for individuals experiencing a first episode of psychosis (PREP program). Services include individual therapy, family therapy, multi-family group therapy with family support, case management, supported education and employment, and medication management. The program is available to individuals ages 14-26 who have experienced their first episode of psychosis within the last two years. Some PREP services are provided in school and employment settings throughout the county.
- We have been fortunate to have a volunteer who teaches guitar to any youth in Davis County for the past 7 years. This continues to provide a positive atmosphere for learning and gaining self-esteem as youth develop skills.
- We have the opportunity to provide space and support for the Grand Families Program for Davis County. We provide a therapist to facilitate the children's group and a child care worker as well. The Grand Families program provides the facilitators for the adult group as well as assisting them with resources. They often assist families through court procedures when needed. The program is for anyone in Davis County.
- We were able to receive some money from a private donor which gives us the opportunity to provide things like bicycle repairs, gas cards for parents to bring their children to treatment sessions and doctor visits, piano lessons, little league sports etc. It is amazing how providing some of these small things can make a huge difference. Services are provided directly at our Kaysville and Layton Campuses.
- Stabilization and mobile response staff will be tasked to answer crisis telephone calls when needed where they have the opportunity to implement the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) questions as outlined by the Substance Abuse and Mental Health Services Administration. Therapist providing mobile outreach services and walk in risk assessments will utilize the Columbia-Suicide Severity Rating Scale and Stanley-Brown Safety Plan as needed. When clinically indicated, families referred to stabilization services will receive additional assessment and ongoing services. Through the delivery of the Utah Family and Children Engagement Tool (UFACET), a strength and needs based screener, stabilization services will be delivered to children and youth ages zero to twenty-one and their families. Services provided will be delivered by a stabilization team that includes a therapist and an FRF/case manager. Regular supervision of FRF/case managers and therapists will attempt to ensure that services delivered are clinically indicated, culturally competent, and trauma sensitive.

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

None

Describe any significant programmatic changes from the previous year.

None

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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

Competitive employment in the community (include both adults and transition aged youth).

DBH now has all three IPS workers who are ACRES certified and we have received notice that we are also approved to be a contract provider of IPS services for Vocational Rehabilitation (VR). This means that VR will pay DBH for certain milestones associated with IPS work, such as assessments, job placements and job coaching. This will be a very valuable resource to use for clients who have requested assistance in finding jobs or obtaining education, but do not have Medicaid.

DBH's employment specialists will continue to assist clients with severe mental illness and co-occurring disorders obtain competitive employment. Employment specialists provide an employment assessment which helps identify clients' career interests, education and training needs; and assist with resume building, job interviewing skills, completing job applications, on the job coaching, and navigating transportation issues. In addition, IPS services are integrated into our AOT and PREP programs and IPS referrals are welcomed for any DBH client.

Collaborative efforts involving other community partners.

Within the JH/IPS program the community coordination for employment/education occurs with multiple businesses and educational partners. [IPS workers collaborate with other community partners such as local employers \(at the clients direction\) and Davis Applied Technology Center, Weber State University or Salt Lake Community College for educational services.](#) As an approved contract provider for CRP services, IPS has now formalized its collaborative relationship with Vocational Rehabilitation.

Employment of people with lived experience as staff.

DBH has people with a self-identified, lived experience in every area of the organization. We have debated having each of these people participate in the peer specialist training but, due to funding and service capacity issues, have chosen not to. Although we do not specifically advertise for a "lived experience" in our recruitment efforts (unless the position is a peer specialist role), we see personal experience with mental illness and substance use recovery as a plus in our recruitment efforts.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

Please see FRF, Peer Specialist and Recovery Supports sections in the respective area plan sections

Evidence-Based Supported Employment.

At DBH the evidence based employment programs are Clubhouse and the Individual Placement and Support (IPS) models. The merge of the programs under one location has been successful for service delivery.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

Adult Outpatient Quality Improvement Projects
The therapists on the Adult Outpatient Team have been working on several self-generated projects over the past year:
Recorded Therapy excerpt. 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.
Quantified Treatment Plan Objectives: 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.
OQ Utilization: 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 *all* 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

Identify process improvement activities - Implementation

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.

SMR stabilization plans, as developed as guided by the UFACET, are reviewed weekly, where formal and informal supports, actionable needs, and referrals are identified and reviewed. Daily consultation is available for staff as needed where discussion surrounding models of stabilization implementation and crisis risk management and reduction is available. Evidence-based models of stabilization such as: High Fidelity Wraparound Plans, Family Behavior Contracts, and The ARC Grow model will be used.. As part of the implementation of stabilization services to children, youth, and families, the SMR team will hold weekly meetings with the Intensive Services Director, which offers opportunity for ongoing training, advanced clinical staffing. Fidelity adherence will be achieved through use of chart audits and session observation. Quarterly chart audits will verify that each family offered stabilization services have a UFACET on file, stabilization plan, and safety plan as needed.

Identify process improvement activities - Training of Evidence Based Practices

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.

Identify process improvement activities - Outcome Based Practices

DBH has two evidence-based practices for clients at risk of suicidality. CAMS (Collaborative Assessment and Management of Suicidality) is focused primarily on outcomes. We have the manuals available, we had all-day training on April 10, and we have a CAMS consultation group twice a month to ensure fidelity implementation. The interventions we've implemented via our PIP project at DBH has resulted higher levels of screening and higher rates of safety planning for people at risk of suicide

Our peer review process includes looking at OQ scores and considering need for further changes. The outcomes inform our clinical decisions. Next year we are hoping to have the OQ graphs available at staff meetings so those outcomes will be a regular part of clinical staffing.

DBH's first episode psychosis team (the PREP program) tracks the following data to measure outcomes: hospitalizations, enrolled in education, employment, services received, physical health services and coordination, and housing status.

DBH has identified a clinician and work group to help the agency become more trauma informed. This group has implemented a "Trainer of Trainers" program to provide quarterly educational sessions aimed at all DBH staff, not just clinicians. In addition, the STS (secondary traumatic stress) work group is piloting the PRO-QUAL as an outcome tool to measure STS in the workplace. The hypothesis is that if we are better at addressing STS, the employees will be able to better treat and interact with clients, thus providing better outcomes..

Identify process improvement activities - Increased service capacity

For clients in traditional care, DBH has implemented a utilization review process to monitor 1) high service utilizers, 2) high risk clients and 3) clients with long-term stability whose needs may be able to be met in primary care settings. We have also implemented a Skills Group that is open to all clients who have plateaued at the individual therapy level of care, but are reluctant to leave services.

Please see unfunded and other mandated services sections referring to the Living Well Clinic

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

We now overbook each mental health intake appointment in order to have more availability for clients. In Children and Youth we have a case management clinic ancillary to the initial evaluation so clients can get those much needed services right up front.

All people with commercial insurance and without funding call our Living Well Clinic and are typically screened within 5 days by an LCSW to determine if they have serious mental illness. If the client has SMI/SED they are moved into our traditional services where a full continuum of care is offered; if there is not SMI they are treated with an outpatient therapist and usually begin treatment within one week.

For people without funding who want medications we are working with Midtown Community Health Clinic to get these patients established with a medical home where, upon psychiatric stabilization, their primary care provider at Midtown will manage their physical and mental health medications.

Identify process improvement activities - Efforts to respond to community input/need

DBH meets regularly with shareholders (sister agencies, clients, families, etc.) to assess individual, family and programmatic needs to see where there are gaps. DBH participates in the local Homeless Coordinating Council (LHCC) on a monthly basis to find solutions for community members who are homeless or at risk of losing housing. We seek input from law enforcement, Behavioral Health Network, Human Services Director's within Davis County, Davis Links, school-district, DCFS, Juvenile Court and families/clients.

