

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 regardless of their ability to pay or their mental status. Those who meet SPMI/SED criteria are screened and enter into DBH traditional services. Non SPMI/SED are offered services through the DBH Living Well Program that provides evaluation, brief treatment and medication management consultation. Further, all clients have access to prevention programs such as anxiety, depression, relationship, stress management and MBSR.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
Residents of Davis County that are determined to need substance use disorder treatment are eligible for services. Those who do not meet treatment criteria are offered prevention classes such as Prime for Life and others. DBH offers a full continuum of services (prevention, outpatient, intensive outpatient, day treatment and residential). DBH rarely has a wait list as we provide walk-in appointments and opportunities to meet with a member of the crisis team. However, on those occasions we provide group therapy options as a way to begin seeing someone before a treatment place is available. These groups are available weekly for those who haven't yet become clients. Further, DBH ensure priority populations get served through our intake clinic where we determine priorities. DBH attempts to serve everyone who calls seeking treatment regardless of their payer source.
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 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 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

FY20 Mental Health Area Plan & Budget		Local Authority										Davis Behavioral Health		Form A	
		State General Fund				County Funds									
FY2020 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 FY2020 Revenue		
JRI/JRC	\$50,000												\$50,000		
Local Treatment Services	\$453,933	\$3,630,233	\$108,361	\$1,354,250		\$8,538,060	\$588,554		\$1,864,461	\$1,552,320	\$454,670	\$203,760	\$18,748,602		
FY2020 Mental Health Revenue by Source	\$503,933	\$3,630,233	\$108,361	\$1,354,250	\$0	\$8,538,060	\$588,554	\$0	\$1,864,461	\$1,552,320	\$454,670	\$203,760	\$18,798,602		
FY2020 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 FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
Inpatient Care (170)	\$14,000	\$350,000		\$37,000		\$1,309,000							\$1,710,000	165	\$10,363.64
Residential Care (171 & 173)	\$2,500	\$395,000	\$7,000	\$57,000		\$1,074,500			\$45,000	\$48,000	\$39,000	\$7,000	\$1,675,000	325	\$5,153.85
Outpatient Care (22-24 and 30-50)	\$205,708	\$1,498,233	\$59,361	\$857,550		\$561,560	\$444,554		\$1,664,461	\$1,177,045	\$366,670	\$94,460	\$6,929,602	6,500	\$1,066.09
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$2,500	\$58,000		\$27,000		\$174,500	\$50,000			\$47,000	\$12,000	\$4,000	\$375,000	1,160	\$323.28
Psychotropic Medication Management (61 & 62)	\$6,000	\$420,000	\$19,000	\$40,000		\$2,768,000	\$94,000			\$134,000	\$9,000	\$10,000	\$3,500,000	3,195	\$1,095.46
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	\$4,000	\$403,000	\$4,000	\$15,000		\$946,000						\$3,000	\$1,375,000	715	\$1,923.08
Case Management (120 & 130)	\$3,000	\$223,000	\$2,000	\$45,000		\$1,264,000					\$13,000		\$1,550,000	2,740	\$565.69
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	\$85,000	\$29,000		\$20,000		\$351,000			\$65,000			\$20,000	\$570,000	320	\$1,781.25
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	\$20,000	\$235,000	\$17,000			\$53,000			\$90,000			\$50,000	\$465,000	445	\$1,044.94
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	\$3,500	\$19,000		\$57,000		\$36,500						\$14,000	\$130,000		
Services to persons incarcerated in a county jail or other county correctional facility				\$198,700						\$80,000	\$15,000	\$1,300	\$295,000	1,090	\$270.64
Adult Outplacement (USH Liaison)	\$157,725									\$16,275			\$174,000	85	\$2,047.06
Other Non-mandated MH Services										\$50,000			\$50,000	80	\$625.00
FY2020 Mental Health Expenditures Budget	\$503,933	\$3,630,233	\$108,361	\$1,354,250	\$0	\$8,538,060	\$588,554	\$0	\$1,864,461	\$1,552,320	\$454,670	\$203,760	\$18,798,602		
FY2020 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 FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served
ADULT	\$347,904	\$2,506,231	\$74,810	\$934,944		\$5,894,485	\$406,324		\$1,287,182	\$1,071,687	\$313,894	\$140,671	\$12,978,132	5,400	\$2,403.36
YOUTH/CHILDREN	\$156,029	\$1,124,002	\$33,551	\$419,306		\$2,643,575	\$182,230		\$577,279	\$480,633	\$140,776	\$63,089	\$5,820,470	2,475	\$2,351.71
Total FY2020 Mental Health Expenditures	\$503,933	\$3,630,233	\$108,361	\$1,354,250	\$0	\$8,538,060	\$588,554	\$0	\$1,864,461	\$1,552,320	\$454,670	\$203,760	\$18,798,602	7,875	\$2,387.12

FY20 Proposed Cost & Clients Served by Population

Local Authority: **Davis Behavioral Health**

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2020 Expected Cost/Client Served
Inpatient Care Budget			
\$1,085,000	ADULT	100	10850
\$625,000	CHILD/YOUTH	65	9615
Residential Care Budget			
\$1,585,000	ADULT	250	\$6,340
\$90,000	CHILD/YOUTH	75	\$1,200
Outpatient Care Budget			
\$4,421,133	ADULT	4,140	1068
\$2,508,469	CHILD/YOUTH	2,360	1063
24-Hour Crisis Care Budget			
\$262,500	ADULT	820	320
\$112,500	CHILD/YOUTH	340	331
Psychotropic Medication Management Budget			
\$2,467,500	ADULT	2,350	1050
\$1,032,500	CHILD/YOUTH	845	1222
Psychoeducation and Psychosocial Rehabilitation Budget			
\$887,000	ADULT	450	1971
\$488,000	CHILD/YOUTH	265	1842
Case Management Budget			
\$1,085,000	ADULT	1,800	603
\$465,000	CHILD/YOUTH	940	495
Community Supports Budget (including Respite)			
\$220,000	ADULT (Housing)	120	1833
\$350,000	CHILD/YOUTH (Respite)	200	1750
Peer Support Services Budget			
\$375,000	ADULT	350	1071
\$90,000	CHILD/YOUTH (includes FRF)	95	947
Consultation & Education Services Budget			
\$91,000	ADULT		
\$39,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$295,000	ADULT Jail Services	1,090	271
Outplacement Budget			
\$174,000	ADULT	85	2047
Other Non-mandated Services Budget			
\$30,000	ADULT	50	\$600
\$20,000	CHILD/YOUTH	30	\$667

Summary

Totals			
\$12,978,133	Total Adult		
\$5,820,469	Total Children/Youth		

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

Unfunded (\$2.7 million)			
\$94,274	ADULT	79	1193
\$14,087	CHILD/YOUTH	12	1174
Unfunded (all other)			
\$1,690,463	ADULT	1,716	985
\$237,893	CHILD/YOUTH	243	979

FY20 Mental Health Early Intervention Plan & Budget

Local Authority: Davis Behavioral Health

Form A2

	State General Fund		County Funds								
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
FY2020 Mental Health Revenue by Source	\$332,862								\$332,862		
	State General Fund		County Funds								
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$90,930								\$90,930		#DIV/0!
FRF-ADMIN	\$14,885								\$14,885		
School Based Behavioral Health-CLINICAL	\$195,108								\$195,108		#DIV/0!
School Based Behavioral Health-ADMIN	\$31,939								\$31,939		
FY2020 Mental Health Expenditures Budget	\$332,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$332,862	0	#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 - FY20 Amount Budgeted:	\$1,085,000	Form A1 - FY20 Projected clients Served:	100
Form A1 - Amount budgeted in FY19 Area Plan	\$1,155,750	Form A1 - Projected Clients Served in FY19 Area Plan	120
Form A1 - Actual FY18 Expenditures Reported by Locals	\$973,423	Form A1 - Actual FY18 Clients Served as Reported by Locals	89
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 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 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 - FY20 Amount Budgeted:	\$625,000	Form A1 - FY20 Projected clients Served:	65
Form A1 - Amount	\$569,250	Form A1 - Projected Clients	68

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$704,892	Form A1 - Actual FY18 Clients Served as Reported by Locals	64
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. 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>DBH also provides an 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 - FY20 Amount Budgeted:	\$1,585,000	Form A1 - FY20 Projected clients Served:	250
Form A1 - Amount budgeted in FY19 Area Plan	\$1,757,500	Form A1 - Projected Clients Served in FY19 Area Plan	269
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,2791824	Form A1 - Actual FY18 Clients Served as Reported by Locals	245
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<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 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</p>			

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 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 targets clients who have both a serious mental illness and a substance use condition. This group is open to current CRU clients and outpatient clients who may benefit from this treatment. Recovery support 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.

CRU has added one bed for social detox for clients with co-occurring mental health and substance use disorders in need of this service.

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	\$90,000	Form A1 - FY20 Projected clients Served:	75
Form A1 - Amount budgeted in FY19 Area Plan	\$92,500	Form A1 - Projected Clients Served in FY19 Area Plan	62
Form A1 - Actual FY18 Expenditures Reported by Locals	\$319,956	Form A1 - Actual FY18 Clients Served as Reported by Locals	104

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 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 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.

DHB has added an LCSW to provide daily oversight and programming to the children and youth in AMRC, including either collaboration with the client's assigned therapist, or coordinating with an intake specialist and the client's family to ensure rapid access to treatment. In addition, our medical prescribers have added slots to their schedule which allow rapid access to prescribers for youth who are in AMRC.

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$4,421,133	Form A1 - FY20 Projected clients Served:	4,140
Form A1 - Amount budgeted in FY19 Area Plan	\$3,556,488	Form A1 - Projected Clients Served in FY19 Area Plan	3,915
Form A1 - Actual FY18 Expenditures Reported by Locals	\$3,355,929	Form A1 - Actual FY18 Clients Served as Reported by Locals	3,763

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 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 Reconciliation Therapy), Therapy Readiness, Gender Specific Trauma Process Group for Women, Gender Specific Seeking Safety, and Multifamily Psychoeducation (MFG)..

As part of high fidelity implementation, adult and children and youth therapists continue to meet regularly in DBT and EMDR 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 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 the SIPS, a structured interview which identifies and ranks prodromal 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).

While this is not a 15% budget change, because of a \$26,250 funding cut, some families who need access to PREP will not have it.

Describe any significant programmatic changes from the previous year.

DBH centralized its adult mental health intake and evaluation clinic in order to improve capacity, better utilize alternate levels of care, and give clients the correct dose of treatment.

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

DBH has expanded its ACT team (FAST) to include AOT (Assertive Outpatient Treatment) specifically for individuals who are civilly committed. The AOT team carefully tracks and offers intensive services from a medication prescriber, therapist, case manager, IPS (Individual Placement and Support) worker and a peer specialist. Clients who do not come in for services are seen in their own homes. In conjunction with the local Mental Health Commissioner, we have also added monthly review meetings where clients who are under civil commitment meet with the Commissioner to either praise their progress or remind them of their obligation to attend needed treatment.

6) Children/Youth Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$2,508,469	Form A1 - FY20 Projected clients Served:	2,360
Form A1 - Amount budgeted in FY19 Area Plan	\$2,179,780	Form A1 - Projected Clients Served in FY19 Area Plan	2,400
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,903,335	Form A1 - Actual FY18 Clients Served as Reported by Locals	2,151

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 multidisciplinary 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), [cognitive-behavioral therapy](#), [Seeking Safety](#), [Child-Parent Relationship Therapy](#), and [MRT](#). Additionally, there are [behavioral skills groups](#) based on the [Second Step](#) program for youth ages 5-12.
- Wraparound services
- Day treatment for adolescents See psychosocial rehabilitation section for more information on outpatient services.

Location: 934 South Main Street, Layton, UT

Provider: Davis Behavioral Health and some contract providers

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).

While this is not a 15% budget change, because of a \$26,250 funding cut, some families who need access it PREP will not have it.

Describe any significant programmatic changes from the previous year.

DBH implemented a Seeking Safety dual diagnosis group for youth who have substance use and/or trauma. Quest, our day treatment program is now a co-occurring program (mental health and substance use).

Family Intensive Therapy (FIT) is a recently developed program targeting children and youth with extensive patterns of accessing higher level care (AMRC, ER, etc.). The treatment focuses on in-home interventions provided by a licensed therapist and a case manager. FIT ensures 6+ hours per week of clinical care starting with a thorough assessment of the family's overall functioning. Services include individual therapy, group therapy, day treatment, and in-home family therapy, in addition to case management objectives for functional living, and 24 hr. on-call phone coaching. Aimed at establishing consistent patterns of stability and a reduced need for outside crisis intervention over time, a therapist and a case manager partner together in providing these extensive services daily.

