

Local Authority

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 185,561	\$ 2,548,280	\$ 212,797	\$ 135,905	\$ 654,222	\$ 8,460,012	\$ 193,662	\$ 15,013	\$ 683,778	\$ 280,919	\$ 127,942	\$ 959,858	\$ 14,457,949

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		466,715			116,679	2,707,495				68	149		\$ 3,291,106	430	\$ 7,654
Residential Care (171 & 173)		72,121			18,030	205,427	35,000		66,000		50,848		\$ 447,426	74	\$ 6,046
Outpatient Care (22-24 and 30-50)	142,960	1,132,439	152,457	56,953	127,757	3,141,684	40,017	15,013	130,592	229,815	22,560		\$ 5,192,247	5,500	\$ 944
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		16,560			4,717	56,900							\$ 78,177	360	\$ 217
Psychotropic Medication Management (61 & 62)		403,713	60,340	12,068	100,928	1,021,049				46,379	2,292	128,870	\$ 1,775,639	1,600	\$ 1,110
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		274,820			68,705	782,786			443,269	4,657	1,193		\$ 1,575,430	260	\$ 6,059
Case Management (120 & 130)		174,066			43,516	495,802			35,000			342,436	\$ 1,090,820	450	\$ 2,424
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		7,846			1,961	22,347	22,000				50,900	20,000	\$ 125,054	54	\$ 2,316
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	42,601			10,650					8,917			94,875	\$ 157,043	120	\$ 1,309
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information						26,522	33,645						\$ 60,167		
Services to persons incarcerated in a county jail or other county correctional facility				56,234	171,929								\$ 228,163	1,475	\$ 155
Adult Outplacement (USH Liaison)							63,000						\$ 63,000	9	\$ 7,000
Other Non-mandated MH Services												373,677	\$ 373,677		#DIV/0!
FY2015 Mental Health Expenditures Budget	\$ 185,561	\$ 2,548,280	\$ 212,797	\$ 135,905	\$ 654,222	\$ 8,460,012	\$ 193,662	\$ 15,013	\$ 683,778	\$ 280,919	\$ 127,942	\$ 959,858	\$ 14,457,949		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		2,061,211	182,797	92,793	556,808	5,324,185	153,645		165,592	235,621	127,397	830,618	\$ 9,730,667	4,150	\$ 2,345
YOUTH/CHILDREN	185,561	487,069	30,000	43,112	97,414	3,135,827	40,017	15,013	518,186	45,298	545	129,240	\$ 4,727,282	1,530	\$ 3,090
Total FY2015 Mental Health Expenditures	\$ 185,561	\$ 2,548,280	\$ 212,797	\$ 135,905	\$ 654,222	\$ 8,460,012	\$ 193,662	\$ 15,013	\$ 683,778	\$ 280,919	\$ 127,942	\$ 959,858	\$ 14,457,949	5,680	\$ 2,545

Local Authority

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 185,561	\$ 102,694	\$ 37,112	\$ 20,539	\$ 350,987	\$ 3,396		\$ 15,013	\$ 715,302

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	36,331		9,083						\$ 45,414	60	\$ 757
FRF-ADMIN	6,270		1,567						\$ 7,837		
School Based Behavioral Health-CLINICAL	122,555	87,479	22,541	17,496	298,987	2,893	-	12,789	\$ 564,740	299	\$ 1,889
School Based Behavioral Health-ADMIN	20,405	15,215	3,921	3,043	52,000	503	-	2,224	\$ 97,311		
FY2015 Mental Health Expenditures Budget	\$ 185,561	\$ 102,694	\$ 37,112	\$ 20,539	\$ 350,987	\$ 3,396	\$ -	\$ 15,013	\$ 715,302	359	\$ 1,992

* Data reported on this worksheet is a breakdown of data reported on Form A.

