

Davis County

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Davis County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

Davis Behavioral Health provides the Prime for Life (PRI) program for individuals convicted of driving under the influence. Prime for Life is an alcohol and drug education program designed to help individuals understand how alcohol and drug-related problems develop, what we can do to prevent them, and why sometimes a person may need help. Before an individual enrolls in a PRI course, a screening is given to ensure the individual is receiving the appropriate level of intervention.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

For individuals who request services, those who are identified as early intervention may be referred to ADI (Alcohol & Drug Intervention) or a limited course of outpatient substance use treatment that focuses on psychoeducation. Evidence-based psychoeducation is primarily provided through the Change Company interactive journaling series for the limited outpatient services.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

DBH has a 24/365 Receiving Center where law enforcement, families, partners or self-referred individuals can present to be screened for alcohol or other drug use and referred to the right level of intervention. For people who choose not to engage in recommended supports, our Recovery Support Specialists follow up with outreach and engagement calls for four months. The school-based mental health team provides screening and assessment for referred youth. It can provide services as indicated, as well as refer to the Recovery Support Specialists for continued engagement.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

DBH has a court liaison who attends the Clinton and Syracuse Justice Courts. The liaison assists individuals needing substance use services in connecting with DBH. The liaison completes a short ASAM-based screening to determine if the individual is in need of psychoeducation prevention courses or substance use treatment. The liaison is able to schedule the person for services while with them at the court.

If a DBH provider has concerns about a client using substances and in need of assistance, a referral to our Recovery Support team is made who will then attempt to outreach the client to provide support and engagement. Outreach efforts include phone calls, text messages, and in-person visits. The RSS team will spend a month attempting outreach. In addition, law enforcement and family members bring people to our Receiving Center where we try to engage them in the appropriate level of care, be that prevention, treatment or recovery coaching.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

DBHs intake workers identify payer status for each person coming in for services and for those without funding, the intake workers schedule clients for services, provide Medicaid application information and offer assistance via agency peer workers and case managers to help apply for Medicaid or insurance through the marketplace. Through DBH's utilization management process, clients who may lose their Medicaid or private insurance are identified and case management services are assigned to assist clients in completing the application process. DBH has an employee of DWS who is part of the UM team and helps identify and correct eligibility problems.

In addition, RSS have received additional training in response to the growing demand to help persons apply for further insurance benefits. In addition to training on Medicaid eligibility, RSS/case managers are poised to aid persons in applying for marketplace and other benefits.

Describe activities to reduce overdose.

- 1. educate staff to identify overdose and to administer Naloxone;**
- 2. maintain Naloxone in facilities,**
- 3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

1. All DBH staff are given education about signs of overdose and how to administer naloxone by nursing staff.
2. All DBH clinics have naloxone. The support staff keep naloxone at the front desks and many therapists and case managers keep kits in their office. Rescue kits are kept in the licensed recovery residence, and clients are instructed on use. All school-based therapists have been provided naloxone to have at their school locations.
3. At time of SUD evaluation, if a person is identified with OUD they are walked over to our medical team and provided naloxone. Also, at any time a provider, client, family, or friend may request and be given naloxone at the time of request. A provider, client, family, or friend may request a naloxone kit be delivered and the RSS team will deliver the kit. During outreach, if the client has OUD and is not known to have a kit, the RSS team will leave the kit with the client or their family/friend.
 - a. Clients, family, or friends who use, lose, or have naloxone that has expired may be provided with a new kit.
 - b. When we have a client overdose we also offer naloxone as part of the post review process.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

1. DBH Nursing staff regularly attends team staff meetings to review overdose education and answer questions about naloxone rescue kits.
2. DBH nursing staff ensures that front desk and support staff have access to rescue kits and replaces them as needed. The RSS team ensures that recovery residence apartments have unexpired rescue kits during home visits.
3. As part of DBH peer review process, referrals for naloxone are reviewed during chart reviews. When the EMR indicates a client has not received naloxone, DBH staff outreach the client to ensure they have naloxone access and the EMR is amended.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Shanel Long

Describe the activities you propose to undertake over the three year period to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

DBH provides withdrawal management through our Receiving Center (RC) and Crisis Recovery Unit (CRU). We also send referrals out to other detox providers.

We provide outpatient opioid withdrawal management (WM) at all levels of care in our agency using MAT (buprenorphine). Benzodiazepines tapers are prescribed at all levels of care for benzodiazepines WM. Alcohol WM is done on a limited basis, at the RC and CRU where 24 hour nursing is available; also, after the patient has been deemed to be safe to have their detoxification done in that level of care and adequate medical clearance has been previously completed in the ER, instacare, or by an alternative method.