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$262,500	Form A1 - FY20 Projected clients Served:	820
Form A1 - Amount budgeted in FY19 Area Plan	\$280,000	Form A1 - Projected Clients Served in FY19 Area Plan	874
Form A1 - Actual FY18 Expenditures Reported by Locals	\$264,409	Form A1 - Actual FY18 Clients Served as Reported by Locals	801

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 urgent care 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. An on-call psychiatrist is also available 24-hours/day, seven days/week for consultation as needed. In addition, the National Suicide Prevention Lifeline/Utah Crisis Line will be the primary published number for crisis services and DBH will work in conjunction with UNI to provide mobile response services triaged by the Utah Crisis Line.

Overview: As part of Davis Behavioral Health's (DBH) initiative to provide innovative and critical crisis response services, we have expanded our existing crisis services to become a mobile crisis outreach team (MCOT) who provides services to all Davis County residents. The MCOT and SMR team will operate 24 hours per day, seven days per week, 365 days per year, and teams will be comprised of at least one Mental Health Officer or Designated Examiner, and one Peer Support/Family Resource Facilitator/Case Manager. In alignment with R523-18 and DSAMH Directives, services will be provided to people across the lifespan who may experience a myriad of concerns including, but not limited to mental health and substance use conditions.

Within the scope of our resources, we will respond to crises within 30 minutes as directed by law enforcement requests and within 60 minutes when directed by the statewide crisis line, as requested by community partners and as needed by individuals requesting crisis services regardless of their intellectual, mental, developmental or physical abilities. Davis Behavioral Health will foster professional collaborations with both community and state level stakeholders that include, but are not limited to, the Statewide Crisis Line; fire departments; law enforcement; emergency medical personnel (EMS); Department of Human Services agencies; schools, hospital emergency departments; and local non-profit crisis agencies such as domestic violence shelters and emergency housing providers.

Leveraging Resources with SMR: DBH plans to leverage resources by utilizing existing agency crisis personnel, Stabilization and Mobile Response (SMR) personnel and support staff to provide backing for the MCOT program. SMR and MCOT will aid one another when needed and clinically indicated by: 1) serving as the backup support, 2) receiving stabilization referrals for families or adults identified via a MCOT/SMR outreach, 3) acting as community engagement and marketing partners, and 4) receiving and triaging all crisis calls, mobile outreach requests, warm-hand offs and caring connections, thus allowing a central point of contact for the Statewide Crisis Line, emergency dispatch and community referrals with critical stakeholders.

In implementing the MCOT Program, DBH maintains that it is imperative to continue to represent the needs of children, youth, and families by offering a comprehensive, trauma-informed and systemic approach to crisis delivery. Allowing for SMR to become the interface of crisis response at Davis Behavioral Health, and subsequently offering crisis and stabilization intervention, Davis Behavioral Health resolves to meet the needs of children, youth and families who may be impacted by crisis scenarios.

Stabilization Services: Aiming to leverage resources by sharing responsibilities, SMR and MCOT will share the duties of follow up, scheduling, referral, and acute stabilization for children and adults, respectively. By targeting the needs of not only the person in crisis, but also informal supports and family members, both MCOT and SMR will serve to stabilize the person/family in crisis. At the earliest point possible, SMR/MCOT will offer attention to individual and familial dynamics, psycho-social stressors, and informal supports to best enhance resiliency, strengths, and adaptive coping to maintain persons in the least restrictive environment while reducing involvement of law enforcement and reducing hospital ED admissions when it is safe to do so. In this process, SMR and MCOT staff will act as dynamic partners and DBH will continue to function as an agency committed to offering crisis response to stabilize adults, children, youth, and their families. Stabilization services may include skills development, individual and family therapy, case management, peer support and other services identified by the stabilization team. Stabilization services exceeding 72 business hours must be pre-authorized.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

Davis Behavioral Health runs a weekly report from our electronic medical record that indicates the recency of made-appointments on all committed clients. If any committed client has their most recent made-appointment fall outside of a seven day range, a dedicated DBH case manager will research if this is an acceptable occurrence. If the situation is determined to be unacceptable, the respective client's treatment team will be activated to perform outreach services. Should the result of the subsequent outreach service reveal deterioration in a client's clinical condition, the appropriate clinical action, including possible placement into a more restrictive environment, will be initiated by DBH.

In addition, DBH has expanded its ACT team (FAST) to include AOT (Assertive Outpatient Treatment) specifically for individuals who are civilly committed. The AOT team carefully tracks clients and offers intensive services from a medication prescriber, therapist, case manager, IPS (Individual Placement and Support) worker and a peer specialist. Clients who do not come in for services are seen in their own homes. In conjunction with the local Mental Health Commissioner, we have also added monthly review meetings where clients who are under civil commitment meet with the Commissioner to either praise their progress or remind them of their obligation to attend needed treatment.

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).

Award of legislative funding for MCOT services.

Due to legislative reductions, DBH will need to reduce the MCOT budget by \$40,000. This means that between midnight and 8 a.m. we will have skeleton staffing without a backup system in place to respond to all calls..

Describe any significant programmatic changes from the previous year.

DBH now has MCOT and SMR teams allowing for mobile deployment to children, families and partners in the Davis County area. In the coming year, UNI will be receiving and triaging all calls from the Statewide Utah Crisis Line and DBH will work with them to provide mobile response services to children, youth, families and adults in Davis County.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$112,500	Form A1 - FY20 Projected clients Served:	340
Form A1 - Amount budgeted in FY19 Area Plan	\$120,000	Form A1 - Projected Clients Served in FY19 Area Plan	373
Form A1 - Actual FY18 Expenditures Reported by Locals	\$106,623	Form A1 - Actual FY18 Clients Served as Reported by Locals	323

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.

As of January 2018, DBH began a 24/7 Stabilization and Mobile Response (SMR) service program. DBH is the Northern Region Administrator for SMR services and both provides and contracts 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.

Overview: As part of Davis Behavioral Health's (DBH) initiative to provide innovative and critical crisis response services, we have expanded our existing crisis services to become a mobile crisis outreach team (MCOT) who provides services to all Davis County residents. The MCOT and SMR team will operate 24 hours per day, seven days per week, 365 days per year, and teams will be comprised of at least one Mental Health Officer or Designated Examiner, and one Peer Support/Family Resource Facilitator/Case Manager. In alignment with R523-18 and DSAMH Directives, services will be provided to people across the lifespan who may experience a myriad of concerns including, but not limited to mental health and substance use conditions.

Within the scope of our resources, we will respond to crises within 30 minutes as directed by law enforcement requests and within 60 minutes when directed by the statewide crisis line, as requested by community partners and as needed by individuals requesting crisis services regardless of their intellectual, mental, developmental or physical abilities. In cases where the caregiver and familial need dictate an extended timeline for deployment,

Davis Behavioral Health utilizes a triage rubric to classify a mobile response as emergent, urgent, or routine and will respond as soon as possible based on the familial availability, but within 1, 24, and 72 hours respectively. Davis Behavioral Health will foster professional collaborations with both community and state level stakeholders that include, but are not limited to, the Statewide Crisis Line; fire departments; law enforcement; emergency medical personnel (EMS); Department of Human Services agencies; schools, hospital emergency departments; and local non-profit crisis agencies such as domestic violence shelters and emergency housing providers.

Within the scope of our resources, we will respond to crises within 30 minutes as directed by the statewide crisis line, as requested by community partners and as needed by individuals requesting crisis services regardless of their intellectual, mental, developmental or physical abilities. Davis Behavioral Health will foster professional collaborations with both community and state level stakeholders that include, but are not limited to, the Statewide Crisis Line; fire departments; law enforcement; emergency medical personnel (EMS); Department of Human Services agencies; schools, hospital emergency departments; and local non-profit crisis agencies such as domestic violence shelters and emergency housing providers.

Leveraging Resources with MCOT: DBH plans to leverage resources by utilizing existing agency crisis personnel, MCOT personnel and support staff to provide backing for the SMR program. SMR and MCOT will aid one another when needed and clinically indicated by: 1) serving as the backup support, 2) receiving stabilization referrals for families or adults identified via a MCOT/SMR outreach, 3) acting as community engagement and marketing partners, and 4) receiving and triaging all crisis calls, mobile outreach requests, warm-hand offs and caring connections, thus allowing a central point of contact for the Statewide Crisis Line, emergency dispatch and community referrals with critical stakeholders.

In implementing the MCOT Program, DBH maintains that it is imperative to continue to represent the needs of children, youth, and families by offering a comprehensive, trauma-informed and systemic approach to crisis delivery. Allowing for SMR to become the interface of crisis response at Davis Behavioral Health, and subsequently offering crisis and stabilization intervention, Davis Behavioral Health resolves to meet the needs of children, youth and families who may be impacted by crisis scenarios.

Stabilization Services: Aiming to leverage resources by sharing responsibilities, SMR and MCOT will share the duties of follow up, scheduling, referral, and acute stabilization for children and adults, respectively. By targeting the needs of not only the person in crisis, but also informal supports and family members, both MCOT and SMR will serve to stabilize the person/family in crisis. At the earliest point possible, SMR/MCOT will offer attention to individual and familial dynamics, psycho-social stressors, and informal supports to best enhance resiliency, strengths, and adaptive coping to maintain persons in the least restrictive environment while reducing involvement of law enforcement and reducing hospital ED admissions when it is safe to do so. In this process, SMR and MCOT staff will act as dynamic partners and DBH will continue to function as an agency committed to offering crisis response to stabilize adults, children, youth, and their families. Stabilization services may include skills development, individual and family therapy, case management, peer support and other services identified by the stabilization team. Stabilization services exceeding 72 business hours must be pre-authorized.

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 was awarded funding for an MCOT team so SMR services will have additional support in responding to children, youth and families in Davis County.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$2,467,500	Form A1 - FY20 Projected clients Served:	2,350
Form A1 - Amount budgeted in FY19 Area Plan	\$2,502,500	Form A1 - Projected Clients Served in FY19 Area Plan	2,310
Form A1 - Actual FY18 Expenditures Reported by Locals	\$2,461,978	Form A1 - Actual FY18 Clients Served as Reported by Locals	2,307

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 208 clients. We also have 58 in our clozapine monitoring program. Nursing medication management is offered in the Kaysville clinic and on the Layton Campus. Our FAST team delivers medications to clients who are likely to decompensate without medication and have difficulty coming into the clinic. An LPN participates on the FAST team and acts as a liaison between the primary care physician and our agency. In addition, the med clinic nurses notify case managers each day regarding clients who did not pick up medication and the case managers perform outreach to help engage the Med Clinic clients in care. Medication management is included as part of our residential care services. It includes evaluation and treatment by a psychiatrist, as well as medication management services provided by an RN, who will assess for side effects as well as educate the clients regarding their medications.

We are also providing Medication Assisted Therapy 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.

We will be adding esketamine as an option for those with treatment resistant depression.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$1,032,500	Form A1 - FY20 Projected clients Served:	845
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Form A1 - Amount budgeted in FY19 Area Plan	\$1,072,500	Form A1 - Projected Clients Served in FY19 Area Plan	955
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,005,597	Form A1 - Actual FY18 Clients Served as Reported by Locals	825
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>Children and Youth medication management at DBH includes the following key elements: evaluation for use of the medication; medication reduction based on clinical judgment and client request; addressing behaviors and possible side effects of the medication; monitoring for adverse reactions; conducting AIMS assessment; documenting in the client chart. With the Early Intervention grant, DBH has the ability to provide medication management services to youth who have been referred through our school based program. This has been very beneficial for clients from our school based program to be able to access this service. We also offer specialized first episode psychosis care that includes a prescriber trained in the medication management of first episode psychosis.</p> <p>Location: 934 S. Main Layton, UT 84041</p> <p>Provided: Directly and through contracted provider</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).			
None expected			
Describe any significant programmatic changes from the previous year.			
None			

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$887,000	Form A1 - FY20 Projected clients Served:	450
Form A1 - Amount budgeted in FY19 Area Plan	\$954,750	Form A1 - Projected Clients Served in FY19 Area Plan	445
Form A1 - Actual FY18 Expenditures Reported by Locals	\$819,268	Form A1 - Actual FY18 Clients Served as Reported by Locals	417
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>Journey House is an evidence based psychosocial rehabilitation program for adults with serious and persistent mental illness. It is a strength-based program which compliments traditional therapy to ensure that the client is able to work on personal recovery goals, including employment, education, decreasing isolation at home, social skill development and basic living skills.</p>			

Journey House is a Clubhouse International Accredited program and has incorporated the evidence- based employment/education model of Individual Placement and Support (IPS) within the clubhouse. The IPS team within Journey House staff have recently attended the ACRES Training with the State of Utah for Vocational Rehabilitation coordination and reimbursement of employment/education services provided by the IPS team. JH/IPS hosts regular meeting with Voc. Rehab to coordinate services for members who desire employment/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 any individual who are experiencing psychosis or any other mental disorder. Journey House is currently working to create an advisory board to assist the Clubhouse with employment development, fundraising and community relations.