FY2015 Form A (1) - Proposed Cost and Clients Served by Population

Weber Human Services
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2015 Expected Cost/Client Served
Inpatient Care Budget			
\$ 2,556,684	ADULT	371	\$ 6,891
\$ 734,422	CHILD/YOUTH	59	\$ 12,448
Residential Care Budget			
\$ 381,426	ADULT	70	\$ 5,449
\$ 66,000	CHILD/YOUTH	4	\$ 16,500
Outpatient Care Budget			
\$ 2,911,804	ADULT	4,000	\$ 728
\$ 2,280,443	CHILD/YOUTH	1,500	\$ 1,520
24-Hour Crisis Care Budget			
\$ 68,679	ADULT	295	\$ 233
\$ 9,498	CHILD/YOUTH	65	\$ 146
Psychotropic Medication Management Budget			
\$ 1,346,919	ADULT	1,250	\$ 1,078
\$ 428,720	CHILD/YOUTH	350	\$ 1,225
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 712,652	ADULT	160	\$ 4,454
\$ 862,778	CHILD/YOUTH	100	\$ 8,628
Case Management Budget			
\$ 982,154	ADULT	350	\$ 2,806
\$ 108,666	CHILD/YOUTH	100	\$ 1,087
Community Supports Budget (including Respite)			
\$ 92,900	ADULT (Housing)	32	\$ 2,903
\$ 32,154	CHILD/YOUTH (Respite)	22	\$ 1,462
Peer Support Services Budget			
\$ 94,875	ADULT	80	\$ 1,186
\$ 62,168	CHILD/YOUTH (includes FRF)	40	\$ 1,554
Consultation & Education Services Budget			
\$ 19,774	ADULT		
\$ 40,393	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 228,163	ADULT Jail Services	1,475	\$ 155
Outplacement Budget			
\$ 63,000	ADULT	8	\$ 7,875
Other Non-mandated Services Budget			
\$ 271,637	ADULT		#DIV/0!
\$ 102,040	CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$ 9,730,667	Total Adult
\$ 4,727,282	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)			
\$ 182,797	ADULT	185	\$ 988
\$ 30,000	CHILD/YOUTH	46	\$ 652
Unfunded (all other)			
\$ 385,203	ADULT	1,500	\$ 257
\$ 21,821	CHILD/YOUTH	44	\$ 496

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	113,873

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL	108,662	120	905.52
FRF-ADMIN	5,211		
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 113,873	120	948.94

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	
Fringe Benefits	
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	5,211
FY2015 Mental Health Expenditures Budget	\$ 5,211

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	5,694
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	5,211
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	5,211
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

Weber Human Services
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 673,394	\$ 282,825	\$ 143,628	\$ 56,565	\$ 748,989	\$ 698,524	\$ 192,927	\$ 39,445	\$ 192,972	\$ 2,203,859	\$ 5,233,128

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Services													
Pre-treatment Services													
Screening and Assessment Only											\$ -		#DIV/0!
Detoxification (24 Hour Care)													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
Rehabilitation/Residential													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	6451		1,376			6,692	1,848			34,012	\$ 50,379	15	\$ 3,359
Long Term (Over 30 days: ASAM III.1 or III.3)	103,219		22,016			107,072	29,572			544,176	\$ 806,055	56	\$ 14,394
Rehabilitation/Ambulatory													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	488,014	244,841	104,088	48,968	648,398	506,226	139,816	34,147	167,055	1,200,243	\$ 3,581,796	1,086	\$ 3,298
Intensive Outpatient (ASAM II.5 or II.1)	75,710	37,984	16,148	7,597	100,591	78,534	21,691	5,298	25,917	184,690	\$ 554,160	169	\$ 3,279
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
Recovery Support and Other Services													
Recovery Support (includes housing, peer support, case management and other non-treatment services)										240,738	\$ 240,738	1,341	\$ 180
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 673,394	\$ 282,825	\$ 143,628	\$ 56,565	\$ 748,989	\$ 698,524	\$ 192,927	\$ 39,445	\$ 192,972	\$ 2,203,859	\$ 5,233,128		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 134,729	\$ 59,178	\$ 33,981	\$ 11,836	\$ 154,920	\$ 134,612	\$ 107,902	\$ 4,091	\$ 48,521	\$ 502,796	\$ 1,192,566	254	\$ 4,695
Women (18+)	\$ 106,165	\$ 46,631	\$ 26,776	\$ 9,326	\$ 122,075	\$ 106,072	\$ 85,025	\$ 3,224	\$ 38,234	\$ 396,197	\$ 939,725	199	\$ 4,722
Men (18+)	\$ 314,724	\$ 103,300	\$ 59,316	\$ 20,660	\$ 270,425	\$ 234,977		\$ 7,141	\$ 84,698	\$ 996,240	\$ 2,091,481	436	\$ 4,797
Youth (0 - 17)	\$ 117,776	\$ 73,716	\$ 23,555	\$ 14,743	\$ 201,569	\$ 222,863		\$ 24,989	\$ 21,519	\$ 308,626	\$ 1,009,356	293	\$ 3,445
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 673,394	\$ 282,825	\$ 143,628	\$ 56,565	\$ 748,989	\$ 698,524	\$ 192,927	\$ 39,445	\$ 192,972	\$ 2,203,859	\$ 5,233,128	1,182	\$ 4,427

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court		58447			133183	235210		15825	53463	639969	\$ 1,136,097	195	\$ 5,826
FY2015 DORA		13552			29196	24776		436	32595	387872	\$ 488,427	90	\$ 5,427

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue	\$ 58,836		\$ 11,767			\$ 382,050				\$ 1,000	\$ 10,000	\$ 463,653

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct	39,333		7,866			234,902					10,000		\$ 292,101	\$ 273,555
Universal Indirect	2,292		458			48,251							\$ 51,002	\$ 51,002
Selective Services	13,576		2,715			71,802							\$ 88,094	\$ 46,365
Indicated Services	3,635		727			27,094				1,000			\$ 32,456	
FY2015 Substance Abuse Prevention Expenditures Budget	\$ 58,836	\$ -	\$ 11,767	\$ -	\$ -	\$ 382,050	\$ -	\$ -	\$ -	\$ 1,000	\$ 10,000	\$ -	\$ 463,653	\$ 370,922

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 23,806	\$ 158,749			\$ 176,313	\$ 23,183	\$ 382,050

Cells I6, I14, and J20 must be equal

Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

1) Access and 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)?