Those presenting with alcohol use disorders are assessed upon arrival for appropriateness for remaining at the RC. Factors that are considered include alcohol levels based on breathalyzer, AUDIT-PC scores, PAWSS, history of use, history of severe withdrawal symptoms, and CIWA scores. Because alcohol withdrawals can include severe electrolyte derangements, as well as result in seizures, delirium tremens, and other complications that can include death, some may be transferred to inpatient detoxification where regular lab work, EKG's, etc, can be rapidly obtained so that a safe detoxification process can be completed, after which they can return to the RC to complete their evaluation process, social detox and referral into treatment.

The RC in Davis County manages withdrawals significantly. Although stimulants do not require any sort of medical intervention for WM, we do use social detox for stimulant WM. For opioid WM we are using MAT with rapid access to doctors to complete the evaluation and initiate induction if the patient desires.

Those presenting with benzodiazepine withdrawal are assessed for the type of benzodiazepine and quantity of use, and depending on circumstance, a benzo taper may be completed or they may be transferred to a setting where regular lab work, EKG's, etc can be completed so that a safe detoxification process can be completed.

Hospital Withdrawal Management Services and Locations:

- Davis County: Lakeview Hospital, Bountiful, Utah, and Holy Cross Hospital, Layton, Utah
- Weber County: Ogden Regional Hospital, South Ogden, Utah, and McKay Dee Hospital, Ogden, Utah
- Salt Lake County: Huntsman Mental Health Institute, and LDS Hospital Dayspring Program.
- The client's own physician

DBH provides withdrawal management social detox services at the Crisis Residential Unit and the Receiving Center.

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 of funding streams, including insurance, self-pay, state and federal funds, and grants.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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 they are stabilized.

Medium and Long Term Residential:

DBH refers to Odyssey House in Salt Lake City, Utah, for youth and adults. DBH also contracts with Weber Human Services for residential services in the Stepping Stones program for adult men and Tranquility House for adult women. We also have a contract for adult men and women at Weber Recovery in Ogden, Utah.

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica

Little

Describe the activities you propose to undertake over the three year period 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. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

DBH currently contracts with Discovery House for MAT services including methadone. Discovery House provides screening, assessment, medication management, individual and group therapy. Recovery supports and care coordination are essential components to the DBH MAT program and

we will offer these supports to clients with contracted providers..SOR funding is not used for this contract.

Contract Provider: Discovery House

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

We do not have outcome measures in place for this contracted service.

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

DBH currently offers MAT to any client with an OUD or AUD who desires this adjunctive SUD care. Clients receiving MAT are also offered counseling/therapy services and recovery supports. MAT is delivered via a shared decision making process in order to engage clients at whatever level they are able. Buprenorphine/naloxone (Suboxone®, Zubsolv®) are the most typically administered drugs at outset, but as patients remain with MAT, some want to transition to Vivitrol, an extended-release naltrexone injectable or Sublocade, an extended-release subdermal injection of buprenorphine. Oral naltrexone is primarily used with our OUD/AUD clients who are in long term maintenance after receiving months of the extended-release naltrexone. However, there are some less acute AUD/OUD clients who opt to use oral naltrexone at onset of MAT. Acamprostate (Campral®) is also offered for AUD.

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 SPMI clients who may benefit from this treatment. This program is delivered via our SU IOP and Recovery Support teams in order to have a stronger emphasis on substance use recovery.

Davis County Jail currently offers MAT (suboxone and sublocade) to inmates who were on MAT prior to incarceration. DBH providers inside the jail encourage those with OUD to schedule with DBH or access the Receiving Center (RC) upon release to continue MAT. We also have rapid access appointments for therapy for these high-risk individuals.

The Davis County RC continues to be a partnership with local law enforcement, where low-level offenders can have charges diverted and be connected to resources, which may include inductions to medication-assisted treatment provided by DBH medical staff. As with all MAT clients at DBH, counseling/therapy/group services are part of the treatment protocol, and recovery supports are offered as part of the continuum of care. Since all of our prescribers are also trained as therapists, some clients receive counseling services as they meet with their prescribers. The decision about where to receive counseling (with a prescriber or adjunctively with a therapist) is a collaborative decision between the client and the prescriber.

In order to expand MAT capacity, DBH offers a group medication management/therapy program where clients meet weekly with a prescriber to review medications and then move directly into a therapist-led group to address other SU treatment needs.