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 November, Journey House hired a new director, Matt Reed, previously the director at New Reflection House for the past 19 years.. Since then there has been a greater emphasis on member engagement, employment development, and a new energy and focus on maintaining fidelity to the Clubhouse model of rehabilitation. Our units include business/career development and kitchen units. Each of the units focuses on engagement of members in all the work of the program focusing on members talents and abilities and assisting them in developing job skills.

Daily mobile outreach has been incorporated into Journey House. This is done to reach out to members who are struggling or isolating and try and encourage them to return to the program and see their therapist/doctor. There has also been a great emphasis on incorporating targeted case management into the work ordered day. This new philosophy allows members and staff to work together to assist members with their case management needs, grocery shopping, etc.

Wellness is also a great emphasis of Journey House. Weekly wellness workshops take place on Monday afternoon. Healthier menu items are prepared from scratch daily and a salad option is available daily to encourage members to learn to prepare and eat healthier meals

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$488,000	Form A1 - FY20 Projected clients Served:	265
Form A1 - Amount budgeted in FY19 Area Plan	\$470,250	Form A1 - Projected Clients Served in FY19 Area Plan	260
Form A1 - Actual FY18 Expenditures Reported by Locals	\$502,132	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	259

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

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

mentors coordinate closely with the families of clients and with the treatment staff. These services help to ensure treatment success and assist in mastery of behavioral, cognitive and emotional functioning skills that have been lost as a result of mental illness.

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

DBH and Davis School District also offer Quest, a day treatment program for adolescents. This program combines on-site education with psychosocial rehabilitation and therapy services. Quest works with youth and their parents to 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 EBPs 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, JJS, school personnel, Family Resource Facilitators, and 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 - FY20 Amount Budgeted:	\$1,085,000	Form A1 - FY20 Projected clients Served:	1,800
Form A1 - Amount budgeted in FY19 Area Plan	\$1,147,000	Form A1 - Projected Clients Served in FY19 Area Plan	2,100
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,036,924	Form A1 - Actual FY18 Clients Served as Reported by Locals	1,728

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

Adult outpatient case managers work to actively coordinate, advocate, link and monitor services to assist clients with 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 the use of the DLA. From this assessment they develop a written, individualized

service plan to ensure the client's access to needed services with input from the client, family and other agencies who have a knowledge of the client's needs.

Case managers are deployed in several programs within DBH's adult services. Two outpatient case managers are located in the Main Street Clinic and provide services primarily to adult mental health clients. Two other outpatient case managers are assigned to the Layton Outpatient team to serve clients with more intensive needs, including targeted services to those in our transitional housing.

The crisis residential unit (CRU) also has three full-time case managers, two of whom are also cross-certified as peer specialists.

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.

Journey House has three case managers who work within the clubhouse model. The case manager for the Youth in Transition Program is also located within Journey House and provides case management for young adult clients. DBH has also formed a team of eight certified peer specialists who can extend the work of case management in clients' homes.

Case managers coordinate closely with the families of clients and with the treatment staff. Individual skills development services help to ensure treatment success and assist in mastery of behavioral, cognitive, and emotional functioning.

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 - FY20 Amount Budgeted:	\$465,000	Form A1 - FY20 Projected clients Served:	940
Form A1 - Amount budgeted in FY19 Area Plan	\$403,000	Form A1 - Projected Clients Served in FY19 Area Plan	745
Form A1 - Actual FY18 Expenditures Reported by Locals	\$548,241	Form A1 - Actual FY18 Clients Served as Reported by Locals	929

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 service as well as the DLA to identify areas of need and strengths. The SNCD has been very meaningful for families in having creative strengths identified; these strengths have assisted in treatment sessions. 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 - FY20 Amount Budgeted:	\$220,000	Form A1 - FY20 Projected clients Served:	120
Form A1 - Amount budgeted in FY19 Area Plan	\$163,800	Form A1 - Projected Clients Served in FY19 Area Plan	120
Form A1 - Actual FY18 Expenditures Reported by Locals	\$390,285	Form A1 - Actual FY18 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.

DBH housing resources come from a variety of sources including two HUD sponsored group homes; tax credit properties (HOPE apartments); DBH owns six four-plex and two small houses; DBH scattered rental apartments; DBH sponsored master-leased apartments (including a cluster of apartments where some of our most severe clients live along with a staff as a live-in-companion). In addition, we have two units (8 beds) allocated for Safe and Sober Housing for women participating in the WRC day treatment 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 assess clients' needs, 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.

DBH has added a home with a live-in skills specialist for three seriously mentally ill adult females. The extra support and supervision keep these extremely high risk/high need women living in the community.

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	\$350,000	Form A1 - FY20 Projected clients Served:	200
Form A1 - Amount budgeted in FY19 Area Plan	\$226,200	Form A1 - Projected Clients Served in FY19 Area Plan	175
Form A1 - Actual FY18 Expenditures Reported by Locals	\$664,540	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	184

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 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 - FY20 Amount Budgeted:	\$375,000	Form A1 - FY20 Projected clients Served:	350
Form A1 - Amount budgeted in FY19 Area Plan	\$276,500	Form A1 - Projected Clients Served in FY19 Area Plan	367
Form A1 - Actual FY18 Expenditures Reported by Locals	\$377,092	Form A1 - Actual FY18 Clients Served as Reported by Locals	343

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 support 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 many 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 CPSS team directly to clients through their individualized treatment plan. Peer Support Services 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.

Peers now make follow-up calls to DBH clients who have been in the emergency department the previous night. These calls are part of an overall engagement strategy to view the clients through a whole-health lense.

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$90,000	Form A1 - FY20 Projected clients Served:	95
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Form A1 - Amount budgeted in FY19 Area Plan	\$83,500	Form A1 - Projected Clients Served in FY19 Area Plan	114
Form A1 - Actual FY18 Expenditures Reported by Locals	\$95,158	Form A1 - Actual FY18 Clients Served as Reported by Locals	90
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>FRFs are based in offices available at DBH, the AMRC, the juvenile court, 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.</p> <p>Location: 934 South Main Street in Layton, Utah and in the community</p> <p>Provider: Davis Behavioral Health</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).			
None expected			
How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
<p>Family Resource Facilitators meet weekly for supervision with an L.C.S.W., Lydia Arguelles, who supervises this program. She was previously an FRF so brings a wealth of experience and information. In addition, FRF's and their supervisors meet at least monthly with Brenda Chabot for supervision and consultation. They also have phone consultations as needed. All of our Family Resource Facilitators are also certified in providing peer support services.</p>			
Describe any significant programmatic changes from the previous year.			
None			

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$91,000		
Form A1 - Amount budgeted in FY19 Area Plan	\$87,500		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$82,880		

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 community members by sponsoring seminars and training on mental health, substance use, prevention 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
- Providing medication assisted treatment
- [Facilitate a monthly education class for peers](#)
- [Facilitate monthly statewide peer consultation call](#)

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 - FY20 Amount Budgeted:	\$39,000		
Form A1 - Amount budgeted in FY19 Area Plan	\$37,500		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$35,520		

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 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.
- Weekly participation in MAS (Multi-agency staffing) at the Juvenile 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 psychosis SIPS assessments to community referrals

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

Provider: Davis Behavioral Health

Justify any expected increase or decrease in funding and/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 - FY20 Amount Budgeted:	\$295,000	Form A1 - FY20 Projected clients Served:	1,090
Form A1 - Amount budgeted in FY19 Area Plan	\$290,000	Form A1 - Projected Clients Served in FY19 Area Plan	1,085
Form A1 - Actual FY18 Expenditures Reported by Locals	\$275,910	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	1,082

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 OUD in the Davis County jail.

DBH has increased its presence with juvenile corrections at Farmington Bay. Our SMR team has deployed to help with crisis situations, we've sent our child psychiatrist to complete an evaluation on a high risk youth, and our Youth Intensive Services supervisor has been providing individual and family treatment at Farmington Bay for a high risk youth with bilingual needs.

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 - FY20 Amount Budgeted:	\$174,000	Form A1 - FY20 Projected clients Served:	85
Form A1 - Amount budgeted in FY19 Area Plan	\$169,000	Form A1 - Projected Clients Served in FY19 Area Plan	80
Form A1 - Actual FY18 Expenditures Reported by Locals	\$167,855	Form A1 - Actual FY18 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 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 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Serviced 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 - FY20 Amount Budgeted:	\$1,784,917	Form A1 - FY20 Projected clients Served:	1795
Form A1 - Amount budgeted in FY19 Area Plan	\$1,608,894	Form A1 - Projected Clients Served in FY19 Area Plan	1,690
Form A1 - Actual FY18 Expenditures Reported by Locals	\$1,505,802	Form A1 - Actual FY18 Clients Served as Reported by Locals	1,785

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
- 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.

As part of the Davis County Behavioral Health Network, DBH now sees 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 access center and/or inpatient discharge. These clients will be established with Midtown CHC in order to have a health home that can be utilized for medication maintenance once the client is stable.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	\$251,000	Form A1 - FY20 Projected clients Served:	255
Form A1 - Amount	\$330,400	Form A1 - Projected Clients	352

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$245,880	Form A1 - Actual FY18 Clients Served as Reported by Locals	284
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 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 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 <p>In addition to the Living Well Clinic, we continue to serve unfunded children and youth who meet the SED criteria with our therapist at the Davis Learning Center and in our traditional outpatient services. Services are provided directly at our Kaysville Clinic and at Wasatch Learning Center in Clearfield.</p>			
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.			
<p>As part of the Davis County Behavioral Health Network, DBH now sees 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 access center and/or inpatient discharge. These clients will be established with Midtown CHC in order to have a health home that can be utilized for medication maintenance once the child/youth is stable.</p>			

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	\$50,000	Form A1 - FY20 Projected clients Served:	80
Form A1 - Amount budgeted in FY19 Area Plan	\$50,000	Form A1 - Projected Clients Served in FY19 Area Plan	70

Form A1 - Actual FY18 Expenditures Reported by Locals	\$20,000	Form A1 - Actual FY18 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.			
<ul style="list-style-type: none"> • DBH has expanded its coordinated specialty care model (PREP) through the implementation of the clinical high risk for psychosis grant (CHR). In addition to serving individuals between the ages of 16 and 26 who are experiencing their first episode of psychosis, the program is also able to provide services for clients up to age 25 who are identified as at clinical high risk. Services include individual therapy, family therapy, multi-family group therapy with family support, case management, supported education and employment, and medication management. The CHR funding allowed DBH to hire a full-time case manager for the PREP program who is certified in both adult and child case management. This has allowed for more rapid contact with families and increased early engagement. PREP services are provided in the setting that is most comfortable to the client and family (office, home, school, community, etc.). Additionally, as part of the PREP program services, community education is offered to other providers (both private and public) on clinical high risk and early psychosis and the need for early intervention. Because of a \$26,250 funding cut, some families who need this service will not be able to access it. • 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, participation in community activities such as little league sports, scouts, 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. • Peers now make follow-up calls to DBH clients who have been in the emergency department the previous night. These calls are part of an overall engagement strategy to view the clients through a whole-health lense. 			
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 IPS workers and our transitional youth case manager have completed the ACRES training and certification to be approved as a CPR for DBH clients. We have a monthly meeting at Journey House with the Davis County Voc Rehab supervisor to coordinate care on behalf of shared clients. We are just beginning the ACRES and we will be giving VR the IPS forms for the VR milestone payments. IPS is trying to get all those who qualify for VR services set up so that we can collect the milestone payments while securing the needed VR resources for our clients; we hope that these efforts will help with IPS sustainability. In addition, we are planning to become a vendor of IPS services for Vocational Rehab in the coming year.

DBH's employment specialists have assisted in clients with severe mental illness and co-occurring disorders obtain competitive employment. Employment specialists have provided an employment assessment, helping identify clients' career interests and needs, identify education and training, 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.

DBH has now been authorized to be a Community Rehabilitation Program Provider (CRP) for Vocational Rehabilitation (VR). This means that clients who previously did not have a funding source can receive IPS services paid via VR.