The WHS Executive Management team continues to review all potential financial resources to determine our ability “open” mental health services to the residents of our catchment area. For the current fiscal year, we have had the ability to deliver services to the following groups:

- Anyone who has Medicaid is eligible for all Medicaid covered Mental Health services.
- Civilly Committed individuals are eligible for all medically necessary mental health services. We do not pay for non-Medicaid inpatient services but we have an agreement with McKay-Dee hospital for them to cover those for committed clients.
- 24 hour crisis services are available to all Weber and Morgan county residents.
- On occasion, as uninsured youth inpatient cases arise that are causing significant impact on our community, we will coordinate with our community partners and use resources such as outplacement dollars to cover critical mental health services (which services depends on the individual case).
- Weber Human Services provides direct services to the unfunded/underfunded of our community with the primary focus of unfunded/underfunded services being with those on a civil commitment, those with Medicare only, and those who have recently lost Medicaid. These clients continue to be provided with individual and group therapy and medication management services as needed. WHS provides all community individuals, on a walk-in basis, with a clinical crisis evaluation and screen to determine appropriate internal or external referrals for treatment. In most cases, referrals are made to external resources for treatment due to a lack of funding to treat this population in house. Internal referrals are made for unfunded clients when deemed clinically necessary and services are authorized based on need. Our after-hours crisis service is also available to any individual on a 24 hour basis from any catchment area.

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

- Anyone who has Medicaid is eligible for all Medicaid covered Substance Abuse services. This includes all outpatient services but does not include residential or inpatient treatment.
- A limited number of parolees are able to access outpatient Substance Abuse treatment services through PATR.
- Any resident of Weber or Morgan County is eligible for outpatient Substance Abuse treatment services. However, capacity is limited and so individuals seeking services may be placed on a waiting list, and in the interim they will be able to attend a weekly engagement group. Priority populations defined by the SAPT block grant, may by-pass the wait list.
- Residential services are available to those qualifying for our Women’s and Children’s treatment program. Other utilization of residential and sober housing resources is limited to those qualifying for ATR and on a very limited basis to those clients in other funded programs (Drug Court, etc.).
- 24 hour crisis services are available to all Weber and Morgan county residents.

Governance and Oversight Narrative

How is this amount of public subsidy determined?

Sliding fee schedule.

How is information about eligibility and fees communicated to prospective clients?

Customer services staff attempt to verify and document a person's income to apply it to the sliding schedule. The fee resulting from this calculation is then written on the clients Rights and Responsibilities statement, which is then signed by the client and a copy is given to the client and the original scanned into the client's clinical record.

Are you a National Health Service Core (NHSC) provider?

No.

Governance and Oversight Narrative

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. 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.

WHS maintains very few subcontracts for treatment services

The WHS Quality manager is responsible for initiating, maintaining and monitoring all subcontracts for mental health and substance abuse treatment services (except for ATR subcontracts). She maintains a log of all contracts to track the contract expiration date, the DHS treatment license expiration date, and the liability insurance expiration date (IHC and Midtown contracts are exempt from the DHS license requirement and Midtown, due to their FQHC status, is also exempt from the liability insurance requirement). She will contact the subcontractor when those dates are approaching to determine if the contract needs to be continued and if so to update the supporting documentation. Then for every service that is delivered/billed, the subcontractor (except for Midtown and IHC) is required to submit all relevant clinical documentation with every claim. That documentation is reviewed by appropriately licensed WHS clinical staff and approved prior to paying the claim. With IHC and Midtown, a random sample of 10% of all claims submitted each quarter are audited for compliance with Medicaid and DSAMH standards.

ATR contracts are monitored by the DHS Care Coordinator for Weber County. A similar process is followed as above: a log of all contracts is maintained to track the contract expiration date, the DHS treatment license expiration date, and the liability insurance expiration date (Midtown contract is exempt from the DHS license requirement and, due to their FQHC status, is also exempt from the liability insurance requirement). The subcontractor will be contacted when those dates are approaching to update the supporting documentation. Appropriate reviews are conducted on an annual basis by the Care Coordinator. The scope of the review will depend on the type of service that the contractor is delivering (treatment, or dental, etc.).

Form A – Mental Health Budget Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

1a) Adult Inpatient

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.