In addition, DBH offers naloxone or (naloxone prescriptions) and education to clients and family members of those who use opiates and opioids. Our OCC team is vigilant in making sure each client and family has up-to-date Narcan kits, often replacing those kits used on family, friends, and acquaintances. .

Providers: DBH and contract
Locations: 934 South Main, Layton, UT
2250 North, 1700 West, Layton, UT
Davis County Jail, Farmington, Utah 84025
Receiving Center, 2250 North 1700 West, Layton, Utah 84041

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

As part of DBH's internal peer review process, we ensure that MAT is being offered and referrals made for all clients with identified opioid use. We do not have any specific outcome measures in place to measure success with community partners, but DBH clinical, medical and executive staff regularly problem solve ways to expand and continue MAT services.

6) Outpatient (Non-methadone - ASAM I)

Shanel Long

Describe the activities you propose to undertake over the three year period 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 and Women's IOP Treatment Programs, as well as our dual diagnosis IOP program at the Layton location. These services will be provided to increase treatment retention and ensure 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: day treatment, IOP, and standard outpatient. Additionally, youth recovery supports are available in the clinic, in the community, or in the client's home.

Locations:

DBH:

- 934 So. Main

- 129 South State, Suite 240, Clearfield, Utah
- 2250 North 1700 West, Layton, Utah

GMS Counseling - Clearfield
Discovery House - Bountiful

Provider: Davis Behavioral Health and contract (see above)

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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 SU 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 in the morning and evening at the Clearfield Clinic. Dually diagnosed IOP programming is not gender specific and is provided in the afternoon at 2250 North 1700 West, in Layton.

The effectiveness of treatment can be measured in terms of the client's overall health, 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 support. We are also using SURE as an outcome tool.

DBH Provides IOP services directly at our Clearfield Clinic, Layton OP Campus, and the Davis County Jail (RSAT).

8) Recovery Support Services

Thom Dunford

**Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:
<https://sumh.utah.gov/services/recovery-supports/recovery-resources>**

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

Recovery Support Specialists (RSS) attempt to prevent clients from dropping out of treatment by contacting clients assessed as high risk for treatment dropout. Through case management services, RSS also assesses client needs and helps clients overcome barriers that interfere with long-term recovery. Our community-based RSS has Recovery Support Specialists (RSS) working

as personal recovery coaches, case managers, and peer supports.

Services include partnerships and collaboration with community agencies, including 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. DBH staff teach weekly skills development groups that focus on relapse prevention and recovery maintenance. ATR-type/PATR funding is available to assist clients in overcoming barriers to recovery.

Recovery Support Services offers self-help groups seven days a week. The specific self-help groups offered are for continuing care clients and alumni. RSS supports and manages several competitive sports teams, such as softball and kickball. Recovery support is building a broad alumni program of continuing care clients who participate in various sober social events and recovery-focused activities. Recovery Support alumni activities include city league softball, weekly social events, daily self-help, and peer-run groups.

The RSS team works closely with DBH's MCOT team to provide follow-up care and coordination for clients seen in the local Emergency Departments to help engage patients in an appropriate level of care. This follow-up coordination can include peer support and coaching, assistance in getting scheduled with mental health and substance use treatment, and other case management services. These recovery supports are provided at no cost to these clients.

The DBH Recovery Support team also manages two- and four-bed recovery living apartments for women. The RSS team provides daily checks on each apartment to ensure the environment supports recovery. The RSS team provides recovery support to residents to help them engage in recovery and treatment; however, treatment services are not provided in the residence. DBH is excited that we will soon reopen our Begin Again Recovery Center, which will offer a 20-bed recovery residence for men and be a central hub for our recovery support programs.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

DBH's internal review process tracks funds used by the RSS program to ensure they are allocated correctly. DBH tracks client retention and program success through our TED admission and discharge data. The recovery residence compliance is tracked through internal documentation to ensure contract and licensing requirements are met. Client satisfaction is measured through an annual consumer satisfaction survey and SURE.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

Peer Support Services are provided by the Recovery Support team at Davis Behavioral Health. While we partner with USARA and Utah Peer Network on some initiatives, we do not contract for these services.

Please see the above section on Recovery Support Services for full detail of peer supports offered.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

When an SU client requests services from DBH, as part of their initial evaluation, a therapist explains and offers recovery support/peer services. In addition, peer services from DBH may be offered at any time during services. The therapist may identify a need or the client may request a referral to peer services. Also, any Davis County resident may contact DBH and request SU peer/recovery services as well, and services are provided regardless of whether or not the person attends treatment services with DBH.

Effectiveness of peer services is primarily gauged by a client's engagement, improvements through recovery barriers, and scores on the DLA (Daily Living Activities) and/or SURE. .