Within the JH/IPS program the community coordination for employment/education occurs with multiple businesses and educational partners. In addition we have monthly coordination with the Office of Vocational Rehabilitation. IPS workers also attend the UDOWD, DATC, Weber ATC and DWS trainings in order to increase partnering and collaboration efforts.

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 a collaboration of the clubhouse and the IPS models. The merger 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 Project

The Adult Outpatient team has begun the following process for improving OQ utilization: 1) An adult team supervisor did a survey of all scheduled appointments on the calendars for one week in February, 2019. We checked OQ use. The number of OQ's given were below our expectation. 2) We then checked OQ changes for clients with depressive diagnoses. The effect size in OQ change scores was .30, consistent with expected progress. 3) With this baseline data, we will address OQ under-utilization via education, session recordings demonstrating how OQ review can enhance therapy progress, periodic checks on OQ use, and feedback to individual clinicians and administration.

Children and Youth Outpatient Quality Improvement Project:

Children and Youth will improve care by increasing the treatment conversations about outcomes between clinician

and client. 1) Hold a training about how to make the YOQ meaningful for treatment. 2) Review of the training sections about the responsibility to answer anything confusing on the YOQ and to clarify on each YOQ whether the answers are accurate. (within last 7 days etc.) 3) Review documentation: A baseline will be taken prior to the training so that we can determine if there is an increase in having meaningful conversations with client and parents rather than just noting the score. 4) Each clinician's documentation for their client sessions will be reviewed and calculated at least quarterly. The focus will be on whether there was a meaningful conversation about the YOQ during the session. 5) The scores relating to the number of meaningful conversations will be compared to the YOQ scores. 6) Feedback will be given to each clinician as results are compared.

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 and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

CY and adult clinicians have been trained in many of 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 bimonthly. A second DBT supervision group is beginning on our Layton Campus. This group will train therapists working in the Women's Recovery Center (WRC) to use full fidelity DBT treatment with their clients. Clinicians from other programs on the Layton campus will also have the option of attending this group.

Our consultation groups will also be using therapists' recorded sessions as part of the teaching and mastery portion of EBP consultation. In addition to participation with the consultation groups, we are making program fidelity a part of our peer review process. Documentation is reviewed to identify that EBP components are included in notes.

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

DBH has two evidence-based practices (DBT and CAMS) for clients at risk of suicidality. CAMS (Collaborative Assessment and Management of Suicidality) is focused primarily on outcomes. CAMS is used routinely as an intervention for clients who enter our Crisis Residential Unit (CRU). Use of the CAMS has resulted higher levels of screening and higher rates of safety planning and targeted clinical intervention for people at risk of suicide.

Our peer review process includes looking at OQ scores and considering the 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. [GPRA data is collected on clients identified as clinical high risk \(CHR\) at the time they enter the program and again every six months to track outcomes. Additionally, CHR clients are re-assessed every 90 days using the SIPS to track changes in symptoms and functioning. The PREP program also utilizes the Session Rating Scale and Outcome Rating Scale from Scott Miller's Feedback Informed Treatment to evaluate the client's perception of their care.](#)

[Children & Youth are considering ways to evaluate outcomes for clients participating in therapeutic groups. Currently, clients participating in the Seeking Safety group are administered the Unsafe Behavior Inventory-Youth Version \(UBI-Y\) at the time they start group and again after 8-12 weeks. The UBI measures the frequency of 65 different unsafe behaviors such as substance use, self-harm, running away, poor boundaries with others, disordered eating habits, and aggression.](#)

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 improving 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. All people with commercial insurance and without funding call our Living Well Clinic and are typically screened within 3 days by an LCSW to determine if they have a 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.

[The Adult outpatient team has centralized intakes to allow more timely access to clients and to free up other clinician's time so clients are receiving the recommended dose and level of care.](#)

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. [DBH has partnered with a local agency serving homeless individuals \(Open Doors\) to do outreach on homeless individuals who may be struggling with mental health or substance use and offered them needed services.](#) 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. [DBH now has a therapist available to see individuals who are in South Davis Specialty Hospital and unable to travel to a DBH facility for therapy.](#)

Other Quality and Access Improvements (not included above)

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 a 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. [Youth substance use therapists have been working with the mental health team to increase screening for substance use disorders. Mental health clinicians have been invited to participate in trainings offered to the substance abuse program as part of the SYT-I grant in order to increase their knowledge and awareness. The Quest day treatment program is now a co-occurring, with interventions targeting both mental health and substance use issues.](#)

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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*. SUD 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. [DBH remains tobacco free by policy and we have signs posted to reinforce this. In addition, when we see clients smoking on campus we remind them of our tobacco free environment. After some groups, clients congregate at the bus stop or on our steps as they wait for the bus or other transportation; often in these circumstances we have asked group leaders to address our policy and the reasons for it in groups.](#)

Case managers are conducting weekly tobacco cessation groups [using the University of Colorado Denver Cessation curriculum](#) and therapists are urged to identify tobacco use and provide cessation support 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 who 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 Behavioral 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 multidisciplinary 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 13 different schools in the Davis School District. They provide an array of services including Assessment and Evaluation

- Family, individual and group therapy
- Family Resource Facilitator services coordinated with the therapist, school and family

All services are provided by the DBH staff for Early Intervention services. None are provided by contracted providers.

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

Due to legislative cuts to the unfunded, DBH will reduce .5 FTE therapist and .5 FTE FRF from school-based services. These positions were not funded through MHEI.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations.)

1. Davis High School
2. Wasatch Elementary School
3. South Clearfield Elementary School
4. Holt Elementary
5. Vae View Elementary
6. Clearfield High School
7. North Davis Jr High School
8. South Davis Junior High School
9. Lincoln Elementary
10. Sunset Jr. High
11. Syracuse High School
12. Adelaide Elementary School
13. Meadowbrook Elementary School

Next year we will not have a therapist or FRF at our alternative education schools.

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 CSSR-S/Stanley Brown into our EHR. The CSSR-S is in our initial assessment form. The OQ #8 and YOQ #19 are embedded in individual therapy note with subsequent risk assessment and safety planning as indicated. DBH trains staff and community partners on risk assessments, CSSR-S, and Mental Health First Aid. DBH trains front desk and billing staff on handling distressed and possibly suicidal consumers. 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. 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 SMRT and MCOT, we now have mobile outreach and stabilization services for families from 24/7/365. Dependent on staff availability and resources, DBH has staff follow up calls on all crisis calls. 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 PIP.

DBH continues to review relevant agency wide Zero Suicide issues on a quarterly 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. All clinical staff are required to receive training on lethal means counseling.

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.

Remeasurement Year 3 Data (2018): 3478 Medicaid clients were served and 2967 were screened using the C-SSRS (85.3%). 832 individuals scored higher than a 2 (28.0%) and, of these, 685 completed a same day safety plan (82.3%). A chi-square analysis shows an extremely significant increase in screening over the baseline year, remeasurement year 1, and remeasurement year 2. While we met our agency goal for same day safety planning (80%) it is not a statistically significant increase from the baseline year. There was, however, a notable and substantial increase over both remeasurement years 1 and 2.

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 hospitals offering continuity of care information from local emergency departments admissions and discharges. In an effort to offer improved access to mental health services to include suicide prevention and crisis services, certified peer specialists reach out via phone calls with DBH clients who recently accessed the emergency department for any cause.

DBH Recovery Support Services (RSS) now offers an Emergency Department Response (EDR) program. In the event that a ED in Davis County has a patient present with an opiate overdose, substance use related issue, suicide related issue, mental health condition, or other social, behavioral, and/or economic related concern that may have led a person to ED for help, DBH RSS ED Response Team will deploy a Certified Peer Support Specialist to engage with person. Within an hour of being notified by the ED, the peer will meet with the patient in the ED. The peer will offer support to the patient and assist them in getting connected with follow-up care. If the person is a current DBH client or wishes to attend services with DBH they will be scheduled for an evaluation with a therapist within seven days. If the person has care established at an outside provider or wishes to establish services with an outside provider, the peer will assist them in scheduling their follow-up care.

Regardless of whether or not a person is a DBH client, pursuing follow-up care with an outside provider, or does not wish to schedule follow-up therapy services, they will be offered and scheduled for an appointment with a peer specialist within 24-hours of discharge from the ED. The ED response team will offer ongoing recovery support to assist the patient in attending follow-up care, case management services, and recovery coaching. The ED response team completes intensive outreach for those clients who are having a difficult time engaging in needed follow-up care.

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

Judge [Thomas Kay](#)
County Attorney Richard Larson
Commissioner Lorene Kamalu
Sheriff [Kelly Sparks](#)
County Attorney Troy Rawlings
Deputy Sheriff Kevin Fielding
Bountiful Police Chief Tom Ross
Davis Behavioral Health CEO: Brandon Hatch
Davis Behavioral Health Treatment and Recovery Supports: Jan Pendley, Brett Bartruff, Kristen Reisig, Todd Soutor

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

Clients at Davis Behavioral Health are evaluated with a biopsychosocial evaluation in which the ASAM is embedded. This evaluation assists clinicians in assessing both mental health and substance use treatment needs for all clients. When indicated, the following tools are also used:

- 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 (Clinical Opiate Withdrawal Scale) when referred for MAT
- Recovery Capital Index [and/or the DLA \(Daily Living Assessment\)](#) for building recovery supports based on client choice.

Recovery Support and [Certified Peer Support](#) Services aim to reduce criminal risk factors and recidivism through supporting clients in meaningful recovery engagement. [Recovery/peer 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/peer 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, DLA and State Reporting

FY20 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Davis Behavioral Health		Form B	
FY2020 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue				
Drug Court	\$235,785					\$60,991		\$77,211				\$373,987				
Drug Offender Reform Act												\$0				
JRI	\$419,682											\$419,682				
Local Treatment Services	\$806,070	\$301,503	\$419,250		\$709,116	\$707,385	\$211,401	\$344,996	\$211,680	\$143,580	\$631,440	\$4,486,421				
Total FY2020 Substance Use Disorder Treatment Revenue	\$1,461,537	\$301,503	\$419,250	\$0	\$709,116	\$768,376	\$211,401	\$422,207	\$211,680	\$143,580	\$631,440	\$5,280,090				
FY2020 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served		
Screening and Assessment Only												\$0		#DIV/0!		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$150,000	\$100,000	\$160,000		\$275,000	\$215,000	\$90,000	\$125,000	\$55,000	\$30,000	\$50,000	\$1,250,000	240	\$5,208		
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	\$65,000	\$8,000	\$9,000		\$15,000	\$22,000	\$4,000	\$6,000	\$3,000	\$2,000	\$16,000	\$150,000	90	\$1,667		
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$215,000	\$140,000	\$30,000		\$35,000	\$83,000	\$11,000	\$70,000	\$12,000	\$9,000	\$45,000	\$650,000	240	\$2,708		
Outpatient: Non-Methadone (ASAM I)	\$633,000	\$20,000	\$80,000		\$90,000	\$220,000	\$45,000	\$105,000	\$47,000	\$60,000	\$200,000	\$1,500,000	1,000	\$1,500		
Intensive Outpatient (ASAM II.5 or II.1)	\$193,537	\$33,503	\$140,250		\$294,116	\$228,376	\$61,401	\$116,207	\$94,680	\$42,580	\$320,440	\$1,525,090	375	\$4,067		
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$205,000											\$205,000	140	\$1,464		
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$1,461,537	\$301,503	\$419,250	\$0	\$709,116	\$768,376	\$211,401	\$422,207	\$211,680	\$143,580	\$631,440	\$5,280,090	2,085	\$2,532		
FY2020 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$659,224	\$27,000	\$75,000		\$77,000	\$190,000	\$211,401	\$130,000	\$26,000	\$18,000	\$78,000	\$1,491,625				
All Other Women (18+)	\$285,810	\$8,000	\$35,000		\$24,000	\$77,000		\$55,000	\$10,000	\$6,000	\$80,000	\$580,810				
Men (18+)	\$400,098	\$259,503	\$294,250		\$591,116	\$458,376		\$212,207	\$158,680	\$109,580	\$433,440	\$2,917,250				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$116,405	\$7,000	\$15,000		\$17,000	\$43,000		\$25,000	\$17,000	\$10,000	\$40,000	\$290,405				
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$1,461,537	\$301,503	\$419,250	\$0	\$709,116	\$768,376	\$211,401	\$422,207	\$211,680	\$143,580	\$631,440	\$5,280,090				

SFY 20 Opioid Budget Local Authority: Davis Behavioral Health Form B

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020				\$121,596.00

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$21,596.00
Salary Expenses	\$596.00
Partner Development Specialist	
Recovery Support Specialist	
Title 3	
Administrative Expenses	\$0.00
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	\$0.00
Drug Testing	\$0.00
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxone)	\$21,000.00
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	\$0.00
Residential Services	\$0.00
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, peer support, case management and	\$0.00
Contracted Services	\$100,000.00
Contract with Discovery House for Methadone	\$100,000.00
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	\$121,596.00

*Insert a note providing details
 *Insert a note describing it

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 - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 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. Please list all contracted providers.			
<p>Clients requesting services at DBH are seen in our evaluation clinic where a complete clinical evaluation incorporating the assessment requirements from Rule are used. In addition, the assessment includes:</p> <ul style="list-style-type: none"> • 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 • Daily Living Activities (DLA) for assessment of social determinant needs and for use by Recovery Support Services to build recovery capital. • Evaluation for placement and clinical need using the ASAM. <p>Provided by DBH directly on our Layton and Main Street Campuses. DBH contracts with Discovery House to provide screening and assessment of opioid use disorders.</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).			
none			
Describe any significant programmatic changes from the previous year.			