Weber Human Services provides inpatient psychiatric care for adult mental health Medicaid and involuntary clients through a contract with Intermountain Healthcare at McKay Dee Hospital. The Unit remains at 33 beds. Weber Human Services continues to provide more of a consultative, support role to the McKay-Dee Behavioral Health Unit providers who provide treatment to Medicaid consumers and involuntary clients. The Inpatient team consists of a weekly rotation of two therapists and a Case manager. This team is tasked in collaborating with McKay-Dee Hospital's Inpatient Psychiatric Team regarding clients with WHS' interests, assisting with discharge challenges and lending expertise to treat clients as quickly, effectively, and efficiently as possible.

The Inpatient team focuses intently to provide outstanding care to WHS clients in a spirit of collaboration, relationship building, financial responsibility, and clinical expertise. The Inpatient team continues to meet daily with McKay-Dee Hospital care managers, social workers and Psychiatrists and weekly with WHS to staff hospitalized clients and those who may need hospitalization in the near future.

Nine designated examiners are utilized for completion of blue sheets and involuntary treatment hearings for medication management.

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

The Adult Mental Health Team continues to provide mobile outreach services to our most at-risk clients with the purpose of maintaining these individuals in the community and avoiding hospitalizations. We believe that this will continue to impact our inpatient numbers. In addition, those clients with significant medical and behavioral health issues will be managed through the new Care Coordination team. The intensive services provided by this team, along with management of appointments and contacts with community provide should have a significant impact on our inpatient hospitalizations.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

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.

Weber Human Services contracts with Intermountain Health Care to provide inpatient treatment to children and youth between the ages of 6 and 18 suffering from acute psychiatric disorders. This level of care is designed to provide acute psychiatric stabilization and/or assessment. The referral must meet admission criteria including but not limited to imminent danger to self and/or others. Should inpatient care be necessary, three major treatment components are emphasized: a) an in-depth diagnosis and treatment plan, b) intensive treatment for stabilization, and c) aftercare. WHS has maintained an inpatient liaison to assist patient and family in a smooth transition to community resources and home. Parents and families are required to take an active role with their child in the treatment process. Children requiring this level of treatment beyond a 72 hour window will be evaluated by a neutral and detached fact finder.

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

Intermountain Health Care has completed the process of moving the children and youth inpatient psychiatric beds to the main hospital, McKay-Dee. The number of children and youth inpatient beds has been reduced to less than 10. Weber Mental Health's Youth Team has experienced an increase in the number of clients "diverted" to other inpatient providers. Due to the reduced number of beds at McKay and patient's "diverted" to outside area hospitals, inpatient costs have increased.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

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.

WHS operates a Men's and Women's combined Residential facility for sixteen Seriously and Persistently Mentally Ill SPMI clients (generally 9 male and 7 female) with one (1) of those being a crisis bed available for a client in transitional or hospital diversion/crisis situations. The Residential facility is staffed 24 hours per day and clients are offered comprehensive services including case management, individual and group therapy, individual skills development, psychosocial rehabilitation, and medication management. Clients are often placed in the Residential as a diversion from hospital admits as well as a step-down for hospital discharges.

WHS leases facilities for 10 Female and 10 Male clients to live in a Group Home environment that is not staffed but does have staff checking in on a regular basis. WHS also coordinates with many of the major community housing providers, such as, Ogden Housing Authority, St. Benedicts Manor, Three Links Tower, Bramwell Court and Adams Place many of which have subsidized rents.

WHS has a very close working relationship with Problems Anonymous Action Group (PAAG) which has approximately 80 additional beds in the community. PAAG and WHS meet biweekly to discuss the needs of these tenants/clients in an effort to help them maintain their independent living. PAAG has a special housing exemption to provide housing for Seriously and Persistently Mentally Ill clients. Currently, all referrals for PAAG housing are going through WHS' assigned staff to help create housing availability for mentally ill consumers.

WHS provides a range of services in various housing resources including instruction of daily living skills, monitoring, medication management, and leisure activities.

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

A new Care Coordination team is in the process of being staffed at WHS. Medical and Behavioral Health services to clients with significant medical issues will be managed through the new Care Coordination team. Those clients that require 24 hour nursing care will continue to not be appropriate for a residential placement.

Describe any significant programmatic changes from the previous year.

No significant changes.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

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.

Weber Human Services has access to residential treatment for severe emotionally disturbed youth between the ages of 6 and 18 through area service providers. The residential programs offer a treatment alternative designed to provide more intensive supervision and/or treatment for an extended length of time (average length of stay is 6 to 9 months). We can access services to treat male or female youth with a history of emotional and/or behavioral problems which have not responded to less intensive treatment options. We can also access services to treat male or female youth with a history of emotional and/or behavioral problems who are transitioning from a more restrictive setting (i.e. inpatient/Utah State Hospital). Weber Human Services contracts with Licensed Child Placement Providers for access to Therapeutic Foster Home(s). Such homes provide twenty-four hour family-based care and supervision in a family home setting for up to three children/youth who have behavioral or adjustment problems. Weber Human Services contracts with Licensed Child Placement Providers for access to Community-based Residential Treatment Settings (i.e. Utah Youth Village, Chrysalis, and Rise). Such placements provide twenty-four hour supervision and treatment in a setting that permits exercise of critical skills yet the support required to be more successful in the community. WHS also partners with ARCHWAY Youth Receiving Center. ARCHWAY is a 24 bed program that serves as a Respite and/or inpatient diversion opportunity for youth needing a safe, supportive environment for a brief time.