In 2022, the Director of SU services completed a quantitative study evaluating if engagement and outreach from recovery support/peers correlate to improved rates of successful completion of treatment and increased clients' length of time in SU treatment. The study found that for clients who chose to participate in recovery support, each service provided by a CPSS increased the likelihood of successful completion but did not increase the number of days a client was in SU treatment. However, the study found that DBH clients stay in substance use treatment for significantly more days than the national average.

10) Quality & Access Improvements

Shanel Long

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

Clients requesting services from DBH are able to get access to initial treatment appointments within 5-7 business days. Those who may need quicker access to care due to withdrawal management needs, short term non-acute psychiatric stabilization, and/or higher priority (pregnant and IV-user) are offered immediate access to care through DSHs Receiving Center.

For those clients who request a SUD evaluation, DBH primarily uses two therapists to provide evaluations for incoming SU clients.. 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 for those clients who are directly requesting entrance into treatment.

In addition we have contracted with GMS counseling and we work with Discovery House to expand client choice and access. If a client wants to receive treatment elsewhere, DBH RSS's coordinate that care and work collaboratively to explore funding options. DBH does not have a waitlist for any of its SU services.

Please describe policies for improving cultural responsiveness across agency staff and in services, including "Eliminating Health Disparity Strategic Plan" goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

DBH substance use programs evaluate and assess cultural needs during evaluation, which informs the type of provider assigned. We also use the cultural assessment during the evaluation to help inform and drive the treatment plan to be relevant in the client's cultural environmental context. DBH substance use programs are working with the inclusion coordinator for the agency to identify and remove barriers to treatment for specific cultural populations. DBH offers community-based support groups for the LGBTQIA+ community, and launching in May of 2024, will be a veterans and military family support group.

Policies for Improving Cultural Responsiveness

DBH implements a Cultural Humility Plan and Annual Cultural Humility Training for all employees.

Efforts to Document Cultural Background and Linguistic Preferences

DBH intake staff complete the Clinical Information/Demographic Form as part of the intake process. Intake staff collects information regarding preferred language and interpreter services.

Incorporate Cultural Practice into Treatment Plans and Service Delivery

Treatment staff at DBH are encouraged to perform assessments, treatment, and discharge planning, and take into consideration holistic approaches, cultural beliefs and values, family and other natural support systems, community resources, and any communication barriers that may be present.

Provision of Services in Preferred Language (Bilingual Therapist or Interpreter)

The Human Resources Department includes all non-English languages spoken by staff in the Human Resource Information System (HRIS). Languages spoken by providers are listed on DBHs Provider Directory. Oral interpretation services are available for all languages and written translation is available in prevalent languages, including auxiliary aids such as TTY/TDY and American Sign Language (ASL).

Eliminating Health Disparity Strategic Plan

DBH's short and long-term goals include improving staff knowledge of cultural humility practices and efforts to meet the CLSW principal standards of providing high quality culturally competent services to persons with diverse cultural health beliefs, practices, and languages.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

Increasing Access

Please see above.

Workforce Recruitment and Retention

- Targeted job advertisements for each open position, including comprehensive information surrounding compensation and benefits as well as information regarding expectations.
- Active and quick responses to all potential candidates to schedule interviews, answer questions, and assist with the application process.
- Text messages sent to potential candidates upon receipt of résumés via online job boards to instruct candidates to complete the official employment application. Language about the specific position the candidate expressed interest in as well as link to DBH employment page included in all text messages.
- Regular analysis and adjustment to salaries.

- During the past 12 months wages have been adjusted for the following job categories: therapists, nurses, case managers, certified peer support specialists, and psych techs.
- Employee referral incentive up to \$1,500 available for current employees.
- Educational assistance programs.
 - Approved site for the Health Care Workforce Financial Assistance Program loan repayment program.
 - Tuition reimbursement for MSW, APRN, and nursing programs (currently limited to 3 participants).
- Front-loaded vacation for new hires.
- Up to 120 hours compensated time every two (2) years provided to complete CEUs based on professional licensure (MD/DO/APRN, RN/LPN, LCSW/CMHC/MFT, PhD/PsyD, SSW, SUDC), or certification (CPSS/FPSS, TCM). Registration for select trainings may be available.
- Comprehensive employee benefits package, including incentive for employees who opt out of medical and/or dental insurance. Long-term care option added to benefits package for the 2023/24 benefits year. Employee Assistance Program (EAP) available to all employees – full-time and part-time – and their immediate family members.