We have moved to an evaluation clinic so we discontinued our screening clinic.

Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.

DBH SUD programs provide screening and assessment for both youth and adult court mandated clients. An adult client can get scheduled by calling our SUD intake worker, who sets an appointment for the client to receive a Substance Use Disorder (SUD) and Mental Health (MH) diagnostic evaluation. The initial evaluation utilizes the ASAM as an assessment to determine substance use severity and an appropriate level of care. The evaluator also completes an LS-CMI to determine client's criminal risk and responsivity rating. Before leaving the initial evaluation, a client is scheduled for an individual session with their primary therapist.

For youth, the client or their legal caregiver can call the intake worker who will schedule the client for a screening with a substance use provider. During the screening appointment, a provider completes a SASSI and YLS-CMI instruments to determine a client's need for substance use treatment, as well as their criminal risk and responsivity rating. If SUD treatment is indicated, the youth is scheduled for a diagnostic evaluation with a SUD therapist. The youth's therapist completes a MH and SUD evaluation which utilizes the ASAM to determine substance use condition severity and treatment intensity.

All clients meet with a financial intake worker and either are assessed fees according to their insurance plan, or placed on a sliding fee scale if they are without funding.

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

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Serviced 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. Please list all contracted providers.

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.

Hospital Detoxification Services and Locations:

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

DBH now provides social detox services at the Women's Recovery Center and the Crisis Residential Unit.

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 received licensing for social detox services at CRU and WRC.

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 - FY20 Amount Budgeted:	\$1,250,000	Form B - FY20 Projected clients Served:	240
Form B - Amount Budgeted in FY19 Area Plan	\$1,791,379	Form B - Projected Clients Served in FY19 Area Plan	234
Form B - Actual FY18 Expenditures Reported by Locals	\$994,483	Form B - Actual FY18 Clients Served as Reported by Locals	119

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

Short Term Residential:

Davis Behavioral Health provides short term [co-occurring \(SUD/MH\)](#) residential 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. Twenty-four hour/day nursing care is included in this level of care. Clients also receive assistance in transitioning to other programs when clients are stabilized. [Youth clients have access to short term residential through the AMRC. They participate in daily clinical services at the Children & Youth clinic while having safe and secure housing with 24-hour residential.](#)

Medium and Long Term Residential:

DBH refers to Odyssey House in Salt Lake City, Utah, [for youth and adults.](#)

DBH provides women's residential at 2250 North 1700 West, Layton, UT .

[\(Women's Recovery Center \(WRC\) services consist of evaluation and treatment planning, individual and group therapy, skill development, case management, recovery support services, social detox, smoking cessation and, when indicated, medication management. Clients receive assistance in transitioning to other levels of care as indicated by the ASAM placement tool.](#)

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 Due to this year's legislative funding cuts, DBH will be discontinuing this program.
Describe any significant programmatic changes from the previous year.
None.

4) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$ 150,000	Form B - FY20 Projected clients Served:	90
Form B - Amount Budgeted in FY19 Area Plan	\$50,000	Form B - Projected Clients Served in FY19 Area Plan	50
Form B - Actual FY18 Expenditures Reported by Locals	\$561,198	Form B - Actual FY18 Clients Served as Reported by Locals	213

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. **Please list all contracted providers and summarize the services they will provide for the local authority.**

DBH currently contracts with Discovery House for MAT services including methadone. Discovery House provides screening, assessment, medication management, individual and group therapy. [It is anticipated that DBH will also contract with the Bountiful Treatment Center for the same services..](#) Recovery supports and care coordination are essential components to the DBH MAT program and we will offer these supports to clients with contracted providers..

Contract Provider: Discovery House, [Bountiful Treatment Center](#)

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

[Through the SOR Grant, DBH will provide \\$100,000 in funding to Discovery House and \\$50,000 to the Bountiful Treatment Center.](#)

Describe any significant programmatic changes from the previous year.
None

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

Form B - FY20 Amount Budgeted:	\$650,000	Form B - FY20 Projected clients Served:	240
Form B - Amount Budgeted in FY19 Area Plan	\$550,000	Form B - Projected Clients Served in FY19 Area Plan	200
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Served as Reported by Locals	0

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. Please list all contracted providers.

DBH currently offers MAT for any client with and OUD who wishes this level of care. At DBH, MAT was launched through the Opioid Community Collaborative, 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 medication assisted treatment (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, some 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 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 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 out the kinks when inmates are released prior to the plan thus not getting their shot. In these circumstances we open urgent appointments to help these people get their injection at DBH.

In an effort to expand community capacity, DBH has hired a Partner Development Specialist who is reaching out to primary care physicians and OBs within Davis County with the goal of providing education and supportive resources that will encourage these prescribers to provide MAT.

In addition, DBH offers naloxone or (naloxone prescriptions) and education to clients and family members who use opiates and opioids.

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).

Due to legislative funding cuts (JRC and MTS), DBH will decrease 1 FTE prescriber for MAT services.

Describe any significant programmatic changes from the previous year.

In an effort to expand community capacity, DBH has hired a Partner Development Specialist who is reaching out to primary care physicians and OBs within Davis County with the goal of providing education and supportive resources that will encourage these prescribers to provide MAT. We hope that this will offset some of the client impact from our funding cuts.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	\$1,500,000	Form B - FY20 Projected clients Served:	1,000
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Form B - Amount Budgeted in FY19 Area Plan	\$1,450,000	Form B - Projected Clients Served in FY19 Area Plan	950
Form B - Actual FY18 Expenditures Reported by Locals	\$1,663,251	Form B - Actual FY18 Clients Served as Reported by Locals	1,210

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. Please list all contracted providers.

DBH provides this service directly: ASAM Level 1, Outpatient Treatment

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

These services are provided by DBH and include screening, assessment, individual, group, 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 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.

Youth Outpatient Services:

Outpatient services are offered primarily at the outpatient clinic located on the Kaysville campus. DBH offers individualized services consisting of day treatment, IOP, and standard outpatient. Some IOP services are provided in-home. Additionally, youth recovery supports are available in the clinic, in the community, or in the client’s home.

Locations:

DBH:

- 934 So. Main
- 2250 North 1700 West, Layton, Utah
- 129 South State, Suite 240, Clearfield, Utah
- Homes and Community

Intermountain Healthcare, Layton and Bountiful

GMS Counseling - Clearfield

Discovery House - Bountiful

Provider: Davis Behavioral Health and contract (see above)

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

Due to legislative funding cuts we not be able to continue funding the therapists and RSS at Intermountain Healthcare. We will also need to reduce outpatient staffing by one FTE.

Describe any significant programmatic changes from the previous year.

See above.

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

Form B - FY20 Amount Budgeted:	1,525,090	Form B - FY20 Projected clients Served:	375
Form B - Amount Budgeted in FY19 Area Plan	\$1,585,000	Form B - Projected Clients Served in FY19 Area Plan	390
Form B - Actual FY18 Expenditures Reported by Locals	\$1,488,384	Form B - Actual FY18 Clients Served as Reported by Locals	342

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. Please list all contracted providers.

Intensive Outpatient Services are gender specific and include screening, assessment, individual, group, and family treatment and recovery supports. IOP services are offered 9 hours per week and co-occurring disorder treatment is routinely provided. Intensive Outpatient services are offered morning and evening at the Clearfield Clinic and the WRC. Dually diagnosed IOP programming is provided in the afternoon at 2250 North 1700 West, in Layton.

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.

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 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.

DBH Provides IOP services directly at at our Clearfield Clinic, WRC, Layton.OP Campus and the Davis County Jail Work Center.

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

Reducing by 2 FTEs

Describe any significant programmatic changes from the previous year.

DBH will reduce IOP by two FTEs, thus reducing capacity for this level of care and eliminating the jail WCT program.

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$205,000	Form B - FY20 Projected clients Served:	140
Form B - Amount Budgeted in FY19 Area	\$225,000	Form B - Projected Clients Served in FY19 Area Plan	150

Plan			
Form B - Actual FY18 Expenditures Reported by Locals	\$163,341	Form B - Actual FY18 Clients Serviced as Reported by Locals	125
<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf</p>			
<p>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.</p> <p>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.</p> <p>Recovery Support Specialists (RSS) attempt to prevent clients from dropping out of treatment by contacting clients assessed as high risk for treatment drop out. RSS also contact clients who successfully completed treatment at 30, 60, and 90 days post discharge to offer recovery support services or connection to resources if needed. Through case management services, RSS also assess client needs and help clients overcome barriers that interfere with long term recovery.</p> <p>Services include partnerships and collaboration with agencies in the community inclusive of vouchers for clothing, bedding, and small household items. Clients can be linked with educational opportunities and can obtain their GED or Adult High School Diploma. Clients can take tours of Davis Applied Technology College. Weekly skills development groups are taught by DBH staff. ATR-type/PATR funding is available to assist clients in overcoming barriers to recovery.</p> <p>Recovery Support Services have self-help type groups seven 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 continuing care clients that participate in a variety of sober social events and recovery focused activities. Recovery Support alumni activities include city league softball, weekly social events, and daily self-help, peer run groups.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>Due to legislative funding cuts of the JRC program, nearly half of the RSS program will be discontinued. We will reducing staffing by 2.5 FTEs.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>DBH Recovery Support Services (RSS) now offers an Emergency Department Response (EDR) program. In the event that a ED in Davis County has a patient present with an opiate overdose, substance use related issue, suicide related issue, mental health condition, or other social, behavioral, and/or economic related concern that may have led a person to ED for help, DBH RSS ED Response Team will deploy a Certified Peer Support</p>			

Specialist to engage with person. Within an hour of being notified by the ED, the peer will meet with the patient in the ED. The peer will offer support to the patient and assist them in getting connected with follow-up care. If the person is a current DBH client or wishes to attend services with DBH they will be scheduled for an evaluation with a therapist within seven days. If the person has care established at an outside provider or wishes to establish services with an outside provider, the peer will assist them in scheduling their follow-up care.

Regardless of whether or not a person is a DBH client, pursuing follow-up care with an outside provider, or does not wish to schedule follow-up therapy services, they will be offered and scheduled for an appointment with a peer specialist within 24-hours of discharge from the ED. The ED response team will offer ongoing recovery support to assist the patient in attending follow-up care, case management services, and recovery coaching. The ED response team completes intensive outreach for those clients who are having a difficult time engaging in needed follow-up care.

The services provided by the peer in the ED and the ongoing peer, recovery support, and case management services are offered at no cost to the client regardless of the funding level or status as a DBH client.

It is our hope that we will be able to obtain some partner funding in order to continue this program.

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

DBH has one sober living housing unit for four women as a transition option for our Women's Recovery Center (WRC).

RSS assist clients in need of housing through case management services. RSS work with and maintain a list of rental companies that lease to individuals with low income and those who have been convicted of a felony. Using funds allocated to ATR, RSS is also able to assist clients with financial barriers to housing, including things like support in paying deposits, moving costs, application fees, or obtaining items needed for their home. Financial resources are limited and in general can only be used once per client.

What Life skills and/or Educational Services are you able to provide for your clients?

For those clients interested in furthering their education, RSS connects clients to local educational resources such as the DATC for GED or college preparation and testing. Additionally, we have assisted clients in enrolling in vocational and other training programs at the DATC. For those clients ready to begin a college education, RSS also provides support in enrolling and accessing needed services. RSS has been able to help clients in financial need pay for GED preparation courses, GED testing, class enrollment (at the DATC), as well as application for admittance cost for local universities.