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

No expected increases or decreases from the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

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.

Weber Human Services provides mental health services to Medicaid, Medicare, civilly committed clients and a limited number of unfunded residents of Weber and Morgan Counties. Weber Human Services offers a full continuum of adult mental health outpatient services. These include, but are not limited to: 1. Mental health evaluation; 2. Individual mental health therapy; 3. Group mental health therapy; 4. Substance abuse services for the dually diagnosed; and 5. Targeted Case Management. The above services are designed and integrated to ameliorate the effects of mental illness and improve the quality of life for mental health consumers of Weber and Morgan Counties. Licensed clinicians and case managers provide individualized treatment in the least restrictive environment appropriate to the client's current situation.

Services are provided by Weber Human Services employees in our main facility, in our residential facility, and we provide some services in the community, the hospital, the jail, nursing homes, client homes, and other locations.

WHS clinicians receive training in preferred practice guidelines and evidenced based treatment. Weber Human Services uses a person-centered and strength-based assessment and treatment planning. WHS provides Motivational Interviewing, Illness Management and Recovery, Multi-family group therapy, Outcomes Questionnaire and Dialectical Behavioral Therapy treatment.

WHS provides outpatient care to the 2nd District Mental Health Court participants. A therapist, case manager, and prescriber have been assigned to address the needs of this population.

A Mobile Community Action Team continues to reduce relapses and hospitalizations by providing intensive services, on an outpatient basis, to those experiencing crises in their lives. This is currently staffed with two clinicians and two case managers.

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

Weber Human Services has been, and will continue to hire more, case managers and has reduced the number of therapists through attrition. We believe many of our clients would benefit more from case management services designed to quickly impact their daily functioning needs.

Describe any significant programmatic changes from the previous year.

Weber Human Services is continuing to build fidelity in the Illness Management and Recovery and the Psycho-educational Multi-family Group Therapy. We have supervisors checking monthly on fidelity of services being delivered and sharing feedback with group members to ensure services do not drift from the models. We are also currently investigating options for either increasing fidelity to the Dialectical Behavior Therapy or find an alternate Evidenced Based Practice to serve that population.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

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 offered to children between the ages of 0 and 18* and their families. The outpatient mental health team is divided into two teams and three areas of expertise; the Children’s Mental Health Team with those members skilled in treating an infant population (0-5) and children (6-11); and, the Adolescent Mental Health Team with those members skilled in treating youth (12-18*). This allows for a more specialized and skilled level of care while building team support and enhanced collaboration. *Under some circumstances, the youth team will continue to provide services to a youth beyond age 18. The Principles of the Hope and Recovery model have been adopted and implemented (i.e. assessment process, direct service delivery, documentation, training and monitoring of services). We practice person-centered planning, produce strength-based assessments, and have implemented wellness initiatives (i.e. smoking cessation, metabolic wellness). The Outpatient Mental Health Team prides itself on adopting and practicing evidenced-based practices such as Motivational Interviewing, Second Step, Aggression Replacement Therapy (ART) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Ongoing research in the fields of mental health and substance abuse intervention has resulted in identification of models of services that have been shown to significantly improve symptom reduction and functional improvement outcomes for those receiving the service. A committee representing the various teams in the agency is meeting regularly to increase the number of evidence-based practices being delivered to our clients at WHS. Motivational Interviewing education has been provided to all clinicians on the youth team and skills are practiced and monitored in twice monthly group supervision and with individual supervisors. We have also added group supervision for the ART and TF-CBT models. Audio recordings and “direct line of sight” supervision is used to insure adherence to the model/s.

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

No expected increases or decreases from the previous year.

Describe any significant programmatic changes from the previous year.

The Children’s Mental Health Team has implemented a family support group that uses a trauma sensitive curriculum. Child care is offered and a meal is offered to attendees.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

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.

Emergency services are provided by licensed mental health professionals and operate 24 hours a day, 7 days a week, and are available to anyone in Weber and Morgan counties needing mental health crisis services. WHS provides crisis counseling and mental health information and referrals. All crisis workers are trained on a risk assessment evaluation instrument.

Medical emergencies are immediately referred to hospital emergency departments. The hospital, along with Archway (for youth) are the receiving centers for crisis placements. Crisis workers respond to the jail and to police requests for community intervention. WHS crisis workers use the Adult Residential as needed for hospital diversion when appropriate. Crisis workers also have an On-Call psychiatrist available for consultation when necessary.