Identify process improvement activities - Coalition Development

DBH participates in the weekly multi-agency staffing at the juvenile court along with representatives from JJS, DCFS, SOC, and Davis School District in order to identify appropriate services and supports for high risk youth. We have become more involved in the Systems of Care and the coordination throughout our county as well as being an anchor agency in the DCIC meeting. We attend the Children's Justice Center staffing and participate in any requests for coordination. Davis HELPS is the lead coalition in Davis County working on substance abuse prevention and suicide prevention. 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. They meet once a month in Farmington at the Davis School District. DBH is also the lead agency for the Behavioral Health Network, a group of organizations seeking to expand mental health access throughout the community.

Describe how mental health needs for people in Nursing Facilities are being met in your area

DBH prescribers are available to consult with local nursing facilities. A prescriber goes to the care center, does a medication evaluation and makes recommendations to the care center physician for any psychotropic medications. In addition we have a strong relationship with Rocky Mountain Care Center which is near our Layton Campus. We have retained several clients for case management services and also welcome DBH clients residing at Rocky Mountain to attend Journey House, our Clubhouse program. We also have several clients at Mountain View Care Center who we have retained for case management services. DBH has been able to preserve these care center placements by offering a respite stay at our Crisis Residential Unit (CRU) when psychiatric symptoms become problematic.

Other Quality and Access Improvements (not included above)

none

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

DBH continues to partner 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.](#) We have also begun a "speciality clinic" relationship with Midtown where clients are established at Midtown in primary care and then referred to DBH to receive medication services until the patient is stable at which time the patient is transferred back to Midtown to receive ongoing medication management through primary care with ongoing consultation from our prescribers to theirs. Midtown Community Health Care has a treatment program for patients with Hep C; therefore, DBH has allocated some funds for people at high risk of Hep C and HIV to receive their physical exam at Midtown.

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.

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.

[This year DBH began an dual IOP group for people with SMI and SUD. This daily program includes group therapy, skills development, recovery supports and individual work. The team has providers from both mental health and substance use. In addition, DBH adult teams have been emphasizing the need to have all clients screened for SUD and MH needs.](#)

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. [In the coming year, CY will increase its efforts at screening all age-appropriate clients for SUD and MH and the Quest Day-Treatment program will become a co-occurring treatment program.](#)

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

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 healthcare 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.

We have also begun a "speciality clinic" relationship with Midtown where clients are established at Midtown in primary care and then referred to DBH to receive medication services until the patient is stable at which time the patient is transferred back to Midtown to receive ongoing medication management through primary care with ongoing consultation from our prescribers to theirs. Midtown Community Health Clinic has a treatment program for patients with Hep C; therefore, DBH has allocated some funds for people at high risk of Hep C and HIV to receive their physical exam at Midtown.

For clients who attend Journey House Yoga classes are offered two times per week. In addition, as members and staff plan menus, careful attention is paid to selecting healthier foods whenever possible.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.

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

In the Journey House Clubhouse on the Layton Campus, 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.

30) Children/Youth Mental Health Early Intervention

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

We presently have 4 FRF staff that provide high fidelity wraparound and other FRF services in 13 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.

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.

Include expected increases or decreases from the previous year and explain any variance over 15%.

None expected

Describe any significant programmatic changes from the previous year.

None

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

YES

31) Children/Youth Mental Health Early Intervention

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

Our Mobile Crisis services are presently funded through DBH and SOC. We do not have any Early Intervention funds for this service. Please see crisis services above for further description.

Include expected increases or decreases from the previous year and explain any variance over 15%.

None expected

Describe any significant programmatic changes from the previous year.

none

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

none

32) Children/Youth Mental Health Early Intervention

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

We presently have 4 therapists providing services through Early Intervention. 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. Therapists attend supervision and staff meeting for consultation and coordination of services. These therapists are located at [14 different schools in the Davis School District and provide 230 hours of services each week including:](#)

- Assessment and Evaluation
- Family, individual and group therapy
- Skill development
- Medication management. There is a specific line item in our budget to provide medication management assessments.
- Family Resource Facilitator services are coordinated with the therapist, school and family and include resource coordination, wrap around, skills, and consultation.

All services are provided by the DBH staff for Early Intervention services. None are provided by contracted providers. [Services are provided in the following schools:](#)

1. [Adelaide Elementary](#)
2. [Clearfield High School](#)
3. [Davis High School](#)

4. Holt Elementary
5. Lincoln Elementary
6. Meadowbrook Elementary
7. Mountain High
8. North Davis Junior High
9. South Clearfield Elementary
10. Sunset Junior High
11. Syracuse High
12. Vae View Elementary
13. Wasatch Elementary/Davis County Learning Center
14. Washington Elementary

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

None expected

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

Sent to Eric Tadehara on 4.26.2018

Describe outcomes that you will gather and report on.

Outcomes are gathered and reported as required for Early Intervention reporting. In addition to the YOQ, we obtain the following information from the schools:

- Disciplinary referrals
- Days suspended
- Grade level Performance (Intermediate, Middle, Jr. High & High School clients)
- Dibbles (elementary school clients)
- Days absent
- Days tardy

33) Suicide Prevention, Intervention & Postvention

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

DBH has implemented a Zero Suicide Steering Committee and has incorporated the Columbia Suicide Severity Rating Scale (CSSR-S) and 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. Along with this, we have trained and certified about 50% of DBH therapists in CAMS and have an on-going clinical consultation group to maintain model fidelity and staff at-risk clients.

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. In addressing suicidality in the jail, all inmates are

screened using the CSSR-S at the time of booking. If their score puts them in a higher risk category for suicide, jail staff then initiate a suicide watch which increases supervision and alerts staff to monitor for self harming behaviors until a mental health clinician is able to meet with them to assess further risk. Jail staff are able to initiate suicide watches any time concerns are brought to their attention. Anytime an inmate has a suicide watch initiated, a mental health clinician follows up for an assessment. Follow up includes a mental health clinician observing mental status/behavior, assessing risk for suicide, and providing continued mental health services as needed or as per the inmate's request.

In addition, there is a short video clip on suicide prevention that is presented to all Davis County Jail inmates on a weekly basis. This video introduces the jail social workers who provide mental health services in the jail and encourages inmates to reach out if they or someone else is experiencing suicidality.

Additionally DBH, through our mobile crisis team, maintains an ongoing relationship with an assigned detective from Layton Police Department. DBH has implemented a monthly meeting with all Davis County law enforcement agencies to review specific cases of and to develop strategies with assisting potentially suicidal subjects in the community. DBH has implemented a suicide education and prevention initiative and Vivitrol injection program at the Davis County Jail.

With the resources from SMR we now have mobile outreach and stabilization services for families from 7 a.m. - 11 p.m. and mobile outreach with law-enforcement partners 24/7. DBH has staff follow up on calls on all children and youth crisis calls. In FY19 these calls will include adults and will address general well-being and, when clinically indicated, continued safety and stabilization status. In addition, all hospital and CRU discharges are scheduled for follow-up visit within five days. 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 parasuicidal behaviors. DBH provides debriefing to community members when there has been a death that has community impact.

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 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.

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 Performance Improvement Plan (PIP).

DBH continues to review relevant agency wide Zero Suicide issues on a monthly basis with DBH Zero Suicide committee. We are also updating our DBH Risk Assessment and Fatality Review policies to reflect current practices and have modified our peer review tools to check for CSSRS and safety plan completion. Zero Suicide presentations to all clinical and nonclinical DBH personnel are done at least annually.

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.

Remeasurement Year 2 Data (2017): 3353 Medicaid clients were served and 2707 were screened using the C-SSRS (80.7%). 713 individuals scored higher than a 2 (26.3%) and, of these, 526 completed a same day safety plan (73.8%). A chi-square analysis shows a statistically significant increase in screening over the baseline year and remeasurement year 1. While the same day safety planning rate is still below the baseline year, a chi-square analysis indicated a statistically significant increase in safety planning over remeasurement year 1.