Medicaid and Non-Medicaid funded

DBH does not have separate standards for people with and without Medicaid funding. If someone lives in Davis County, we try to provide services.

Client Flow Through Programming

DBH’s client flow begins with a clinical or medical assessment and then a referral to the right level of care. To assist with the flow, DBH continues to use the ASAM to direct the level of care placement and client flow through levels of care

In addition, we have allocated an FTE as a clinical utilization management coordinator to assist therapists in moving people out of or to the right level of care. In addition, she guides 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 the continued care setting. We have also implemented groups to help clients succeed in treatment when attendance has been an issue. These groups focus on removing barriers to attendance and improving motivation for treatment.

Unwinding’s Impact to Funding and Care

DBH has taken a proactive stance in helping client awareness of the unwinding. And, as with all clients who have insurance gaps, we will provide 3 sessions to clients while we work with them to establish Medicaid or some other insurance. We anticipate some loss of funding, but remain committed to providing essential care to our core population.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

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 offer them needed services. We seek input from law enforcement, Behavioral Health Network, Human Services Directors within Davis County, Davis Links, school-district, DCFS, Juvenile Court and families/clients.

In addition, to better support local law enforcement, DBH hosts a monthly coordination meeting with each LE agency. Also, each LE agency participates on our Receiving Center committee that meets every other month. This committee also has representation from the county attorney, city prosecutors, the county diversion program and others.

The DBH director also participates with the Utah Hospital Association, the Intermountain Community Health Advisory panel, The Community Health Needs Assessment Collaboration committee and others.

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.

What evidence-based practices do you provide (you may attach a list if needed)? 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 needs. 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 include:

- Recovery Supports
- Motivational Interviewing
- CBT with focus on Relapse Prevention and Social Skills Training
- MRT
- PTSD Treatments: Seeking Safety, Beyond Trauma
- Cognitive Processing Therapy (CPT)
- Criminal Risk Assessment and Treatment
- EMDR
- Trauma Recovery Empowerment Model (TREM)
- Men's Trauma Recovery and Empowerment Model (M-TREM)
- Living in Balance
- Comprehensive Opioid Addiction Treatment (COAT)(Provided in Conjunction with DBH Medical Team)
- Seeking Safety
- DBT
- Dimensions (Nicotine Cessation)
- ACT

DBH has several EBPs that have a consultation group. These groups adhere to the following structure: education, rehearsal and clinical staffing. The consultation groups create clinical value by improving practice while reducing compassion fatigue.

Describe your plan and priorities to improve the quality of care.

The following are DBH SU Program priorities:

- DBH SU programs are creating and implementing fidelity monitoring for each of its EBP.

- DBH SU is in the process of implementation of the SURE outcome tool. This is a part of our annual quality assurance project and measured through our internal peer review process.
- SU treatment programs are increasing family involvement in the treatment process by incentivizing family sessions.

DBH is implementing the SURE outcome measure for all substance use clients. The SURE is provided to clients at the front desk when they arrive for their therapy sessions and is now integrated into our electronic medical record so that providers are able to track progress throughout the clients' course of treatment. The SU program staff have all been trained on the SURE and we have reached our first stage goal of administering the outcome measure. The second phase of the project is to measure clinical staff's review of the SURE while in session with respective clients.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

DBH has transitioned its telehealth system to Credible, Inc.'s On-Call platform, which utilizes Zoom. This system provides better integration with DBH's electronic medical record system. DBH will continue to use the DHHS platform, when necessary, for case management, peer support, and other telehealth needs. Outcomes will be monitored via the DLA, Y/OQ system, clinician report and client grievances. We use telehealth in outpatient therapy and case management, medication management, evaluation, MCOT, SMR, and peer services. While we encourage in person services for evaluations, if the client prefers telehealth and there is a payor, we provide telehealth if the client prefers it.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

Quantity: How much did we do?

DBH reviews the quantity of services as part of its quarterly QAPI (Quality Assessment Performance Improvement) work. The committee looks for year-to-year trends, identifies anomalies, and addresses identified deficits.

Quality and Impact: How well did we do?

The following metrics are used to assess the quality of care:

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:

- 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.
- DLA-20 is used as an outcome measure. Given at admission, every 90 days, and at discharge.
- SURE measures recovery domains

Youth SUD Services:

- Treatment completion/client retention
- Abstinence/decreased rates of substance use
- Engagement in school and other prosocial supports and activities
- Legal involvement
- DLA scores
- Annual surveys

Recovery Support Services

- Utilizes the DLA and SURE to guide and evaluate recovery planning as it identifies client needs, assess areas where improved functioning is needed, and identifies 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.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose to undertake over the three year period 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 government as part of the Davis County Contract. This program has been in operation since 1999 and we have solidified a strong partnership with open performance feedback.