Crisis workers have home access to client's clinical records and can view the current treatment plan, diagnosis, progress notes, and medications. WHS has a built in notification system in the electronic chart designed to alert all assigned staff for a particular client having a current crisis.

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

None

Describe any significant programmatic changes from the previous year.

All clinicians will be trained in CSSRS and a new safety plan

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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.

Emergency services are provided by a licensed mental health professional to consumers who demonstrate an immediate need for service. The services may be a psychiatric assessment and treatment, or referral for further assessment. Emergency services are available 24 hours a day. Daytime (between 8:00 a.m. and 5:00 p.m. Monday through Friday) emergencies are dealt with face to face by the WHS crisis therapist assigned. After business hours (between 5:00 p.m. and 8:00 a.m. Monday through Friday and on weekends and holidays) requests for emergency services will be screened by phone by the crisis therapist assigned, then subsequent face to face services will be provided as necessary. Daytime and after hours crisis services are managed as one program. Crisis therapists are trained on a risk assessment evaluation instrument, and follow WHS- established level of care standards for emergency, urgent, and non-urgent. Medical emergencies are immediately referred to hospital emergency departments. The hospital is one of our receiving centers along with Archway for youth.

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

No expected increases or decreases from the previous year.

Describe any significant programmatic changes from the previous year.

The agency is currently collecting information on Mobile Crisis Service Teams and related costs and outcomes.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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.

Weber Human Services provides medication management services in-house. The Evaluations and ongoing medication management is provided by a team consisting of MDs, APRNs, and RNs. A current list of medications prescribed is kept in each client's clinical chart. MDs, APRNs, and RNs initiate contact with other prescribers/providers as needed to coordinate services (physical and mental health). Prescribers and primary service coordinators have established a regular meeting for case consultation, coordination of care, and education related to medication management. The RNs provide the prescriber with the most recent level of patient functioning before appointments. Prescribers and RNs also provide information to clients regarding the purpose of medications, expected results, and possible side effects.

Weber Human Services also has a Pharmacy and an integrated physical health clinic on-site to coordinate the delivery of physical and psychotropic medication management.

Peer support specialists have been hired in the Wellness Center to provide support in wellness and preventative activities. The Medication Management Team continues to monitor BMI, blood pressure, weight, and waist circumference. A system is being developed to pinpoint those clients involved in smoking cessation programs and follow-up with those who are not.

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

Medication management services should remain consistent. Dr. Davidson was hired as the new, full time Medical Director. Dr. Clarke Summers retired last year.

Describe any significant programmatic changes from the previous year.

The Health Home Team will add a full time nurse to help coordinate the medication and behavioral health needs of consumers served.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

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 evaluations and medication management services are provided through a team of one (1) licensed psychiatrist specializing in children and/or youth, an advanced practice registered nurse (APRN) and a registered nurse (RN). Medications are prescribed and followed with routine review. Prescribers are available to see clients on a weekly basis or as necessary. When medication regimens are stable, clients are seen every 1 to 3 months. A current list of all prescribers and medications prescribed is kept in each client's clinical chart. The prescribers and registered nurse initiate contact with other prescribers as necessary to coordinate services and prevent negative medication interactions. Prescribers, registered nurse, and primary therapists meet weekly to plan and coordinate care. Primary therapists are encouraged to attend psychiatric appointments with their clients when needed.

As a component of our Early Intervention Funding, WHS is partnering with Midtown Community Health and offers up to 10 hours of medication evaluations and/or medication management services by a licensed psychiatrist in a satellite office in South Ogden.

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

It is our intention to continue to reduce barriers and improve access to psychiatric treatment and care which will increase the number of clients served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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.

Psychosocial rehabilitation services are provided Monday through Friday. We offer two groups each morning that run from 8:30 AM to 12:00 PM, with a focus on Recovery Model principles, and which employ evidenced-based skill development models. The groups focus on increasing clients' functioning through improving skills to assist with wellness concerns, personal development, independent living, and communication, anger management, and problem solving. Our Foundations group focuses on working with our lowest functioning clients to improve their skills in each of those areas while our Horizons group is tailored to our more moderate functioning clients. Free lunch is provided to clients who attend the groups. Groups in the psychosocial rehabilitation program are led by Case Managers, SSWs, and Therapists.

Our Summit group, is designed to engage some of our higher functioning clients in illness management skill building through exploring and experiencing community resources while increasing social supports. We continue to work on increasing referrals to the group. This groups meets in the later afternoon to support those who volunteer or who are employed.

STEPS is also used as a drop-in center in the afternoon where clients are able to engage in leisure and social activities. The program has a weekly Wednesday evening activity, which includes dinner, to encourage interaction and reduce isolating among clients outside of our regular daily services.

STEPS also employs four clients through our Supported Employment program. We have four other positions we are currently working to fill. The Supported Employees also run the snack bar and help to keep the building and grounds clean and presentable.