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.

Davis Behavioral Health receives a daily report from the Intermountain Hospitals offering continuity of care information from local emergency departments admissions and discharges. During the month of October of 2019, Davis Behavioral Health completed a small pilot project, completing follow up calls to our consumers that visited their local emergency department offering additional support resource facilitation as needed. Over the period of approximately one month, 109 post emergency department calls were placed, 38% of calls resulted in contact, and of those contacted 30% of persons contacted requested additional services. Of the persons contacted, 90% reported that their follow up call was a positive experience. Recently, staff expansion within our crisis department has allowed for the planning and application of this program on a larger scale. In an effort to offer improved access to mental health services to include suicide prevention and crisis services, staff assigned to the crisis team, will begin to follow up with Davis Behavioral Health consumers who were recently in the emergency department. Beginning May 1st, the crisis team will review the report daily Monday through Friday and follow up with as many consumers as possible. Staff will prioritize follow up with consumers who were seen in the emergency department for mental health reasons or suicidal ideation, but efforts will be made to follow up with all Davis Behavioral Health consumers who were treated in emergency departments in the days prior.

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

Judge Dawson
County Attorney Richard Larson
Commissioner Jim Smith
Sheriff Todd Richardson
County Attorney Troy Rawlings
Deputy Sheriff Kevin Fielding
Davis Behavioral Health CEO: Brandon Hatch
Davis Behavioral Health Treatment: Virgil Keate, Kristen Reisig, Todd Soutor
Recovery Supports: Brett Bartruff Davis Behavioral Health

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

Many clients requesting services at DBH are seen in screening clinic where the National Institute on Drug Abuse (NIDA) Quick Screen for substance use and the Patient Health Questionnaire - 2 (PHQ-2) for depression are given. For clients admitted into services a complete clinical assessment incorporating the assessment requirements from Rule are used. In addition, the assessment includes:

- The Level of Service/Case Management Inventory (LS/CMI) or Risk and Needs Triage (RANT) for Criminal Risk
- A clinical assessment of high or low risk criminal thinking for treatment placement and intervention purposes.
- Treatment planning pertaining to criminal risk factors such as Moral Reconciliation Therapy (MRT) and other evidenced based manuals and literature that address criminal risk, substance use and mental illness.
- CSSR-S and Stanley Brown Safety Plan for suicide risk assessment and safety planning.
- COWS (Clinical Opiate Withdrawal Scale) when referred for MAT
- Recovery Capital Index for building recovery supports based on client choice.

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

care.

Identify your outcome measures.

OQ, Recovery Capital Index and State Reporting

Cell: P33

Comment: Match amount based off of original State General Fund allocation. Partial amounts have been moved to State Drug Court, but are still part of match calculation.

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!**

1) Screening and Assessment Only

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0

Describe 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.

Clients requesting services at Davis Behavioral Health (DBH) are seen in screening clinic where the National Institute of Drug Abuse (NIDA) Quick Screen for substance use and the Patient Health Questionnaire-2 (PHQ-2) for depression are given. For clients admitted into services a complete clinical assessment incorporating the assessment requirements from Rule are used. In addition, the assessment includes:

- The Level of Service/Case Management Inventory (LS/CMI) or Risk and Needs Triage (RANT) for Criminal Risk
- A clinical assessment of high or low risk criminal thinking for treatment placement and intervention purposes.
- Treatment planning pertaining to Criminal risk factors such as Moral Reconciliation Therapy and other evidenced based manuals and literature that address criminal risk, substance use and mental illness.
- CSSR-S and Stanley Brown Safety Plan for suicide risk assessment and safety planning.
- Clinical Opiate Withdrawal Scale COWS when referred for medication assisted treatment MAT
- Recovery Capital Index for building recovery supports based on client choice.

Provided by DBH directly on our Layton and Main Street Campuses.

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

none

Describe any significant programmatic changes from the previous year.

We added the NIDA Quick Screen and PHQ-2 to our screening protocols.

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

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	0
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0
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>Detoxification Services are primarily provided through referrals to other agencies. DBH does offer some medication tapering (detox) services at our Crisis Recovery Unit (2250 North, 1700 West, Layton) for high risk/high need clients with co-occurring mental health conditions.</p> <p>Hospital Detoxification Services and Locations:</p> <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 <p>We have a contract with Ogden Regional Hospital to provide Medical Detox for clients who are unfunded and really need that service.</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).			
Increased funding in state and federal funds. Greater than 15% in funding and clients served.			
Describe any significant programmatic changes from the previous year.			
None			
If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?			
See above for locations. This service is paid through a variety private funding, DBH/State funds, grant funds and self-pay.			

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

Form B - FY19 Amount Budgeted:	\$1,791,379	Form B - FY19 Projected clients Served:	234
Form B - Amount Budgeted in FY18 Area	\$1,251,400	Form B - Projected Clients Served in FY18 Area Plan	185

Plan			
Form B - Actual FY17 Expenditures Reported by Locals	\$1,245,975	Form B - Actual FY17 Clients Served as Reported by Locals	148
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.			
<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> <p>DBH provides women's residential at 2250 North 1700 West, Layton, UT</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).			
DBH has opened a new women's residential. We anticipate serving more individuals in this ASAM level of care.			
Describe any significant programmatic changes from the previous year.			
On May 1, DBH will open a 16 bed Women's Residential treatment program.			

4) Outpatient (Methadone - ASAM I)

Form B - FY19 Amount Budgeted:	\$50,000	Form B - FY19 Projected clients Served:	50
Form B - Amount Budgeted in FY18 Area Plan		Form B - Projected Clients Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals		Form B - Actual FY17 Clients Served as Reported by Locals	
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.			
<p>For people wanting methadone we have always referred to Discovery House, but we are currently discussing a contract with Discovery House to fund some additional medication assisted treatment.</p> <p>Contract Provider: Discovery House, Davis County</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).

New contract with Discovery House

Describe any significant programmatic changes from the previous year.

None

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY19 Amount Budgeted:	\$550,000	Form B - FY19 Projected clients Served:	200
Form B - Amount Budgeted in FY18 Area Plan	\$\$363,660	Form B - Projected Clients Served in FY18 Area Plan	160
Form B - Actual FY17 Expenditures Reported by Locals	\$\$223,671	Form B - Actual FY17 Clients Served as Reported by Locals	155

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.

DBH currently provides Medication Assisted Treatment (MAT) for any client who with an opiate use disorder (OUD) who wishes this level of care. At DBH, MAT was launched through the Opioid Community Collaborative (OCC), a community effort funded by Intermountain Healthcare to provide treatment to people who were misusing prescription opioids. With the award of additional State and Federal funds we have been able to expand this program which consists of MAT with counseling/therapy services and recovery supports. Buprenorphine/naloxone (Suboxone®, Zubsolv®) are the most typically administered drugs at outset, but as patients remain with MAT, many of them want to transition to Vivitrol. We have not had a lot of success for oral naltrexone with OUD unless the administration is supervised, but people with alcohol addiction occasionally opt to use this.

In support of people with serious mental illness and substance use disorder (SUD), we offer MAT and a daily (Monday through Friday) dual diagnosis group.. This group is open to current CRU clients and outpatient clients who may benefit from this treatment. Recovery support specialists (RSS) with a lived experience facilitate some of these groups and work to engage clients in recovery services.

DBH and the Davis County jail work together to provide Vivitrol prior to the release of any inmate with an OUD or alcohol disorder. Although Midtown is part of this partnership, because Alkermes has been a good partner and offers patient assistance we have not referred many people to Midtown as we found that sending people to Ogden was a barrier to continued treatment. We are still working through access issues when inmates are released prior to the planned date, thus not getting their shot. In these circumstances we open urgent appointments to help these people get their injection at DBH.