DBH has CPSS services in the jail to provide recovery support and case management services primarily to the substance use RSAT programs, but also expanding to offer these supports to the general population. DBH has also partnered with the jail to provide substance use treatment groups to the general population of clients referred by jail employees.

Clients with an OUD who are being released from jail are now eligible to receive a Vivitrol injection prior to release. We also provide a naloxone prescription to all clients with an OUD. DBH is

working with the Davis County Sheriff's Department to help inmates apply for Medicaid upon release from custody. Currently released inmates can present to DBHs Receiving Center to have a DBH employee assist them applying for Medicaid.

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

Provider: Davis Behavioral Health

Describe any significant programmatic changes from the previous year.

DBH SU program has a master-level clinician who does substance use and mental health evaluations once a week with the general population. Clients are then assisted with scheduling therapy, DBH medical, and recovery services to help reduce risk during inmates' re-entry after being released from custody.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

DBH jail staff work with the jail medical team to arrange for MAT to those who enter the jail already on MAT. In addition, the Davis county jail has implemented a MAT program for inmates who enter the jail with an opioid use disorder. In addition, the jail plans to implement MAT to all OUD inmates using opioid settlement funding. Ongoing MAT care will be coordinated with DBH and other community partners. Narcan will be available to individuals discharging from the jail. The jail plans to provide Suboxone, Subutex and as part of their MAT program.

Also, DBH participates with the jail on the county criminal justice coordinating committee.

Davis County Jail has provided the following list of medications they use to manage withdrawal symptoms:

Opiates:

- Pain/Fever: Tylenol 1000 mg PO BID PRN x 7 days
- Nausea/Vomiting: Zofran 4mg PO or ODT BID PRN x 7 days
- Diarrhea: Imodium 2 mg PO BID PRN x 7 days
- Clonidine 0.1 mg PO BID PRN X 7 days if B/P >90/60
- Benadryl: 25mg QHS x 7 days

ETOH:

- Librium Taper as follows: Librium 50 mg TID x 2 days, then 25mg TID x 2 days, then 25mg BID x 2 days, then 25mg QD x 2 days, then stop
- Vitamin B -1 Qd x 14 days
- Multivitamin QD x14 days

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 expand 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.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

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 local hospitals 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 has 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 on psychiatric matters from our prescribers to theirs.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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 emphasizes treatment for people who are dually diagnosed with mental health and substance use conditions. We have a dual IOP group for people with SMI and SUD. In our CYF program, substance use 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. The Quest day treatment program is also fully co-occurring, with interventions targeting both mental health and substance use issues. Additionally, the youth program has a part-time Recovery Support Specialist who can provide support, education, and early recovery skills to any youth who has a history of substance use.

In addition, DBH adult teams screen for SUD and MH needs in their respective programs. Providers ask about co-occurring medical conditions during the initial assessment and collaborate with pediatricians/PCPs as indicated. In CYF, the most common physical health concerns have

been related to disordered eating behaviors and sexual health.

CRU case managers meet with clients within 24 hours of admission and perform a DLA assessment. As part of that assessment, clients' medical issues as well as their connection to a PCP and other needed medical providers are identified. If they are lacking needed providers, CRU staff help find and schedule clients, and at times provide transportation to those appointments as well. CRU Psychiatrists, nurses and therapists also assess for client medical needs at admission and on a continual basis, knowing that a big part of stabilizing mental health is by taking care of physical health needs.

Barriers to finding PCP and other medical providers include the following: there is no primary care physician on staff at DBH, meaning outside providers must be found; at times clients have balances with the doctors they've been seeing, and cannot see them until those balances have been paid; providers may not take their type of insurance; clients sometimes cannot afford medication co-pays, and therefore cannot get prescriptions filled; poor client follow-through with showing up to appointments in the past have made it so providers will no longer schedule them; clients may have been resorting to the ED's to treat all medical needs that can be managed by a PCP.

Case managers and peers work to overcome these barriers by learning what providers take which insurances; building working relationships with outside providers; educating clients on when and when not to use to use ED services; providing regular communication brokered by staff between the client and their providers when needed; connecting to needed providers and services in the community; and providing on-going assessment and reassessment of the clients mental and medical health, considering how one may be impacting the other at all times.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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, the patient is notified, as well as their primary care physician. If needed, recovery support specialists may assist clients in following through with visits 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..