RSS support services works with clients to establish life skills through individual recovery coaching and case management. In the coming year there will be more focused efforts in the sober living apartments to work with the women on budgeting, meal planning and preparation and other independent living skills identified by the client. Through DBH's prevention programs, clients have access to several life skill courses that include parenting and relationship topics.

RSS also works with clients in building employment skills via resume writing, job application review and editing, preparing for interviews, and learning how to present themselves with employers when requesting applications and/or turning them in.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

RSS provide a robust continued care program. All clients in Davis County are eligible to participate in our continued care programming free of charge and regardless of whether or not they have been in treatment with DBH. The program offers daily peer-led recovery support groups, weekly social activities, individual recovery

coaching, case management, and brief psychotherapy. The brief psychotherapy is intended as tune-up individual, couple, or family sessions provided by a master's level clinician with a lived experience of substance use recovery. All other services are offered by a Recovery Support Specialist who is a Certified Peer Support Specialist with a lived experience.

Our continued care program is not time limited, clients may participate before, during, and after treatment for as long as they wish. DBH provides these services directly and also supports clients in accessing community-based continued care like AA, NA or faith-based supports.

9) Peer Support Services-Substance Use Peer Support

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 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. Please list all contracted providers.			
Peer Support Services are provided by the Recovery Support team at Davis Behavioral Health. While we partner with USARA on some initiatives, we do not contract for these services.			
Please see above section on Recovery Support Services for full detail of peer supports offered.			
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) Quality & Access Improvements

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

For those clients who request a 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.

We do not have a waiting list for any of our services.

Describe your efforts to market or promote the services you provide.

DBH has recently hired a Partner Development Specialist who is reaching out to primary care and OB physicians in Davis County to talk about the services we provide and to gain entry to physicians to help them learn about MAT. The PDS builds bridges, and then our medical director meets with those clinics with the hope that we will be able to expand community capacity for MAT.

In addition, DBH promotes SUD services via relationships with referral sources and other providers in the surrounding area. Our SUD court liaisons and program director work with Davis County courts and Adult Probation and Parole offices to educate about available DBH SUD resources and program offerings. DBH outreach workers and those employees working in the community offer education to outside agencies Recovery Support Specialists network with other recovery supports to broaden the array of opportunities for clients.

DBH maintains a collaborative relationship with Midtown Community Clinic, Intermountain Healthcare, Davis Hospital and Medical Center, and other area medical and clinical providers to educate about services with DBH and facilitate referrals.

DBH is currently getting bids to see if we are able to engaging in a formal marketing campaign.

What EBP's do you provide? Describe the process you use 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
- Substance Abuse and Criminal Behavior
- Behavioral Therapy
- Family Therapy / Multi-Family Group Therapy
- Contingency Management.
- Criminal Risk Assessment and Treatment

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 consultation groups create clinical value by improving practice while while reducing compassion fatigue.

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 also provides ongoing supervision to ensure high fidelity implementation of trauma treatment. The DBH Women's Recovery Center continues to implement Stephanie Covington's 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.

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)

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

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.

[Recovery Support Services](#)

- Utilizes the DLA to guide and evaluate recovery planning. RSS use the DLA to identify client needs, assess areas where improved functioning is needed, and identify areas of strength that can be used to build recovery capital and develop a recovery plan. Progress is evaluated through ratings on objectives, as well as overall change scores.

ED Program:

- Utilizes the Hope and Engagement tool from the BARC (Brief Assessment of Recovery Capital) to measure engagement post ED contact. We then measure to see if a high engagement score correlates with better treatment and/or recovery support follow-through.
- Track number of clients who received services in the ED, how many were already active clients of DBH, how many were inactive DBH clients, and how many are new clients and how many engaged or re-engaged in treatment rather than utilizing the ED for support.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

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.

In the Davis County Jail we also provide 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 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

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.

With the legislative cuts of JRC and Drug Court funding, we will discontinue the WCT program.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

Through a partnership with Midtown Clinic, DBH jail clinicians work with jail medical physicians to offer clients with an opioid use disorder Naltrexone (Vivitrol) just prior to their release from custody. DBH's MAT clinic coordinates care for clients after their release to ensure ongoing treatment, follow-up care and connection with RSS. DBH is part of the Davis County Sheriff's Office panel to make recommendations for jail improvement. MAT for detox is one of the items that is being implemented..

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

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

12) 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/RSS 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.

Through SOR Funding, DBH will refer SUD clients to Midtown Clinic for physical health evaluations. DBH will provide vouchers to cover the cost of the exam. In addition, DBH will be providing MAT training and consultation to primary healthcare clinics throughout Davis County. DBH has hired a liaison to set up training and coordinate care between DBH and primary care in regard to individuals with an opioid use disorder.

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.

DBH provides a 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 has become a co-occurring treatment program. [Children and Youth have adopted the adult biopsychosocial ASAM-based clinical evaluation in order to increase screening for both SUD and physical health concerns.](#)

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy, 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 at direct service agencies and subcontracting agencies. SUD 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 recurring 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.

DBH will add contract language for subcontractors that their premises must be tobacco free.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	\$2,072, 000	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$2,370,300	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$1,885,957	Form B - Actual FY18 Clients Served as Reported by Locals	

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 SUD treatment is provided at the Women's Recovery Center. WRC has responsibility for women's residential, IOP and some OP services. DBH also provides services in the Davis County Jail with a women's gender specific IOP 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 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 DCFS for women with children at risk of, or in state custody.

WRC clinical staff prioritize care for clients involved with DCFS who may have their children in custody or are at risk of their children going into custody. For women in residential treatment, WRC staff work with DCFS caseworkers to support and facilitate visitation schedules.

WRC clinical supervisor and DBH's Director of Children and Youth Services are currently developing a process to incorporate developmentally appropriate resources for WRC clients and their children. These resources address areas such as family system stress caused by SUD problems, treatment requirements, and custody placement issues, parenting skills, and attunement strengthening.

The SUD program director has also scheduled a regular meeting with DCFS to make sure relationships are strengthened and each system understands the needs of the other system.

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 provide traditional case management services to connect clients to community and vocational resources. To assist clients with transportation issues, Recovery Support Services assess for need and offer training in public transportation use, providing temporary bus passes, utilizing natural and community supports, and occasionally providing transportation to treatment appointments. DBH does not provide childcare on-site.

Describe any significant programmatic changes from the previous year.

WRC will begin a high fidelity, gender specific DBT program that will include residential, IOP and OP clients.

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	\$290,405	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$360,046	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$227,405	Form B - Actual FY18 Clients Served as Reported by Locals	

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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.

DBH has expanded its services through further integration with mental health as well as implementing very

individualized services and treatment plans. By doing this, DBH is now able to offer IOP and day treatment for , in addition to standard outpatient services for youth in need of SUD services. . Additionally, youth have access to two beds that have been set aside at the AMRC for longer term respite. By combining this with intensive clinical services, DBH is able to offer an alternative to longer out of home placements

1. All treatment providers have been trained in the use of the GAIN-Q3-MI. All but one have been certified and the other is in the process. The GAIN-Q3-MI 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. Screenings include a SASSI-A2, brief interview, the YLS/CMI, 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. Youth who do not require treatment services for a substance use disorder are referred based on the presenting needs. If early intervention is needed, they are referred to prevention and education services through DBH or other community providers. They may also be referred for classes targeting a specific trigger for substance use, such as stress management. If there is evidence of a mental health condition, they are referred for additional assessment. Additionally, recovery support services are offered to these individuals as needed, including outreach to ensure that they were able to connect with resources and determine whether additional concerns have arisen.
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. All clinicians are masters level mental health therapists with additional training in substance use disorders. Therapists have been involved in a variety of training this past year including trauma-informed care, adolescent development, using the ASAM, 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 TEDS data collected at admission vs discharge. Point-in-time evaluations are completed annually via the MHSIP.

Areas to improve include element #5 (family involvement) and element #8 (continuing care/recovery support). Family involvement in treatment has historically always been a struggle. Goals for this year include increasing family therapy and family involvement with every client having at least two family sessions. Additionally, we would like to increase the number of clients participating in recovery supports by implementing skill-based recovery groups open to current clients as well as include as part of aftercare.

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, DJJS, SOC, 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 DCFS, frequent coordination also occurs between the appropriate parties, which may include the biological family, the foster family, the caseworker, and the guardian ad litem. Additionally, DBH attends the multi-agency staffing held each week at the juvenile court along with representatives from DCFS, JJS, SOC, and Davis School District.

Program changes this year include the expansion of services and levels of care as described above. Additionally, a Seeking Safety group has been implemented to more effectively treat clients that also have a history of trauma/PTSD. Recovery supports continues to expand in the youth program.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$232,640	Form B - FY19 Amount Budgeted: Felony	\$210,808
Form B - FY20 Amount Budgeted: Family Dep.	\$64,136	Form B - FY19 Amount Budgeted: Family Dep.	\$72,553
Form B - FY20 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY20 Recovery Support Budgeted	\$40,000	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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

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.

Projected Numbers Served: Adult court: 203. Family Dep: 28

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). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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 Adult Felony DUI 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.

DBH has trained all of its RSSs and Case Managers on the medicaid eligibility process. Currently, all clients without funding or whose income meets the Medicaid criteria are being outreached to see if we can assist them with the eligibility process. Moving forward, at intake, all clients will be assessed for medicaid eligibility and will receive assistance in the application process.

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

With SOR funding available for the treatment of OUD, clients in drug court will 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 for each type of court including testing on weekends and holidays for each court. 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. Testing is available 365 days per year.

Davis Adult Felony Court (Davis County Attorney's Office), contracts with [Davis County Sheriff's Department at the Davis County Jail to provide the Adult Felony Drug Court UAs](#). DBH is not involved in this contractual arrangement.

DORA clients use the Davis County Jail UA system for random UAs. DORA AP&P agents also obtain UAs from DORA clients, through the AP&P UA system on a case by case basis.

DBH allows SUD program personnel to conduct UA screenings within its 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.

List all 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).

None

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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 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.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	\$419,682	Form B - FY19 Amount Budgeted:	\$1,002,678
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Describe the criminogenic screening and assessment tools you use.

All DBH SUD clients are screened using the Level of Service/Case Management Inventory (LS/CMI) to assess for criminal risk and responsivity. The LS/CMI rates various static and dynamic factors across eight categories of criminal history, education/employment, family/martial, leisure/recreation, companions, alcohol/drug problems, procriminal orientation, and antisocial patterns to overall criminogenic risk ratings and placement in appropriate risk level programming.

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 Reconation 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 educational/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.

DBH would like an LSI training (without the CM portion).

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:			
Form B - Amount Budgeted in FY19 Area Plan	\$320,619		
Form B - Actual FY18 Expenditures Reported by Locals	\$439,209		

Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

Presiding District Court Judge: Judge John Morris, 2nd District Court
 Regional AP&P Director: Karl Kennington or Designee
 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: [Brett Bartruff](#)
 Davis County Public Defender's Office/ Designee: Determined by Public Defender's Office

How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?

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. Although we will not have DORA specific funding, we plan to continue the program. We will use other state general funds and Medicaid FFS funds to fund this program.

FY20 Substance Abuse Prevention Area Plan & Budget										Local Authority: Davis Behavioral Health			Form C		
		State Funds		County Funds											
FY2020 Substance Abuse Prevention Revenue		State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	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 FY2020 Revenue		
FY2020 Substance Abuse Prevention Revenue							\$376,622		\$32,550				\$409,172		
		State Funds		County Funds											
FY2020 Substance Abuse Prevention Expenditures Budget		State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures
Universal Direct							\$112,987		\$9,765					\$122,752	\$110,477
Universal Indirect							\$120,519		\$10,416					\$130,935	\$117,842
Selective Services							\$86,623		\$7,487					\$94,110	\$84,699
Indicated Services							\$56,493		\$4,882					\$61,375	\$55,237
FY2020 Substance Abuse Prevention Expenditures Budget		\$0	\$0	\$0	\$0	\$0	\$376,622		\$32,550	\$0	\$0	\$0	0	\$409,172	\$368,255
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures		\$67,792	\$203,376	\$15,065	\$60,260	\$26,364	\$3,765	\$376,622							
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures							
Total by Expense Category	\$227,384	\$63,239	\$13,354	\$19,948	\$2,057	\$42,274	\$40,917	\$409,172							

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Davis Behavioral Health

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 FY20

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 over 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 FY2020.