In addition, DBH offers naloxone prescriptions and education to all clients with current or historical opioid use and recently received a grant from the Department of Health which will allow us to provide naloxone kits to clients.

Providers: DBH and contract

Locations: 934 South Main, Layton, UT

2250 North, 1700 West, Layton, UT

Bountiful Treatment Center: 146 West 300 South, Bountiful, Utah 84010

Midtown CHC - Davis County Health Department: Ogden, Utah

Davis County Jail, Farmington, Utah 84025

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

None Because of our retention efforts, we expect to maintain FY17 and 18 admissions in treatment but do not expect a large increase of new admissions.

Describe any significant programmatic changes from the previous year.

None

6) Outpatient (Non-methadone – ASAM I)

Form B - FY19 Amount Budgeted:	\$1,400,000	Form B - FY19 Projected clients Served:	1200
Form B - Amount Budgeted in FY18 Area Plan	\$1,102,150	Form B - Projected Clients Served in FY18 Area Plan	810
Form B - Actual FY17 Expenditures Reported by Locals	\$1,285,592	Form B - Actual FY17 Clients Served as Reported by Locals	731

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.

DBH provides this service directly.

Outpatient substance use treatment is delivered according to the treatment needs of the client subsequent to an individual clinical assessment in conjunction with the ASAM placement assessment.

These services are provided by DBH and include screening, assessment, individual, group, family interventions, and recovery support services. 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 engagement; improved relationships, employment and housing. All DBH services are co-occurring competent treatments.

A small portion of outpatient services will be offered at our Men's Recovery IOP Treatment Program, and our Women's Recovery IOP and Residential 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 treatment to less intensive outpatient services.

Location: 934 So. Main and 2250 North 1700 West, Layton, Utah
[Intermountain Healthcare, Layton and Bountiful](#)
[GMS Counseling - Clearfield](#)
[Discovery House - Layton](#)

Provider: Davis Behavioral Health and contract

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

There will be increased programming to accommodate an increase in services to the jail. It is anticipated that more outpatient services will need to be provided to meet the demand. Also, DBH has contracted with GMS counseling for outpatient services.

Describe any significant programmatic changes from the previous year.

This year DBH also contracted with GMS counseling to offer assessment, referral and treatment services. We also contracted with Odyssey House to provide Intensive Outpatient/Outpatient (IOP/OP) treatment following a residential stay. In addition, with funds from The Division of Substance Abuse and Mental Health (DSAMH) we placed an SUD provider and Recovery Support Specialist at Intermountain Healthcare to provide therapy and recovery supports to clients in primary care. This process has been very slow to evolve but is now growing.

In FY18, DBH started a low-criminal risk treatment track which offers evaluation, individual and group therapy, education classes, family supports and ongoing recovery support services. This program is highly individualized and provides treatment and/or recovery supports as desired by the client.

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

Form B - FY19 Amount Budgeted:	\$1,585,000	Form B - FY19 Projected clients Served:	390
Form B - Amount Budgeted in FY18 Area Plan	\$1,732,693	Form B - Projected Clients Served in FY18 Area Plan	410
Form B - Actual FY17 Expenditures Reported by Locals	\$1,379,585	Form B - Actual FY17 Clients Served as Reported by Locals	350

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.

Intensive Outpatient services are gender specific and include screening, assessment, individual, group, and family treatments as well as recovery supports. IOP services are offered 9 hours per week and co-occurring disorder treatment is routinely provided. Intensive outpatient services are offered at the Men's Recovery Center (MRC) and Women's Recovery Center (WRC) with both programs having morning and evening IOP programs.

Effectiveness of treatment can be measured in terms of the overall health of the client such as decreased substance use and criminal thinking, improvements in mental and physical health, greater social involvement, improved relationships, housing and employment, and engagement in individualized recovery supports.

DBH Provides IOP services directly at MRC in Clearfield, and WRC in Layton.

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

none

Describe any significant programmatic changes from the previous year.

DBH discontinued its day treatment programs this year and moved to an IOP model of care. In the Davis County jail we started WCT (Work Center Treatment) with gender specific IOP programming for 12 men and 12 women.

WCT is a 60-90 day SUD treatment program available to Work Center inmates sentenced to the program. Treatment is expected to take place daily at the Work Center, and will consist of treatment groups as well as individual counseling, skill building in areas of substance use, case management, and overall development of healthy and socially appropriate life skills. Treatment will generally be at the IOP level, and CBT (Cognitive Behavioral Therapy) based. Upon completion, sentencing recommendations will include continued outpatient care and recovery supports.

8) Recovery Support Services

Form B - FY19 Amount Budgeted:	\$225,000	Form B - FY19 Projected clients Served:	563
Form B - Amount Budgeted in FY18 Area Plan	\$178,251	Form B - Projected Clients Served in FY18 Area Plan	250
Form B - Actual FY17 Expenditures Reported by Locals	\$211,100	Form B - Actual FY17 Clients Served as Reported by Locals	160

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.

The Recovery Support Services team is supervised by an LCSW. 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 Specialists (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 Certified Peer Specialists.

The DBH Recovery Support Program goal is to assist clients with engagement in a recovery lifestyle. Services are provided throughout the continuum of care by an individually assigned Recovery Support Specialist and supplementary support from recovery oriented clinical therapists. Specific recovery support programming targets non-treatment seeking and post treatment clients by assisting clients in building and implementing a recovery lifestyle plan. Recovery support services are available to DBH clients and community referrals; we do not require that an individual be in treatment with DBH to access RSS.

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.

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-type/PATR funding is available to assist clients in overcoming barriers to recovery.

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 softball, monthly social dinners, and weekly self-help peer run groups.

In FY19, DBH will have at least 6 beds for men and women in a licensed Recovery Residence.

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).

DBH has increased the number of Recovery Support employees. Additionally, better efficiencies within the program allows for more people to be served.

Describe any significant programmatic changes from the previous year.

Our RSS group activities will no long be provided at Red Barn Farms as they are dedicating their property and facilities to a different target population. We are searching for a new location.

9) Peer Support Services

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	

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.

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.

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

None

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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.

Describe any significant programmatic changes from the previous year.

USARA is offering a CRAFT family group each week at DBH, and one of our peer specialists is hosting a Food Addicts Anonymous meeting at DBH.

10) Opioid (STR) Treatment 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.

Describe the activities you propose and identify where services will be provided.

The STR funds will continue to 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. Due to system efficiencies and additional funding we have been able to accept all appropriate requests for MAT.

DBH prefers to provide MAT in-house 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, and because we are not able to offer daily dosing of methadone, if a client wishes to receive OUD treatment through another provider, we will explore this option with them. As part of this good faith effort we are contracting with Discovery House, GMS counseling and have placed a therapist at two Intermountain clinics to provide support to physicians there who are using MAT.

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 or in the community.. 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 with OUD and any interested/willing support person.

How will you identify, engage and retain individuals in your area with opioid use disorders?

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. USARA has asked us to partner with them in having a Recovery Coach in Davis County Emergency Departments (EDs) who will also do Labor/Delivery outreach.

In addition, we have 1) trained our mental health staff to look for OUD and do a warm hand-off to MAT, 2) trained jail (MH and SUD) staff to identify and refer, 3) added an SUD supervisor to our high risk MH staffing to help outreach and engage dual clients, 4) expanded the number of and variety of RSS activities to give more choices for engagement opportunities, and 5) make referrals to RSS to outreach and engage clients who have dropped out of treatment, 6) place Recovery Support Specialists at all levels of care so they are known to clients and are better able to engage and retain clients in their individualized treatment and recovery process. As mentioned earlier, the DBH RSS have a lived experience with recovery and are certified peer support specialists.