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

We continue to work on increasing the amount of clients we serve in each group. We are currently working to increase attendance in our program and would like to average 20-25 clients per day in our Foundations and Horizons groups within the next 6-12 months. We are working with therapists and case managers to increase the number of referrals we receive to assist us to increase our attendance. We would like to increase participation in the Summit group to 10-15 clients per group session. We are also working to increase afternoon skills group availability and would like to increase the provision of groups in community settings. We are also in the planning stages of increasing the supported employment program with an increased focus on job placement in the community. This will entail creating afternoon groups with a focus on job-related skill building (completing applications, how to create a resume, finding employment resources, preparing for an interview, etc.). By the end of the end of July we will be adding a weekly Pathways to Recovery group, a cooking/nutrition group, a craft group, and specific skill streaming groups to further provide opportunities for clients to further their coping and daily maintenance abilities. Additionally, we will begin holding a weekly group at our men's and women's group homes that will focus on improving skills related to communication, conflict resolution, housing cleanliness and maintenance, and accessing resources in the community.

Describe any significant programmatic changes from the previous year.

We have added afternoon groups, including a budgeting group and a Whole Health Action Management (WHAM) group, to help further clients' abilities to increase their level of functioning and foster further independence. We have also begun running a second Foundations group at the PAAG program to work with Weber Human Services clients who attend their drop in center to assist them with acquiring/improving daily living skills.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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.

Psycho-education Services and Psychosocial Rehabilitation Services are offered in our school-based program/s as well as traditional outpatient mental health programming. We currently partner with three area school districts; Ogden City Schools, Weber County School District and Morgan School District. We have clinical and supportive staff in area schools offering both psycho-educational services and psychosocial rehabilitation services.

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

Weber Human Service's would like to increase the number of trained staff and expand programming and services to include more area schools and increase the number served as resources allow.

Weber Human Services is expanding summer programming to include skill development groups and continuation of individual/family outpatient services at multiple school sites as part of the Early Intervention Grant.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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.

Weber Human Services offers Targeted Case Management (TCM) and Case Management (CM) services to adult mental health clients. These services are designed to build independent living skills and to assist clients in gaining access to needed medical, social, educational and other services to live in their Least Restrictive Environment.

In the past year, WHS has developed more distinct case management teams. One, focused on primarily TCM related activities of linking and referring clients to needed services. The CM team has been more focused on providing services recommended by the TCM team.

WHS provides many services in the community and in the homes of clients. CM services will continue to look for new and inventive ways to deliver services to impact clients. WHS continues to maintain a program with Midtown Community Health Center to provide medical services in our facility and Case Management has a critical role in helping link clients with these services. WHS Clinicians and Prescribers interface with TCM services to coordinate care, monitor and outreach to clients as necessary. Case Managers have vital relationships with other service providers in the community and often use that connection to react to problems before they get out of control.

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

In the coming year, WHS will be adopting a health-home concept of care coordination to more effectively coordinate physical and mental needs for consumers. It is expected that additional case managers will be hired to implement the care coordination required.

Describe any significant programmatic changes from the previous year.

During the course of the year, TCM and CM services were split into two separate teams in order to more clearly delineate the functions of these services.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

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.

Weber Human Services recognizes that youth case management is an extremely important service which promotes service delivery efficiency and treatment effectiveness. It continues to be an area of focus and a priority for allocation of available resources. Case managers coordinate and connect with the child and family, assess and develop service plans, link children and family members with available services, monitor service provision and advocate for child and family rights. They also assess life domains to gather information about the entire life.

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

The Center will propose to hire additional case managers (2 FTE's) as funding allows and increase psychosocial rehabilitation and case management services for children and youth.

Describe any significant programmatic changes from the previous year.

The Center has been conservative in its Medicaid interpretation of targeted case management. We plan to expand in this area and provide more case management services to more of our treatment population.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing & respite services)

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.

WHS clients are assisted in housing placements in various privately held rental units, such as Weber Housing Authority, Ogden Housing Authority, St. Benedicts Manor, Kier Properties, and Three Links Tower. WHS has designated staff working closely with the Housing Authorities and with PAAG which has over 80 beds in the community that WHS has been able to use almost exclusively. We have weekly meeting with PAAG staff to review current residents and discuss upcoming and potential residents in their facilities. We also lease 20+ beds directly from PAAG for us to have for directly place individuals. WHS provides a range of services in these housing resources including instruction, monitoring, medication management, leisure activities, and food services during evening/weekend hours. WHS has a Transitional Living Community model utilizing Residential, Group Home and independent living in a continuum and providing services for clients to move on that continuum according to their abilities. The Men's and Women's combined Residential facility is staffed with aides 24 hours per day and offers comprehensive services including case management, individual and group therapy, individual skills development, and medication management. We have weekly groups with these clients to help ensure we are aware of current status and needs and help move clients to a less restrictive living environment. The group homes each have a therapist and a case manager who monitor clients several times per week. WHS also provides a variety of its services in the client's homes through Case Management and periodically therapy. Skill development services, when delivered in the client's home, are designed to help facilitate the learning of daily living skills and maintain independent living. Weber Human Services has been and will continue to be a strong advocate of NAMI. WHS provides space to house Weber Housing Authority and the local NAMI office in our outpatient facility. We encourage our staff to participate in the NAMI Provider Education Program and encourage family members to attend the Family to Family classes. We also make consumers aware of the Bridges Classes taught by consumers for consumers.