Nicotine/Tobacco Cessation is an ongoing treatment process with continual upgrading at DBH. Cessation topics are integrated into all treatment programs. Clients are involved in groups with educational information and treatment issues surrounding prevention and cessation. Quit-line, brochures and information booklets are provided to clients. DBH continues to address tobacco use by identifying this element in the initial assessment. In addition, medical assistants assess nicotine use status and are offered NRT as part of smoking cessation efforts at each medication management visit. Those interested in using prescription medications and nicotine replacement

treatment to aid them are offered as part of their treatment.

As part of the initial evaluation we ask about a client's physical health and encourage them to enter into an on-going dialogue about how physical and mental health are interrelated. In addition, DBH peers/case managers use the DLA (Daily Living Assessment) to assess, address and monitor a multitude of social determinants of health ranging from physical and mental health to food and housing.

Describe your plan to reduce tobacco and nicotine use in FY 2024, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

DBH continues nicotine/tobacco cessation across all its campuses, programs and services. Notice of tobacco / nicotine free policy signs continue throughout our campuses. Due to continued grant funding, we are able to continue onsite nicotine replacements (varying doses of gums, patches, lozenges) to appropriate clients (began March 9, 2021), offering a start to finish of the recommended NRTs (including combination). DBH continues to use a Fagerstrom scale to help determine appropriate dosing that is reviewed by our medical providers as refills are obtained.

Clinical, case managers and other staff continue to be trained and educated in nicotine prevention. We provide a brief individual model, called the Individual Nicotine Cessation Counseling (INCC) – follows a 2As and C (ask, advise, and connection) model. This reinforces continuous evaluation and intervention (referrals, quit-plan, etc.) according to client decrease/quit interest as they receive services throughout their care. We have and will continue to offer Dimensions: Tobacco Free Program groups.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

Substance use providers assess for health and wellness needs as a part of therapy and case management assessments. Staff are also trained on how to coordinate care and connect clients to physical health providers. Substance use clinical staff now also meet twice a month with DBH prescribing medical staff to improve care coordination between medical providers and clinical treatment providers.

DBH Human Resources shares a monthly wellness letter to all staff. Our medical providers ask about physical health concerns and make appropriate referrals. Also, behavioral health therapists and CM who work with co-occurring populations routinely ask about HIV, TB, Hep-C, etc. DBH substance use and nursing employees are able to provide HIV and Hep-C quick result testing and result counseling.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

DBH uses its internal peer review process to ensure the implementation of its policy and processes. We also review TED admission and discharge data to determine the impact on several of the above-mentioned outcomes. We do not have formal outcome reviews to measure success or benchmarks for efforts with community partners.

13) Women's Treatment Services

Rebecca King

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.

We are providing gender specific SUD treatment for our women's IOP and 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).

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.
- 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.

DBH SU Treatment does not provide services to children of clients. Our therapists and RSS do invite parents to have their children engage in treatment with our CY Department when it is clinically indicated. We also routinely educate our SU clients on creating safe environments for children. Our Family Treatment Court Team coordinates closely with DCFS in providing care and recommendations. DBH substance use programs have launched a treatment initiative where clients are given incentives through gift cards for them and their family members for completing family therapy sessions. Each time a client engages in a family therapy session, they and their participating family members can each earn a \$5 gift card with a \$75.00 per family limit.

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

Women in our gender specific programming have access to a Recovery Support Specialist who can help 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.

none

Residential Women & Children’s Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

N/A

Please describe the proposed use of the WTX funds

N/A

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

N/A

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

N/A

Please demonstrate out of county utilization of the Women and Children’s Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

N/A

14) Adolescent (Youth) Treatment

Shanin Rapp

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

Youth who seek services in our adolescent substance use program receive a comprehensive assessment completed by a master's level clinician, which also assesses for any co-occurring mental health condition.

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 or to a recovery skills group through recovery support services. If there is evidence of a mental health condition, they are referred for additional assessment. Additionally, recovery supports are offered to these individuals as needed, including outreach to ensure that they are able to connect with resources and determine whether additional concerns have arisen.