The OCC (the program through which we run most MAT) 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; ongoing 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 RSS outreach efforts, DBH has partnered with Weber Human Services and Salt Lake County to provide seamless care to known clients who are moving between counties.

Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

DBH has been delighted to open our doors to all requests for people seeking medication assisted treatment for an OUD.. With 2.5 years of experience providing MAT, we have been able to maximize resources as we work with clients, pharmacies and patient assistance programs in obtaining the medicine for OUD. Although there is a small sliding fee for services, income is not a barrier to treatment. We continue to outreach pregnant women and people who are solely misusing prescription opioids, but engagement is difficult.

Of the 90 people who have been engaged in MAT for 15 months, there is an 87% abstinence (from opioids/opiates) rate and a 74% abstinence from all substances. We are doing an analysis (by individual patient) of that 13% gap to see if we can impact overall abstinence. For people engaged in treatment 6+ months, 58% have improved housing and only 2% have a decline in their housing situation. For the same 6+ months, 64% have improved employment and less than 1% have worsened employment. Of the 36 pregnant women, 28 have delivered and only 3 of those babies have neonatal abstinence syndrome, two of which pregnancies did not begin treatment until the last trimester.

The biggest barrier to accessing MAT is the expense of the medication once clients have to pay for it on their own and prescriber capacity. Because our retention efforts are strong (62% retained more than 12-15 months), we do not have a lot of movement on the caseloads of our prescribers. Recovery supports, intensive outreach to existing clients, paying for medication and rapid access to prescribers are key elements to positive outcomes.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.

DBH will be the primary site for MAT services. We will contract with other providers if expanded capacity is needed, or as clients request this service and providers agree to evidence-based implementation.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

For those clients who request an SUD evaluation for court purposes, DBH has identified a therapists who provides this service without having the client go through the regular admission process. This has freed up more time for therapists to see clients who are going to be in treatment. Clients who request an evaluation only can have recommendations to Recovery Support Services, prevention classes, case management, community agencies, and treatment, if necessary. This process facilitates access to those clients who are directly requesting entrance into treatment.

In addition we have contracted with GMS counseling and are working on a contract with Discovery House to expand client choice and access.

Describe your plan to improve the quality of care.

DBH SUD therapists have been learning and implementing Cognitive Behavioral Therapy and Social Skills training for the Criminally at Risk population for its Quality Improvement Project. In addition to formal training, therapists are submitting recordings for review in order to assure high fidelity implementation. This QI specifically focuses on CBT interventions for the high criminal at risk population as identified by the LSI-RNR. DBH is also training additional staff in MRT. Future Quality Improvement Topics are Co-occurring disorders, Mood Disorders, and various psychotherapy interventions.

DBH also provides ongoing supervision to ensure high fidelity implementation of trauma treatment. The DBH

Women's Recovery Center continues to implement Stephanie Covington's Post Traumatic Stress Disorder (PTSD) trauma treatment and a Healing Journey. In addition, [more than 30 therapists are now EMDR trained](#) with on-going high fidelity supervision. Staff have also been reviewing and implementing evidence 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.

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.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

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:

- Recovery Supports
- Motivational Interviewing
- CBT for Substance Abuse and Co-Occurring Disorders.
- CBT with focus on Relapse Prevention and Social Skills Training
- MRT
- DBT
- CBT for Post-Traumatic Stress Disorder.
- Co-occurring therapies
- PTSD Treatments: Seeking Safety & Beyond Trauma
- Matrix Model
- Stages of Change Counseling
- Substance Abuse and Criminal Behavior
- Behavioral Therapy
- Family Therapy / Multi-Family Group Therapy
- Contingency Management.
- Criminal Risk Assessment and Treatment

Describe Clinical Supervision Protocol or Plan.

DBH has several EBPs that have a consultation group. These groups adhere to the following structure: education, rehearsal and clinical staffing. In addition, therapists have the option of recording sessions and sharing those with their supervisor while reviewing a fidelity checklist, or recording a session and sharing it with their team for feedback. Some clinicians prefer to have the supervisor sit in on sessions to determine fidelity adherence instead of doing a recording. The majority of people who attend the consultation groups find a clinical value that improves practice, allows for the art of therapy and helps reduce compassion fatigue.

We also provide supervision through weekly staffings, individual case reviews with supervisors, peer chart reviews, quality improvement projects, and recorded or observed sessions of therapists. Our SUD QI projects have an educational training component and then supervisors observe or record sessions over several months until model acquisition is solid. These recorded sessions have rating sheets completed by supervisors and/or clinical staff. Feedback to the therapists are provided and documented on the rating sheets.

In addition: For A-CRA, the process is:

- Attend training
- Record all A-CRA sessions and submit for review
- Supervisor listens to all recordings and gives ratings (per A-CRA's rating workbook) and provides written feedback within one week
- Individual supervision weekly or bi-weekly, depending on needs (but at least 2x/month)
- Once all procedures are passed off, clinician is considered certified
- After certification, one session per month should be reviewed by the supervisor (this technically should be random, meaning the person continues to record and submit every session, but I don't know if that will actually happen)
- After certification, consultation should occur at least one time every other month (this can be done

- individually or as part of a group consultation)
- Individual and/or group consultation/supervision consists of caseload review (using A-CRA's form – covers things like client attendance, homework completion, procedures they have completed with the client, etc.), feedback on recent recordings, discussing any procedures they are struggling with, and role plays

For GAIN, the process is:

- Complete online training
- Record GAIN administration and submit for review
- Supervisor listens and provides written feedback with 2 weeks
- Individual supervision as needed
- Certification occurs after completing a GAIN administration with no significant errors or issues (usually takes 2-4 administrations)

How do you evaluate client outcomes?

Medication Assisted Treatment (MAT) Outcomes:

- Abstinence (via UA), client retention, improved housing and employment.
- Rapid access to treatment (seeing the prescriber within 1 - 5 days)
- For pregnant women we look at the length of NICU stays and Neonatal Abstinence Syndrome)

Outpatient / Intensive Outpatient / Women's Residential Services:

- Client outcomes are documented at the time of completion of services in a discharge summary which contains the following:
 - Summary of Goal / Objective attainment.
 - Objective Final Ratings: Scale of 1-10; Therapists / Clients rate the client's final progress on their objectives. They also summarize their clients progress on each objective.
- Discharge Referrals: All referrals to Recovery Support activities are identified and reviewed.
- Annual questionnaires.

RSS Services:

Recovery Support Services uses a Recovery Capital Index to guide and evaluate recovery planning. RSS uses the Recovery Capital tool to derive peer support and recovery coaching objectives for services. Progress is evaluated through ratings on objectives at each service and use of Recovery Capital tool when needed.

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

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.

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

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

The DBH – Davis County Jail Program (RSAT/JSAT) consists of 24 males, and 12 females who are engaged in treatment for five months of in-jail services. Jail SUD counseling services are provided daily (Monday through Friday) and consist of daily group and individual treatment. Following the jail portion of treatment, clients are placed on AP&P for probation and receive weekly outpatient treatment services at DBH for 7 months. The clients also meet weekly with a 2nd District Court Judge to review their progress and compliance with program requirements. The outpatient jail release model is based on a drug court model. The DBH Jail program was originally funded by a Federal RSAT grant, but it is now paid for by the Davis County Sheriff's Department as part of the Davis County Contract. This program has been in operation since 1999 and we have solidified a strong partnership.

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.

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

Provider: Davis Behavioral Health

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

None expected

Describe any significant programmatic changes from the previous year.

