

Children Reunifying in Residential SUD Treatment at Odyssey, House of Hope, Valley Phoenix

Program	Residential Daily Capacity	Residential Daily Average (based on past 3 years)	Residential Annual Average (based on past 3 yrs)	DCFS Involved	Average Daily Cost	Average Medicaid payment*	Average Funding Other**	Deficit for Children's Funding ***	Minimum needed to cover short fall enough to keep program open	Notes/Other:
Odyssey Parents	35	25	92	95%	\$108.61	55.53/day*	4.95/day	\$48.13	\$439,186	Includes Father's & Children's; 2 facilities
House of Hope (SLC)	32	22	86	90%	\$111.50	49.50/day*	6.50/day	\$55.50	\$445,665	Mothers & Children's in 3 facilities
House of Hope (Provo)	32	12	62	65%	\$95.00	38.50/day	2.00/day	\$54.50	\$238,710	Mother & Children's in 1 facility
Valley Mental Health	16	12	60	88%	\$109.00	\$52.00	0.00	\$57.00	\$249,660	Mother & Children's in 1 facility
Total	115 Total capacity	71 daily # children residential	300 average annual total	91%	\$106.03	\$48.88/day	N/A varies	\$53.78 average	\$1,373,221	7 Residential facilities

*This average includes infant 0-6 mo. who cannot be billed to Medicaid and children 6 mo-30 mo. who are eligible for very few billable services so payment is higher for older children (up to age 9) but nonexistent or minimal for younger children or children in school all day. The vast majority of children served at all programs are age 4 or younger.

**Primarily small endowments, grants, fundraising and designated donations which vary year to year.

***Covered by TANF, SLCo milieu one time monies and SAMHSA grant (at Odyssey only). All of these sources expire at end of June 2018.

******PLEASE NOTE: While our facilities are in SLCounty and Utah County, we served DCFS clients (mothers & children) from across the state including from 10 of the area authorities in these four residential treatment programs.**

Children in Day Treatment, Intensive Outpatient while Parent is in SUD Day Treatment/Outpatient Services

Program	Outpatient Daily Capacity At 2.5, 2.1	Outpatient Daily Average (based on past 3 years)	Outpatient Annual Average (based on past 3 yrs)	Average % DCFS open cases	Average Daily Cost (4-7.5 hrs./day)	Average Medicaid payment*	Average Funding from Other	Deficit for Children's Funding ***	Minimum needed to cover short fall enough to keep program open	Notes/Other:
Odyssey Parents	12	6	18	95%	\$85.00	55.00/day	0	\$30.00	\$65,700*	Children's services facilities
House of Hope (SLC)	32	16	62	79%	\$78.00	48.50/day	0	\$29.50	\$172,280*	Hope Center for Children Facility
House of Hope (Provo)	0**								\$0.00**	
Valley Mental Health	15	5	34	88%	\$80.00	51.00/day	0	\$29.00	\$52,925*	Children's Services
Total	59	27	114	87.33	\$81.00	51.50/day	0	\$29.50	\$290,905	

*Contingent on maintaining residential children's therapeutic services concurrently, with same daily average.

**House of Hope (Provo) has not provided outpatient level of care in the past but is currently moving in this direction in order to provide a full continuum of care for mothers and children.

***Regarding Day treatment, outpatient children in concurrent care with parent: Lack of funding for this gap has created serious deficits for past three years in all three programs. We have looked at options for transferring children to area day care facilities or dual licensure but lose the opportunity to continue therapy, behavior management, skill building with child and parent/child relationship interventions at a very pivotal time. Even at the lowest standard of quality, there is a child care shortage which becomes a serious deterrent to mother/father finishing treatment and maintaining or achieving custody, not to mention the forfeiture of quality therapeutic interventions by staff who specialize in trauma, family reunification and promoting the mental health of young children. Numbers of children referred to treatment with associated with substance use disorders in the family are higher in summer months and our treatment offerings expand to work with older children (5-9 years) struggling with issues related to parental substance abuse, mother/child relationship and their own mental health issues. We contend that children need the safety net of our specialized intensive services more than ever in the first 4-6 months that a parent transitions from residential care to outpatient treatment, living self-sufficiently in the community. Maintaining children in our children's services programs also gives the child continuity during a highly tumultuous time of change and safeguards the family when risk of relapse is highest.

Parenting Program Outcomes

Family Reunification – As measured by DCFS placing children with their parents either as a trial home placement or awarding permanency to the parent in treatment.

Pre-K Readiness – As measured by Utah Education Network Pre-K Assessment which indicates whether a child is ready to enter the school system.

Parenting Skills and Abuse/Neglect Risk reduction – As measured by the Adult Adolescent Parenting Inventory (AAPI), which assesses the parents' child rearing attitudes. The AAPI shows risk level for potential child abuse and neglect.

**These programs are also evaluated by the Department of Human Services Division of Substance Abuse and Mental Health (DSAMH). DSAMH requires submission of Treatment Episode Data Set (TEDS) on all clients admitted into these programs including both the parent and the child(ren).