If treatment is recommended, an individualized treatment plan is developed collaboratively with the youth and the family. Services are individualized and are not a one size fits all approach. Family involvement is encouraged and family therapy is considered an essential component of treatment. Medication management services are also available both for medication assisted treatment of substance use disorders and for co-occurring mental health conditions. Recovery support services are available to all clients throughout the treatment process and may include, but are not limited to: recovery skills coaching and support, employment assistance, school coordination, assistance with obtaining benefits, psychoeducation, and assertive outreach and engagement. DBH's day treatment program is co-occurring and we are able to offer this level of care to youth seeking substance use services. Additionally, through individualized programming we are also able to offer IOP in addition to standard outpatient.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

The youth team continues to actively pursue referrals from multiple sources, including Children & Youth mental health clinicians, local schools, and parents/other family members. Consultation and education are provided on a weekly basis to the other clinicians and staff to help them learn how to screen for and identify potential substance use problems. These youth are then referred for additional assessment by the youth SUD team with recommendations made for treatment. The DBH school-based mental health clinicians provide an opportunity for seamless transition to SUD treatment for indicated youth. The SUD team also actively works with juvenile probation officers to identify youth who may be using substances but do not have any related legal charges. When these youth are identified, the Recovery Support Specialist or other youth team member will outreach to the family to discuss concerns and offer an evaluation. Referrals are also made to the transition age youth specialized programming when appropriate.

Describe collaborative efforts with mental health services and 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. Youth SUD staff are fully integrated into the youth mental health programs and regularly collaborate with those providers.

15) Drug Court

Holly Watson

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.

Family Treatment Court (FTC) DCFS 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.

Family Preservation Court - DCFS Family Juvenile Court:

- Client are at risk of removal due to drug related referral to DCFS
- 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: 61. Family Courts: 23

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

DBH provides treatment for 4 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
- 2nd District Davis Family Preservation Court

Clients in all specialty 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. At intake, all clients are assessed for medicaid eligibility and receive assistance in the application process.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion

of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

All specialty court clients are able to participate in all forms of FDA approved MAT medications. Clients with OUD/AUD 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. DBH does not contract with providers who disallow MAT as part of SU treatment. Our specialty courts support the use of MAT as part of treatment for OUD/AUD. See previous sections for details.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided 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 to 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 a \$150 administration fee.

Dependency Family Court has no additional fees.

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

All DBH SUD clients are screened using the Level of Service/Case Management Inventory (LS/CMI)

to assess 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.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders to reduce criminogenic risk factors.

Clients requesting services at DBH are seen in the evaluation clinic. Clients receive a full diagnostic bio-psycho-social evaluation with ASAM for level of care placement. As part of the evaluation, a LS-CMI is completed to determine criminal risk. For clients admitted into services a complete clinical assessment incorporating the assessment requirements from Rule are used. In addition, the assessment includes:

- The LS/CMI or RANT for Criminal Risk
- A clinical assessment of high or low risk criminal thinking for treatment placement and intervention purposes.
- Treatment planning pertaining to Criminal risk factors such as Moral Reconciliation Therapy and other evidenced based manuals and literature that address criminal risk, substance use and mental illness.
- ASQ and Stanley Brown Safety Plan for suicide risk assessment and safety planning.
- COWS when referred for MAT
- DLA 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, the YLS/CMI is used to identify a client's criminal risk and high risk individuals are referred to MRT as part of their treatment. Additionally, the youth substance abuse program has implemented recovery support services with the goal of helping clients remove barriers to their recovery and connecting youth to positive social supports and activities in the community.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in FY2020.

- 1) DBH SU programs are creating and implementing fidelity monitoring for each of its EBP.
- 2) DBH SU is in the process of implementation of the SURE outcome tool. This is a part of our annual quality assurance project and measured through our internal peer review process
- 3) SU treatment programs are increasing family involvement in the treatment process by incentivizing family sessions.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

Davis Behavioral Health actively participates in the Davis County Criminal Justice Coordinating Council, chaired by Commissioner Lorene Kamalu.

Davis Behavioral Health has initiated a Davis County law-enforcement/mental health committee that meets on a monthly basis to review any issues and situations that include mental health and substance use clients who may have had interaction with law-enforcement. This committee reviews relevant situations, civil commitment intricacies, coordination between law-enforcement and Davis Behavioral Health, and any other issues that would benefit our clients and community.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

DBH actively participates in regular staffings and coordination meetings to address the needs of justice-involved youth. These include the weekly multi-agency staffing at the juvenile court, the bimonthly Davis County Interagency Council meeting, and the weekly Integrated Support Staffing (as needed). Our providers coordinate regularly with probation officers, case workers, and the post-adopt team and participate in child-family team meetings as invited. Additionally, we provide a weekly progress email to the juvenile court for those youth who are court ordered to treatment and who have signed the appropriate release of information forms.

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

Current data come from changes in client specific LSI/CMI, yearly consumer satisfaction survey, and TEDS data.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See MH Plan

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

See MH Plan

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

See MH Plan

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

See MH Plan

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

- 1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
- 2. By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

See MH Plan

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

See MH Plan