In addition to the RSAT program, DBH has responded to requests from the judges to expand IOP services for the jail Work Center. In April, 2018, we started WCT (Work Center Treatment) with gender specific IOP programming for 12 men and 12 women. WCT is a 60-90 day SUD treatment program available to people in the Work Center who are sentenced to the program. Treatment is expected to take place daily at the Work Center, and will consist of treatment groups as well as individual counseling, skill building in areas of substance abuse, case management, and overall development of healthy and socially appropriate life skills. Treatment will generally be at the IOP level, and CBT (Cognitive Behavioral Therapy) based. Upon completion sentencing recommendations will include continued outpatient care and recovery supports.

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

The Jail RSAT (Residential Substance Abuse Treatment) program is funded by Davis County and does not use SAPT block grant money. However, with the expansion of jail IOP (WCT) we will use Substance Abuse Prevention and Treatment (SAPT) funds until we get more from the county.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

DBH continues to partner 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. We have also begun a "speciality clinic" relationship with Midtown where clients are established at Midtown in primary care and then referred to DBH to receive medication services until the patient is stable at which time the patient is transferred back to Midtown to receive ongoing medication management through primary care with ongoing consultation from our prescribers to theirs. Midtown Community Health Care has a treatment program for patients with Hep C; therefore, DBH has allocated some funds for people at high risk of Hep C and HIV to receive their physical exam at Midtown.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

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

This year DBH began an dual IOP group for people with SMI and SUD. This daily program includes group therapy, skills development, recovery supports and individual work. The team has providers from both mental health and substance use. In addition, DBH adult teams have been emphasizing the need to have all clients screened for SUD and MH needs.

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. In the coming year, CY will increase its efforts at screening all age-appropriate clients for SUD and MH and the Quest Day-Treatment program will become a co-occurring treatment program.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

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 healthcare 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.

We have also begun a "speciality clinic" relationship with Midtown where clients are established at Midtown in primary care and then referred to DBH to receive medication services until the patient is stable at which time the patient is transferred back to Midtown to receive ongoing medication management through primary care with ongoing consultation from our prescribers to theirs. Midtown Community Health Clinic has a treatment program for patients with Hep C; therefore, DBH has allocated some funds for people at high risk of Hep C and HIV to receive their physical exam at Midtown.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

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 / residential 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.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	\$2,370,300		
Form B - Amount Budgeted in FY18 Area Plan	\$1,923,000		
Form B - Actual FY17 Expenditures Reported by Locals	\$1,741,723		

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.

Women's Gender Specific Substance Disorder treatment is provided at the Women's Recovery Center and in FY19 this program will become a residential program. WRC will have responsibility for women's residential, IOP and some OP services. 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 and WCT women's programs).

Our general outpatient also has gender specific 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:

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.

PTSD:

- Seeking Safety for Women.
- Stephanie Covington's Women's: A Health Journey for PTSD.
- Complex Trauma Treatment for Women.
- EMDR

Criminal Risk Assessment / Treatment for Women only.

- Criminal Thinking Errors
- Criminal Risk Factors –
- CBT Criminal Personality and Substance Use

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 Division of child and family services (DCFS) for women with children at risk of, or in state custody.

With WRC becoming a residential program, we will begin by offering the Strengthening Families program 2- 4 times per year to the residents of the WRC. As part of the initial program, we will ask the parents to complete a symptom checklist for each of their minor children so that we can assist in determining whether the child could benefit from services. The facilitators will give the information to each participants individual therapist to assist them in accessing resources. A Family Resource Facilitator will be the liaison between the WRC and the Children and Youth programs for coordination.

Strengthening Families is an example of one program specifically designed for children of substance-using 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 will be deployed via our Prevention Program.

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

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 provider 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.

Describe any significant programmatic changes from the previous year.

WRC day treatment was closed and a 16 bed, women’s residential program will be opened on May 1.

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	\$360,046		
Form B - Amount Budgeted in FY18 Area Plan	\$233,500		
Form B - Actual FY17 Expenditures Reported by Locals	\$250,110		

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. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

1. Treatment providers are in the process of being trained and certified in the use of the Global Appraisal of Individual Needs (GAIN) GAIN-Q3-MI, an evidence based screener used to identify and address a wide range of problems in the domains of substance use, mental health, crime and violence, stress, physical health, school and work, and quality of life. Screenings include a Substance Abuse Subtle Screening Inventory-Adolescent (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
2. Clinicians have been trained in Seeking Safety, an evidence-based treatment for substance use and PTSD, and have begun to implement this. Staff have also been involved in ongoing training on trauma-informed care. 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.
3. Clients are assessed for co-occurring mental health disorders. Treatment is provided if indicated. Case management is available. Medication management services are available if needed, including MAT for 15 and above with an OUD.
4. Staff have been involved in training on adolescent specific development and engagement. Incentives, importance of peers and brain development are examples of areas considered. Clients are assessed for developmental delays.
5. Family involvement is encouraged in all stages of treatment. Strategies for engaging the family are used continuously.
6. Recovery support services have been implemented in youth substance abuse, with a significant focus on outreach to both engage clients in treatment and retain them once they are in. Providers are trained in MI to engage clients. Motivational incentives are used to retain clients. Outreach is used to contact clients who have disengaged.
7. Therapists have been involved in a variety of training this past year including trauma-informed care, A-CRA (Adolescent Community Reinforcement Approach), GAIN-Q3-MI, adolescent development, and Seeking Safety. Clinicians are in the process of being certified in the use of A-CRA and the GAIN, with ongoing supervision and consultation provided for both of these. The program is supervised by a master's 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.
8. Recovery support services have been implemented with an emphasis on outreach and engagement and increasing prosocial activities and supports. Clients are followed for at least 90 days post-discharge.
9. All adolescent clients are involved in developing their treatment plans.
10. GPRA data is being collected at intake, 3-months post intake, 6-months post intake, and discharge. Program evaluation is done quarterly using Treatment Episode Data Set (TEDS) which is collected at admission/discharge. Point-in-time evaluations are completed annually via the MHSIP.

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

None expected

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

Significant coordination occurs between program staff and the juvenile court including weekly reports and monthly staffing meetings (with the appropriate releases of information in place). If clients are involved with the Division of Child and Family Services (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, Juvenile Justice (JJS), System of Care (SOC), and Davis School District.

Program changes this year include the use of new evidence-based treatments including A-CRA and Seeking Safety. Additionally, staff are being trained and certified in the use of the GAIN-Q3-MI and will begin implementing

this as standard screener. The program has also implemented recovery support services that are available to all clients. Although the juvenile court continues to be the referral source for the majority of clients, referrals from this agency are down significantly and there is an increase in community referrals and from the mental health program (as a result of increased awareness of substance use issues).

16) Drug Court

Form B - FY18 Amount Budgeted: Felony	\$248,378	Form B - FY19 Amount Budgeted: Felony	\$210,808
Form B - FY18 Amount Budgeted: Family Dep.	\$30,000	Form B - FY19 Amount Budgeted: Family Dep.	\$72,553
Form B - FY18 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY18 Recovery Support Budgeted	\$24,194	Form B - FY19 Recovery Support Budgeted	\$40,865

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

Adult Drug Court eligibility criteria:

- Felony Offense(s) that are drug related.
- Score high on Risk / Needs on the LSI.

Dependency Family Juvenile Court:

- DCFS removes children from home due to parental drug use.
- Score high on Risk / Needs on the LSI. DBH has used the RANT in previous years, but this year will be using the LSI as the criminogenic risk tool.

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

DBH provides treatment for 2 Drug courts:.

- 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)
- 2nd District Davis Dependency-Family Drug Court

Clients in both speciality courts have access to treatment services through all levels of care and all providers as described in the preceding area plan sections. Dependency Court clients have additional case management services from DCFS.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

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. See Sections 4 and 5 of the area plan for details.

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 Specialty Courts, etc).

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

Davis Adult Felony Court (Davis County 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.