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:
Community Domain: Communities that Care, EASY and SYNAR checks,
School Domain: Learning to Breathe, Mindful Schools, Protecting You Protecting Me
Family Domain: Strengthening Families, Love & Logic, Incredible Years, Emotion Coaching, Parents Empowered
Individual/Peer Anger Management, MBSR, 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

using pre/post assessments and fidelity checklists. We analyze the pre/post tests every two years to ensure we're getting the results we are intending. Fidelity checklists are filled out by program instructors every session and periodically by someone on the prevention team or a community member.

1) Assessment

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in determining priority factors and problem behavior?

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 LSAAs plan to do re assessment 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.

Davis HELPS coalition

Davis School District

Davis Behavioral Health

Davis County Health Department

Utah State University - Kaysville Extension

Nuhope

Intermountain Health Care

Weber State - Davis Campus

Juvenile Justice

Second District Court

Law Enforcement

HAFB

Lakeview Hospital

Safe Harbor

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.

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.

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?

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 45 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

Survival Skill

2

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

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the 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

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Outline who or which agency will implement activities/programming identified in the plan.

Goal 4: Provide access to effective prevention services that produce measurable 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

In this section describe your evaluation plan including current and planned evaluation efforts.

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 15% in 2013 12% in 2019.	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	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		Prevention Strategy: Education	(1.1) Family conflict in 6th grade will	Alcohol use among adult men will

			DCFS. We anticipate serving between 25 to 50 individuals.	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	decrease from 28.10% in 2013 to 27% in 2019 (1.2) Family conflict in 8th grade will decrease from 27.2% in 2013 to 22% in 2019 (1.3) Family conflict in 10th grade will decrease from 35.8% in 2013 to 30% in 2019	decrease 9.09% in 2009 to 8% in 2019
Measures & Sources	2009 BRFSS Data	2011 Sharp Data	Attendance Records	Program Log, Attendance Records	2019 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 28.10% in 2013 to 27% in 2019 (1.2) Family conflict in 8th grade will decrease from 27.2% in 2013 to 22% in 2019 (1.3) Family conflict in 10th grade will decrease from 35.8% in 2013 to 30% in 2019	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	2019 Sharp Data	2019 BRFSS

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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 28.10% in 2013 to 27% in 2019 (1) 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	(2) 2019 Sharp Data	2021 Sharp Data

5. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Survival Skills For Families			\$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 33.3% in 2013 to 28% in 2019.	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	2019 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 15% in 2013 to 14.% in 2019 Favorable attitudes toward alcohol and drug use in 10th grade will decrease from 23.1% in 2013 to 21% in 2019	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	2019 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 27.4% in 2013 to 18.% in 2019 (2.1) Family conflict in 8th grade will decrease from 27% in 2013 to 22% in 2019 (2.2) Family conflict in 10th grade will decrease from 35.8% in 2013 to 30% in 2019	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	2019 Sharp Data	2021 Sharp Data

8. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Survival Skills for Families			\$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 33.3% in 2013 to 28% in 2019 (2) Family conflict will decrease from 28.10% (6th grade) in 2013 to 27% in 2019.	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	2019 Sharp Data	2021 Sharp Data

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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 (PRI) class will be given information regarding issues related to alcohol and other drug use and its effects on physiology. This course will run for 5 weeks at Davis Behavioral Health (Layton) on Mondays from 6:00 to 9:00 p.m.	Favorable attitudes toward alcohol and drug use will decrease by 25% from pretest 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 33.3% in 2013 to 28% in 2019 (2) Family conflict will decrease in 6th grade from 28.1% in 2013 to 27% in 2019.	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	2019 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 27% in 2013 to 18% in 2019 (2.1) Family conflict in 8th grade will decrease from 27% in 2013 to 22% in 2019 (2.2) Family conflict in 10th grade will decrease from 35.8% in 2013 to 30% in 2019	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	2019 Sharp Data	2021 Sharp Data

12. 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	Protective Factors-emotional/social/behavioral competence	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.	Increase protective factors by 25% from pre to post test	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

13. 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	Protective Factors-emotional/social/behavioral competence	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.	Increase protective factors by 25% from pre to post test	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	Protective Factors - social skills	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 mindfulness classes will be taught in the school classrooms.	Increase protective factors 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

FEE
POLICY

SECTION:	Financial
PAGE:	1 of 1
SUBJECT:	Fee Policy
EFFECTIVE DATE:	5/2010
REVISION DATE:	5/2017

PURPOSE

To charge for services based on verified ability to pay.

POLICY

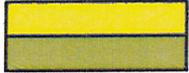
Eligible patients will be assessed fees based on the Davis Behavioral Health Rate Schedule and/or Discounted Fee Schedule. Eligible patients are those not covered by Medicare, Medicaid, a contracting insurance company or a special contract. Services will not be denied based on the inability to pay.

PROCEDURES

- 1.0 Fee Setting & Collecting Procedures:
 - 1.1 All clients will be provided an explanation of the fee policy at the time of their intake appointment and be directed to the DBH website.
 - 1.2 DBH will adhere to R523-1-5 regarding fee for services. All client fees, including drug court clients, will be based on the usual and customary rates established by our local authority or a negotiated contracted cost of services.
 - 1.3 Client's fees will not exceed the average cost of delivering the service.
 - 1.4 All fees assessed to clients, including upfront administrative fees, shall be reasonable as determined by the local authority
 - 1.5 All of DBH's programs will make a reasonable effort to collect outstanding fee charges and use an outside collection agency when appropriate.
 - 1.6 Individuals who indicate they are unable to pay for treatment or co-pays (and do not qualify for other funding sources) will be provided a Sliding Fee Application form. Once the form has been completed, the billing department will determine the applicants reduced fee based on the most recent Approved Fee Schedule and notify the applicant.
 - 1.7 Individuals who indicate that they are unable to make any payment or request fee balance forgiveness will be provided a Hardship Waiver Form to complete. Once completed, waiver forms must be returned to the finance department with requested income and expense documents attached for verification. A determination by the finance department will be made regarding the information provided on the form and communicated to the client.

**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.

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Job Title

Accountant
Accountant
Accounts Payable Clerk
Accounts Receivable Lead
Accounts Receivable Representative
ADMINISTRATIVE ASSISTANT
Advanced Practice Registered Nurse
Assoc. Clinical Mental Health Counselor
Case Management Coordinator
Case Management Coordinator
Case Manager - Degree, No License
Case Manager - Degree, TCM
Case Manager - No Degree, TCM Certified
Case Manager - No Degree, TCM Certified
Case Manager - No Degree, TCM Certified
Case Manager - Peer
Case Manager - SSW
Case manager - SSW
Case Manager - SSW
Case Manager - SSW
Case manager - SSW

Employee Name

Barlow, Anthony
Sun, Chhaysim
Simpson, Rea
Hansen, Jill
Brand, Heidi
Holland, Christine
Oliver, Julie
Pingel, Paula
Wardleigh, Cheri
Martinez, Andrea
Bernard, Heather
Cox, Jamie Marie
Greene, Elizabeth
Hafen, Bret
Krause, Julie
Richins, Scott
Stockslager, Gayle
Baldwin, Margaret
Smith, Jeffrey
Temple, Jena
Gill, Julie
DeGiorgio, Angela
Enriquez, Juan
Knight, Heather
Lanoy, Angel
Nixon, Allison
Thorson, Lindsay
Sanford, Laura
Stratford, Tamara
Williams, Sarah
Rosenstein, Lorna
Clawson, Teresa
Cook, Michelle
Gibson, Teleise
Herrin, Dawneen
Holbrook, Jacob

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Case Manager - SSW	Lowder, Ann Marie
Case Manager - SSW	Martinez, Allison
Case Manager - SSW	Narusis, Justin
Case manager - SSW	Olsen, Britta
Case manager - SSW	Quartuccio, Carrie
Case Manager - SSW	Rushforth, Kevin
Case Manager - SSW	Tu, Micah
Case manager - SSW	Westergard, Allysa
Case Manager - SSW	Whitsel, Anna
Case Manager - SSW	Workman, Adam
Certified Peer Specialist Coordinator	Barriga, Randee
Certified Social Worker	Berndt, Jerry
Certified Social Worker	Bravo, Tara
Certified Social Worker	Brown, Nathan
Certified Social Worker	Davis, April
Certified Social Worker	Newman, Jenafer
Certified Social Worker	Wilde, Craig
Chief Executive Officer	Hatch, Brandon
Chief Financial Officer	Westergard, Ryan
Childcare Worker	Baldwin, Alexandra
Childcare Worker	Day, Annette
Childcare Worker	Hallisey, Nicholas
Childcare Worker	Jones, Raigan
Childcare Worker	Pringle, Malachai
Childcare Worker	Quintero, Mariangelica
Childcare Worker	Todd, Kaylee
Clinical Director	Reisig, Kristen
Clinical Mental Health Counselor	Anderson, Larry
Clinical Mental Health Counselor	Barlow, Tyson
Clinical Mental Health Counselor	Brickey, Peter
Clinical Mental Health Counselor	Campbell, Katryna
Clinical Mental Health Counselor	Child, Grant
Clinical Mental Health Counselor	Fennell, Cynthia
Clinical Mental Health Counselor	Flitton, Shawnda
Clinical Mental Health Counselor	Hori-Wilson, Crystalyn
Clinical Mental Health Counselor	Orosco, Heidi
Clinical Mental Health Counselor	Raby, Donna

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Clinical Mental Health Counselor	Seiler, Edward
Clinical Mental Health Counselor	Vroman, Brett
Clinical Mental Health Counselor	Welch, Jaime
Clinical Mental Health Counselor	Woolley, Jane
Corporate Compliance Officer	Tanner, Michele
Corporate Controller	Beckman, Joseph
Courier	Smith, Kim
Crisis Therapist	Andrews, David
Crisis Therapist	Etherington, Jeremy
Crisis Therapist	Perkins, Gabriela
Custodial Crew Lead	Parnell, George
Custodial Crew Lead	Soule, Robert
Custodian	Abele, Valerie
Custodian	Adams, Ashley
Custodian	Farrimond, Ryan
Custodian	Gale, Shaun
Custodian	Jones, Corey
Custodian	Jones, Sharolyn
Custodian	Nicoletti, Ronald
Custodian	Podwys, Ivan
Custodian	Sampson, Travis
Custodian	Sandoval, Elvis
Custodian	Shelton, Blaine
Custodian	Terwilliger, Andrew
Custodian	Tracy, Taylor
Custodian	VanOrden, Peter
Data Analyst	Sharma, Amulya
Executive Assistant	Scott, Michelle
Executive Assistant	Swain, Jill
Family Resource Facilitator	Ekker, Elena
Family Resource Facilitator - Degree, FRF Cert.	Hiser, Alyssa
Family Resource Facilitator - Degree, FRF Cert.	Sims, Shelley
Food Service Crew Leader	Bagley, Alison
Food Service Helper	Agbonkhese, Veronica
Food Service Helper	Alexander, Marcy
Food Service Helper	Bollwinkel, Jeffrey
Food Service Helper	Grasteit, Jamie

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Food Service Helper	Hall, Benjamin
Food Service Helper	Pooler, Stephanie
Food Service Manager	Broadbent, Douglas
Food Service Manager	Lacy, Jadrianette
Housing Supervisor	Adams, Jason
HR Credentialing Specialist	Buck, Christine
Human Resources Director	London, Timothy
Human Resources Generalist	Carson, Kathy
Human Resources Generalist	Dalrymple, Kim
Human Service Technician	Battad, Autumn
Human Service Technician	Higuera, Bernabe
Human Service Technician	Hoye, James
Human Service Technician	Sorensen, Samuel
Human Service Technician	Valencia, Alex
Human Service Technician	Wagstaff, Payson
Human Service Technician - PRN	Fajardo, KinCaid
Human Service Technician - PRN	Neal, Alissa
Human Service Technician - PRN	Rigby, Kelsey
Human Service Technician - Residential	Andersen, Camie
Human Service Technician - Residential	Anderson, Palepa
Human Service Technician - Residential	Baker, Brittany
Human Service Technician - Residential	Beach, Alora
Human Service Technician - Residential	Beckstead, Kristine
Human Service Technician - Residential	Black, JaNall
Human Service Technician - Residential	Bratsch, Tammie
Human Service Technician - Residential	Charles, Ryan
Human Service Technician - Residential	Cook, KyLies
Human Service Technician - Residential	DeNovellis, Kourtney
Human Service Technician - Residential	Dille, David
Human Service Technician - Residential	Dille, Elizabeth
Human Service Technician - Residential	Dunshie, Jazmyn
Human Service Technician - Residential	Ellefsen, Amy
Human Service Technician - Residential	Erasmus, Kelsey
Human Service Technician - Residential	Ercanbrack, Janet
Human Service Technician - Residential	Fritz, Marie
Human Service Technician - Residential	Gonzalez, Natcin
Human Service Technician - Residential	Hernandez, April