Drug Offender Reform Act (DORA) clients use the Davis County Jail UA system for random UAs. DORA Adult Probation and Parole (AP&P) agents also obtain urine analyses (UAs) from DORA clients, through the AP&P UA system on a case by case basis.

DBH allows SUD program personnel to conduct UA screenings within its programs. These UAs are for internal use and the treatment process and are not used for judicial sanctions.

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/therapists review for and recommend sanctions. The Sheriff's office only reports results.

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

Adult Felony Drug Court: The County Attorney's Office requires \$150 administration fee.
Dependency Family Court has no additional fees.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

Funding increases will allow for additional individuals to be served and to help offset the cost of services for the existing court clients.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

DBH provides a dedicated case manager to the Drug Court clients. Client are connected to community resources as needed to improve their functioning. Drug Court clients have access to recovery support funds that assist with removing of barriers to recovery. Clients frequently receiving funding to help with transportation, treatment incurred expenses, educational pursuits, as well as items that support employment.

DBH's Recovery Support Services team developed programming specific for drug court alumni. Drug Court alumni meet in a monthly group with a Recovery Support Services' therapist, as required by the court program. Drug Court alumni have the option of weekly support group meetings and brief individual therapy, provided free of charge to the client. The alumni program also participates in monthly social events and sober activities provided by DBH. The alumni clients continue to have access to Recovery Support Specialists to help with employment, relapse prevention planning, and recovery coaching.

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	\$395,064	Form B - FY19 Amount Budgeted:	\$1,002,678
Justice Reinvestment Initiative			
Judges Dawson and Morris County Attorney Richard Larson			

Commissioner Jim Smith
 Sheriff Todd Richardson
 County Attorney Troy Rawlings
 Deputy Sheriff Keith Fielding
 Davis Behavioral Health CEO: Brandon Hatch
 Davis Behavioral Health Treatment: Virgil Keate, Kristen Reisig, Todd Soutor
 Recovery Supports: Brett Bartruff (DBH)

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

Clients requesting services at DBH are seen in screening clinic where the NIDA Quick Screen for substance use and the PHQ-2 for depression are given. For clients admitted into services a complete clinical assessment incorporating the assessment requirements from Rule are used. In addition, the assessment includes:

- The LS/CMI or RANT for Criminal Risk
- A clinical assessment of high or low risk criminal thinking for treatment placement and intervention purposes.
- Treatment planning pertaining to Criminal risk factors such as Moral Reconciliation Therapy and other evidenced based manuals and literature that address criminal risk, substance use and mental illness.
- CSSR-S and Stanley Brown Safety Plan for suicide risk assessment and safety planning.
- COWS when referred for MAT
- Recovery Capital Index for building recovery supports based on client choice.

Recovery Support Services aim to reduce criminal risk factors and recidivism through supporting clients in meaningful recovery engagement. Recovery support provides services that help clients remove barriers to their recovery by connecting them with individually engaging recovery activities, vocational 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.

In the youth substance use program, DBH is in the process of training and certifying treatment providers in the GAIN-Q3-MI and A-CRA. The GAIN is an evidence based screener used to identify and address a wide range of problems in the domains of substance use, mental health, crime and violence, stress, physical health, school and work, and quality of life. A-CRA is an evidence based treatment for adolescents and young adults with substance use disorders that seeks to increase the family, social, and education/vocational reinforcers to support recovery. Seeking Safety, an evidence based program for the treatment of PTSD and substance use, has also been adopted and implemented. The YLS/CMI is used to identify a client's criminal risk and high risk individuals are referred to MRT group as part of their treatment. Additionally, the youth substance abuse program has implemented recovery support services with the goal to help clients remove barriers to their recovery and connecting youth to positive social supports and activities in the community.

Identify training and/or technical assistance needs.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	\$320,619		
Form B - Amount	\$318,106		

Budgeted in FY18 Area Plan			
Form B - Actual FY17 Expenditures Reported by Locals	\$		
<p>Local Drug Offender Reform Act (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 Adult Probation and Parole (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.</p>			
<p>Presiding District Court Judge: Judge John Morris, 2nd District Court Regional AP&P Director: Karl Kennington or Designee 2nd District AP&P DORA Supervisor: Preston Kay 2nd District AP&P DORA agents: Austin Rhees & Joseph Abbot District/County Attorney: Troy Rawlins or designee DBH Substance Abuse Local Authority Designee: Virgil Keate Davis County Public Defender's Office/ Designee: Determined by Public Defender's Office</p>			
<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?</p>			
<p>It's anticipated that we will serve 180-200 DORA funded individuals. We anticipate 80-100 individuals will be carried over into the new FY.</p>			
<p>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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).</p>			
<p>Clients receiving services through DORA funding have access to all DBH SUD services including, but not limited to:</p> <ul style="list-style-type: none"> ● Outpatient, Intensive Outpatient, Short-Term Residential, Medium Residential, Detoxification, & MAT services. ● Recovery Services to include case-management, recovery support services and alumni support groups, training, education, housing placement, access to healthcare, and job placement. ● Assessments are provided by Davis Behavioral Health and include screening for co-occurring disorders. ● Drug Testing is provided by the Davis County Jail Drug Testing Service and the DORA AP&P Department. <p>For detail on these services, please see the preceding sections of the Area Plan.</p>			
<p>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.</p>			
<p>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.</p> <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 and co-occurring disorders. Some of the Evidence-based/Outcome-Based Practices/Programs DBH SUD services provides are:</p> <ul style="list-style-type: none"> ● Motivational Interviewing 			

- 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
- EMDR
- CRAFT
- 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 unique needs. Co-occurring disorders and criminogenic risk factors are also identified and become part of the treatment process. Treatment planning and treatment interventions are integrated parts of evidenced based services.

FY19 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 FY2019 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								
FY2019 Substance Abuse Prevention Revenue												
FY2019 Substance Abuse Prevention Revenue						\$372,021	\$13,869	\$399,267				\$785,157

	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 FY2019 Expenditures	TOTAL FY2019 Evidence-based Program
	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										
FY2019 Substance Abuse Prevention Expenditures B														
Universal Direct						\$111,606	\$4,160	\$119,780					\$235,546	\$211,991
Universal Indirect						\$119,047	\$4,438	\$127,765					\$251,250	\$226,125
Selective Services						\$85,565	\$3,190	\$91,831					\$180,586	\$162,527
Indicated Services						\$55,803	\$2,081	\$59,891					\$117,775	\$105,998
FY2019 Substance Abuse Prevention Expenditures B	\$0	\$0	\$0	\$0	\$0	\$372,021	\$13,869	\$399,267	\$0	\$0	\$0	0	\$785,157	\$706,641

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$66,964	\$200,891	\$14,881	\$59,523	\$26,041	\$3,720	\$372,020

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Davis Behavioral Health

Instructions:

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

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.

This plan outlines Davis Behavioral Health's strategic plan for FY19

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 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, and hospital data. With the support of Davis HELPS coalition, the following risk and protective factors were prioritized for the LSAA plan: 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 is working to address 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: Communities that Care, EASY and SYNAR checks, Parents Empowered, Strengthening Families, Love & Logic, Incredible Years, Emotion Coaching, Anger Management, MBSR, Learning to Breathe, Mindful Schools, Protecting You Protecting Me, Prime for Life. 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.

1) Assessment

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.

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.

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.

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.

The plan review identified two gaps in services, which will be addressed in this year's plan.

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.

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.

FY2018 - we expanded mindfulness and compassion training from 1 to 24 schools (413 classrooms). We will continue to address this gap in FY2019

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.

FY2018 - Spanish parenting courses increased from 2 to 3 classes. We will continue to address this gap in FY2019.

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.

FY2018 - Data has been gathered and priorities of been selected. In the process of developing a plan.

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.

Still in progress.

2) Capacity Building

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.