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Human Service Technician - Residential	Hernandez, Chantal
Human Service Technician - Residential	Howard, Penelope
Human Service Technician - Residential	Joseph, Jacob
Human Service Technician - Residential	Martinez, Luz
Human Service Technician - Residential	Nasworthy, Sharon
Human Service Technician - Residential	Quigley, Nathan
Human Service Technician - Residential	Ricardo, Amanda
Human Service Technician - Residential	Smith, JadenLee
Human Service Technician - Residential	Sorenson, Anabelle
Human Service Technician - Residential	Tate, Austin
Human Service Technician - Residential	Tate, Logan
Human Service Technician - Residential	Trujillo, Heidi
Human Service Technician - Residential	Turner, Katie
Human Service Technician - Residential	Wadman, Bailee
Human Service Technician - Residential	Weinmann, Madyson
Human Service Technician - Residential	Williamson, Shannon
Human Service Technician - Residential	Wright, Kierra
Licensed Clinical Social Worker (LCSW)	Boyle, Scott
Licensed Clinical Social Worker (LCSW)	Brown, Amy
Licensed Clinical Social Worker (LCSW)	Capel, Adam Brian
Licensed Clinical Social Worker (LCSW)	Chavez, Timothy
Licensed Clinical Social Worker (LCSW)	Clawson, Douglas
Licensed Clinical Social Worker (LCSW)	Cook, Karen
Licensed Clinical Social Worker (LCSW)	Dalley, Jeffrey
Licensed Clinical Social Worker (LCSW)	Deveraux, Lara
Licensed Clinical Social Worker (LCSW)	Duffin, Emily
Licensed Clinical Social Worker (LCSW)	Forbes, Jennifer
Licensed Clinical Social Worker (LCSW)	Francis, Kenton
Licensed Clinical Social Worker (LCSW)	Fritinger, Suzette
Licensed Clinical Social Worker (LCSW)	Gandy, Kennedy
Licensed Clinical Social Worker (LCSW)	Geldmacher, Frances
Licensed Clinical Social Worker (LCSW)	Gramer-Smithe, Mary
Licensed Clinical Social Worker (LCSW)	Harding, Stephanie
Licensed Clinical Social Worker (LCSW)	Harrell, Niki
Licensed Clinical Social Worker (LCSW)	Harris, David
Licensed Clinical Social Worker (LCSW)	Hendricks, Carol
Licensed Clinical Social Worker (LCSW)	Hollingsworth, Roger

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Licensed Clinical Social Worker (LCSW)	Holmes, Joshua
Licensed Clinical Social Worker (LCSW)	Humphrey, Julie
Licensed Clinical Social Worker (LCSW)	Kopaigora, Elizabeth
Licensed Clinical Social Worker (LCSW)	Kraus, Heidi
Licensed Clinical Social Worker (LCSW)	Layne, Andrew
Licensed Clinical Social Worker (LCSW)	Nielsen, Brandon
Licensed Clinical Social Worker (LCSW)	Oliver, Kaitlin
Licensed Clinical Social Worker (LCSW)	O'Neal, Cambria
Licensed Clinical Social Worker (LCSW)	Orton, Terrance
Licensed Clinical Social Worker (LCSW)	Parker, Cindie
Licensed Clinical Social Worker (LCSW)	Parker, Rebecka
Licensed Clinical Social Worker (LCSW)	Perry, Sheila
Licensed Clinical Social Worker (LCSW)	Reist, Rachel
Licensed Clinical Social Worker (LCSW)	Roberts, Tamara
Licensed Clinical Social Worker (LCSW)	Schaefermeyer, Rosanne
Licensed Clinical Social Worker (LCSW)	Scott, Erin
Licensed Clinical Social Worker (LCSW)	Shields, Jennifer
Licensed Clinical Social Worker (LCSW)	Steele, Raigan
Licensed Clinical Social Worker (LCSW)	Thornhill, Jacob
Licensed Clinical Social Worker (LCSW)	Tipton, Lauren
Licensed Clinical Social Worker (LCSW)	Trump, Bradley
Licensed Clinical Social Worker (LCSW)	Vandenhazel, Henry
Licensed Practical Nurse (LPN)	Bishop, Valita
Licensed Practical Nurse (LPN)	Rock, Theresa
Licensed Practical Nurse (LPN)	Wagstaff, Natalie
Maintenance Supervisor	Burrows, Rich
Maintenance Worker	Beers, Matthew
Maintenance Worker	Evertsen, Jack
Maintenance Worker	Keller, Jacob
Marriage & Family Therapist	Drew, Valerie
Marriage & Family Therapist	Petersen, Stefanie
Marriage & Family Therapist	Tocce-Carlson, Katherine
Medical Assistant	Baldwin, Bonnie
Medical Assistant	Christiansen, Noel
Medical Assistant	Hamel, Angelique
Medical Assistant	Pettigrew, Shaylynn
Medical Assistant	Stewart, Kay

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Medical Assistant	Wilson, Aislynn
Medical Assistant Supervisor	Robbins, Michelle
Medical Director	Lang, Christopher
Medical Director	Schenk, Julana
Medical Transcriptionist	Anderson, Alicia
Office Manager	Arave, Margaret
Office Specialist - Finance	Bailey, Mariah
Office Specialist - Finance	Barnedt, Katie
Office Specialist - Finance	Tate, Kaitlin
Office Specialist - Front Desk	Beavers, Janice
Office Specialist - Front Desk	Beene, Cynthia
Office Specialist - Front Desk	Bruns, Dawnn
Office Specialist - Front Desk	Clough, Allison
Office Specialist - Front Desk	Fisher, Sydney
Office Specialist - Front Desk	Forbes, Kelsee
Office Specialist - Front Desk	Garnica, Roxanne
Office Specialist - Front Desk	LaFortune, Korine
Office Specialist - Front Desk	Moore, Amy
Office Specialist - Front Desk	Stucki, Jennifer
Office Specialist - Front Desk	Tanner, Bridget
Office Specialist - Intake	Hanni, Maquela
Office Specialist - Intake	Irvin, Brianna
Office Specialist - Intake	Jensen, Mary
Office Specialist - Intake	Thesen, Jocelyn
Office Specialist - Intake	Tubbs, Gerilyn
Office Specialist - Medical Records	Bounds, Ikara
Office Specialist - Operator	Gideon, Michelle
Office Specialist - Program Support	Reisig, Kiera
Office Specialist - Program Support	Westergard, Katelyn
Partner Development Specialist	Soutor, Danielle
Payee Services Representative	Biesinger, Summer
Payee Services Representative	Penrod, Emily
Payee Services Representative Lead	Long, Kathleen
Payroll Coordinator	Navarrete, Carlye
Peer Support Specialist - Degree, CPSS Cert.	LeBaron, Michael
Peer Support Specialist - No Degree, CPSS Cert.	Baker, Eilene
Peer Support Specialist - No Degree, CPSS Cert.	Carter, Alice

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Peer Support Specialist - No Degree, CPSS Cert.	Hufford, Andrew
Peer Support Specialist - No Degree, CPSS Cert.	Miller, Angela
Peer Support Specialist - No Degree, CPSS Cert.	Peckham, Karon
Peer Support Specialist - No Degree, CPSS Cert.	Reynolds, Jonathan
Peer Support Specialist - No Degree, CPSS Cert.	Swensen, Amy
Peer Support Specialist - No Degree, CPSS Cert.	Thompson, Colleen
Peer Support Specialist - No Degree, No Cert.	Clark, Tamara
Prevention Coordinator	Todd, Debi
Prevention Technician/Instructor	Bradshaw, Devan
Prevention Technician/Instructor	Brown, Nancy
Prevention Technician/Instructor	Buxton, Marcee
Prevention Technician/Instructor	Calder-Judd, Kristen
Prevention Technician/Instructor	Daines, Stephanie
Prevention Technician/Instructor	Dewsnup, Mark
Prevention Technician/Instructor	Flynn, Linda
Prevention Technician/Instructor	Garcia, Rosa
Prevention Technician/Instructor	Gardner, Deanna
Prevention Technician/Instructor	Giles, Dana
Prevention Technician/Instructor	Gorringer, Susan
Prevention Technician/Instructor	Jolley, Linh
Prevention Technician/Instructor	Kemp, Carlene
Prevention Technician/Instructor	Lund, Brett
Prevention Technician/Instructor	Maxfield, Angie
Prevention Technician/Instructor	Mitchell, Gloria
Prevention Technician/Instructor	Nielson, Jennifer
Prevention Technician/Instructor	Schraedel, Ann
Prevention Technician/Instructor	Smith, Angie
Prevention Technician/Instructor	Smith, Kimberley
Prevention Technician/Instructor	Taylor, Blake
Prevention Technician/Instructor	Vanderlinden, Peter
Prevention Technician/Instructor	Weaver, Douglas
Program Coordinator	Bigler, Jessica
Program Coordinator	McKay, David
Program Director	Bartruff, Brett
Program Director	Hood, Marty
Program Director	Pendley, Janet
Program Director	Soutor, Todd

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

Program Supervisor - Clubhouse	Reed, Matthew
Program Supervisor - Crisis	Cunha, Nichole
Program Supervisor - IOP	Janes, Julie
Program Supervisor - OCC	Moss, Nancy
Program Supervisor - Outpatient	McComas, Kimberlee
Program Supervisor - Outpatient	Thornley, Rod
Program Supervisor - Residential	Chidester, John
Program Supervisor - Residential	Murray, Callie
Program Supervisor - School-Based Services	Schiffman, Amber
Program Supervisor I	Baker, Spencer
Program Supervisor I	Harrison, Kirk
Psychiatrist	Amil, Brent
Psychiatrist	Mallory, Susan
Psychiatrist	McColgan, Brittany
Psychiatrist	Valles, Rene
Psychologist	Goodrich, Gary
Quality Assurance Analyst	Keate, Virgil
Recovery Support Specialist - Degree, CPSS Cert.	Hislop, Hilary
Recovery Support Specialist - Degree, CPSS Cert.	Mitchell, Philip
Recovery Support Specialist - Degree, CPSS Cert.	Smuin, Toni
Recovery Support Specialist - No Degree, CPSS Cert	Nelson, Ambere
Recovery Support Specialist - No Degree, CPSS Cert	Playle, Dirk
Recovery Support Specialist - No Degree, No Cert.	Wareham, Ashley
Registered Nurse (RN)	Arnold, Cindy
Registered Nurse (RN)	Ashby, Teri
Registered Nurse (RN)	Atkinson, Melanie
Registered Nurse (RN)	Bachman, Kathleen
Registered Nurse (RN)	Green, Robert
Registered Nurse (RN)	Larson, Jody
Registered Nurse (RN)	Montoya, Annette
Registered Nurse (RN)	Morgan, Megan
Registered Nurse (RN)	Morris, Michelle
Registered Nurse (RN)	Newman, Kyle
Registered Nurse (RN)	Rasmussen, Erin
Registered Nurse (RN)	West, Judith
Registered Nurse Lead	Lockyer, Paul
Residential Manager	Fogel, Monica

Employees and Positions

DAVIS BEHAVIORAL HEALTH INC (N7380)

School Teacher	Penman, Chelsie
Shuttle Driver	Gee, Karl
Shuttle Driver	Jacobs, Brad
Shuttle Driver	Pierce, Rickie
Skills Development Specialist	Beckstead, Breanne
Skills Development Specialist	Edwards, Daniel
Skills Development Specialist	Eldridge, Megan
Skills Development Specialist	Pickard, Rachel
Skills Development Specialist	Reisig, Jenika
Skills Development Specialist II	Beckstead, Madison
Skills Development Specialist II	Ramos, Roel
Student Intern - BSW	Playle, Elizabeth
Student Intern - BSW	Rush, Melissa
Student Intern - DNP	Zurcher, Nathan
Student Intern - MSW	Gebert, Lillian
Student Intern - MSW	Payne, Debra
Student Intern - MSW	Peat, Flor
Student Intern - MSW	Petersen, Nikita
Student Intern - MSW	Tadehara, Kira
Team Lead - Quest	Valentine, Kelle
Team Lead - Recovery Support Services	Brown, Kristi
Team Lead - Residential	Escobosa, Valerie
Team Lead - School-Based Services	Arguelles, Lydia
Utilization Management Specialist	Floyd, Natalie
Utilization Management Specialist	Hamala, Andrea
	Myers, Charlene

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 2020 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: Davis County

By:


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

PLEASE PRINT:

Name: Randy B. Elliott

Title: Davis County Commission Chair

Date:

5/9/19