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)

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 Promising Youth Conference, Utah Coalition Summit, Communities that Care Training, and the Utah Fall Conference.

DBH will continue to work to build prevention capacity in the northern part of the county. First meeting for the Northern Davis County (CTC) coalition will be on Monday, May 7th.

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 25 schools in the training and/or implementing process.

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

Incredible Years

4

Love & Logic

4

MBSR

3

Learning to Breathe

2

Prime for Life

1

Alcohol Intervention

1

Protecting You Protecting Me

4

Anger Management

4

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 in the southern and northern parts of Davis County to hold a parent program.

Objective 2: Secure two Spanish speaking instructors.

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

3) Planning

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 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:

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?

Reduce Alcohol Consumption	Risk/Protective Factor	Program	# of Cycles	Anticipated # of people Served
	Reducing Family Conflict	Strengthening Families	4	15-20 High Risk Families
		Project Davis	4	40-60 Families
		Incredible Years	7	75-125
		Love & Logic	12	250
		Emotion Coaching	10	150
		Anger Management	16	150-180
	Decreasing depressive symptoms (increasing prosocial skills)	MBSR	8	100-120
		Mindful Schools	School Based program - will implement in 30 schools	20,000
		Learning to Breathe	School Based program - will implement in 10 schools	1,000
	Attitudes favorable to drug use increasing prosocial skills	Prime for life	12	80-150
		Alcohol & Drug Intervention	12	75-100
	Increasing prosocial skills	Protecting You/Protecting Me	School based program - will implement in 6 schools, grades 3,4,5	2,000-3,000

4) Implementation

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.

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).

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

5) Evaluation

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.

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

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

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name		Cost of 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	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce lifetime alcohol use	1) Prosocial Involvement 2) Attitudes favorable to drug use	Protecting You/Protecting Me (PY/PM) is an alcohol use prevention curriculum for children in grades 1-5. We anticipate serving 2,000 to 3,000 children	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 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 Records	1) 2019 Sharp data 2) 2017 Sharp data	2021 Sharp data

2. Logic Model

Program Name		Cost of 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 Records	2017 Sharp Data	2019 BRFSS

3. Logic Model

Program Name	Cost of 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 BRFSS Data	2011 Sharp Data	Attendance Records	Program Log, Attendance Records	2017 Sharp Data	2019 BRFSS

4. Logic Model

Program Name	Cost of 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	Strategies	Outcomes	
			Selective		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 Records	1) 2017 Sharp Data (2) 2019 Sharp Data	2021 Sharp Data

5. Logic Model

Program Name			Cost of 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	Strategies	Outcomes	
			Universal/Selective		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 Records	2017 Sharp Data	2021 Sharp Data

6. Logic Model

Program Name		Cost of 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	Strategies	Outcomes	
			Universal/Selective/Indicated		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 Records	2017 Sharp	2021 Sharp Data

7. Logic Model

Program Name	Cost of 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	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce alcohol use	(1) Family management skills (2) Family conflict	The target population for the Strengthening Families Program is young adolescents ages 10 to 14, and their parents. Strengthening Families will serve between 10-20 high-risk families.	Strengthening Families. Classes will be held at Layton, West Clinton, and Windridge Elementary. This program runs for seven weeks for 2 ½ hours.	1) Poor Family management will decrease in 8th grade from 34.4% in 2011 to 31.4% in 2017 (2.1) Family conflict in 8th grade will decrease from 27.3% in 2011 to 25.5% in 2017 (2.2) Family conflict in 10th grade will decrease from 31% in 2011 to 28% 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	(1-2) 2011 Sharp Data Pre-Post Tests	Attendance Records	Program Log, Attendance Records	(1-2.2) 2017 Sharp Data	2021 Sharp Data

8. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
--------------	-----------------	---------------------------

Parenting with Love & Logic			\$10,000	Yes		
Agency			Tier Level:			
Davis Behavioral Health			3			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce lifetime alcohol abuse	1) Poor Family Management 2) Family Conflict	This program targets parents in Davis County who may need to improve family management and parenting skills. We anticipate serving 200-300 parents with this program.	Parenting with Love & Logic classes will be taught in 17 elementary schools in Davis County. Classes are held for 1 ½ hours on Tuesday, Wednesday and Thursday nights from 6:30-8:00 p.m.	(1) Poor Family management will decrease in 6th grade from 34% in 2011 to 31% in 2017 (2) Family conflict will decrease from 34.5% (6th grade) in 2011 to 31.5% in 2017.	Lifetime alcohol use in 8th grade will decrease from 14.0% in 2011 to 9% in 2021.
Measures & Sources	2011 Sharp Data	(1-2) 2011 Sharp Pre/Post Tests	Attendance Records	Attendance Records	(1-2) 2017 Sharp Data	2021 Sharp Data

9. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Prime for Life (PRI) Adult	\$4,000	Yes

Agency			Tier Level:			
Davis Behavioral Health			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 (PRL) class will be given information regarding issues related to alcohol and other drug use and its effects on physiology. This course will run for 5 weeks at Davis Behavioral Health (Layton) on Mondays from 6:00 to 9:00 p.m.	Favorable attitudes toward alcohol and drug use will decrease by 25% from pre-test to post test.	Alcohol use among men will decrease from 9.09% in 2009 to 8% in 2019 Alcohol use among women will decrease from 4.64% in 2009 to 3.5% in 2019.
Measures & Sources	2009 BRFSS	Pre-Post Tests	Attendance Records	Program Log, Attendance Records	Pre-Post Tests	2019 BRFSS

10. Logic Model

Program Name	Cost of 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	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce lifetime alcohol abuse	(1) Poor Family Management (2) Family Conflict	This program targets non-high-risk and high-risk parents who have children between the ages of 2-8. We receive referrals from the Davis School District, the courts, and DCFS. We anticipate serving 75-125 parents with this program.	The Incredible Years Parenting program will be taught in 7 elementary schools in Davis County and DBH. Classes are held on Tuesday, Wednesday and Thursday nights from 6:30-8:30 p.m.	(1) Poor Family management will decrease in 6th grade from 34% in 2011 to 31% in 2017 (2) Family conflict will decrease in 6th grade from 34.5% in 2011 to 31.5% in 2017.	Lifetime alcohol use in 8th grade will decrease from 14.0% in 2011 to 9% in 2021.
Measures & Sources	2011 Sharp Data	(1-2) 2011 Sharp Pre/Post Tests	Attendance Records	Attendance Records	1-2) 2017 Sharp Data	2021 Sharp Data

11. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Emotion Coaching	\$8,000	Yes
Agency	Tier Level:	
Davis Behavioral Health	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce lifetime alcohol use	(1) Poor Family Management (2) Family Conflict	This program targets Davis County parents who have children ages 5-18. We receive referrals from the Davis School District and DCFS. We anticipate serving 150 parents with this program.	The Emotion Coaching Parenting program will be taught in 10 Elementary schools in Davis County. Classes are held on Tuesday, Wednesday or Thursday nights from 7:00-8:00 p.m.	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

12. Logic Model

13. Logic Model

Program Name	Cost of 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	Strategies	Outcomes	
			Universal/Selective/Indicated		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 100-125 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 Records	Pre-post tests	2019 BRFSS

14. Logic Model

Program Name			Cost of 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.		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 Records	Pre-post tests	2021 Sharp Survey

15. Logic Model

Program Name		Cost of 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 – 30 mind fulness classes 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 Records	Pre-post tests	2021 Sharp Survey

**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.

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 2019 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # MH122434 SA122387, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: _____

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

PLEASE PRINT:

Name: P. Bret Millburn

Title: Davis County Commission Vice Chair

Date: 5/15/18

ATTEST

Curtis Koch
Curtis Koch
Davis County Clerk/Auditor