WHS has designated staff serving on the Weber County Homeless Coordinating Council designed define and assist programs to help homeless individuals attain housing. We have staff directly involved in the Shelter Plus Care program which includes evaluating homeless individuals to determine potential eligibility for programs designed to get homeless individuals into housing. We also have been providing evaluations for other homeless programs and a new 'Waiting List' designed to define the most vulnerable homeless individuals so they can be targeted first for housing assistance.

WHS also has designated staff trained in Emergency Counseling and who are available in the event of a major crisis.

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

The Skills Development program has recently initiated groups centered on Daily Living Activities to provide additional support to those living in PAAG housing. These groups occur in the clients' residences, as well as in our facility, providing the client with valuable instruction and practice in the living environment.

Describe any significant programmatic changes from the previous year.

The NAMI representative has been added to the Wellness Clinic advisory group, providing additional input to programming.

McKay Dee Hospital has contracted with St Anne's Homeless Shelter to provide 4 beds for individuals being discharged from the hospital. WHS has a worker assigned to make daily contact with St Anne's to assess these individuals for needed mental health services.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (housing & respite services)

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.

Family Support/Respite Services: Weber Human Services respite care and family support gives families of children with at-risk behaviors a break from their demands. Respite gives families a chance to re-energize while knowing that their children are safe. Short term in-home as well as out-of-home services are available. Out-of-home services by a respite worker provide social and recreational activities for the child. Archway Youth Service Center: Weber Human Services is a collaborative partner with the Archway Youth Service Center in providing a safe, therapeutic environment for our youth that don't meet criteria for inpatient or detention, yet require immediate intervention and support. The Federal Outreach Project: In the spirit of outreach, Weber Human Services supports the Division's efforts to bring families together and discuss the services they are or are not receiving by asking questions that deal with the following areas: Access to care, barriers to care, array of available services, helpfulness of services, unmet service needs, and parent-professional collaboration in treatment planning. The initiative also promotes building a statewide family support and advocacy network as a chapter of the Utah Federation of Families. The Youth Team has moved forward with this initiative/concept and has expanded to four (4) Family Resource Facilitator positions, assisted in training and monitoring such advocates in their work with our local families in clinical settings, community and school-based settings as well as advisory settings. We have a Memorandum of Agreement with The National Alliance for the Mentally Ill (NAMI) to provide training, coaching and mentoring of the Family Resource Facilitator/s (FRF). The FRF's will acquire and demonstrate Family Facilitation Knowledge and Skills according to national fidelity guidelines and will be certified in the Wraparound Facilitation Model and Peer Support Services. They will also develop a working partnership with designated children's mental health clinician(s); attend clinical staff meetings, local interagency meetings and other policy meetings as directed by the local mental health center champion. These individuals will represent the family voice in the service delivery and administration process. WHS has maintained the "Reconnect" program which prepares youth to be successful at home and in the community as a young adult and also helps guide those that suffer from a mental illness into the adult mental health arena. One of the most significant vehicles for such a practice is the Multi-Agency Coordination Council (MACC). Weber has served as an example of such a practice and has been successful in bringing area stakeholders such as, but not limited to, The Division of Child and Family Services (DCFS), The Division of Juvenile Justice Services (DJJS), Juvenile Court, school/s, families, and, Guardian ad Litem's (GAL's) to the table and engaging in a discussion that identifies client needs/available resources/ and, an appropriate treatment plan and level of care.

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

WHS has experienced difficulty hiring and maintaining enough Respite workers to serve the need. We will become more progressive and creative in finding ways of advertising, recruiting and maintaining the staff necessary to meet the needs of our family's thereby increasing access and numbers served.

Describe any significant programmatic changes from the previous year.

The program will remain the same. Focus will be on hiring and maintaining enough staff to meet the needs of our families.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

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.

WHS currently employs three Peer Support Specialists who work in the Wellness Clinic for a total of 29 hours/week. Duties include: completion of Individualized Wellness Plans, weekly check-ins with consumers to address progress in the IWP, teach classes (WHAM, Smoking Cessation, Walking in the Community, Cooking), and participate on the Advisory Board.

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

The Adult Mental Health Team lost one PSS (resigned) and have been unable to replace as the PSS training has not been offered over the last year. We would like to look at increases in these PSS positions when the training is offered.

Describe any significant programmatic changes from the previous year.

No changes.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

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 Federal Outreach Project: In the spirit of outreach, Weber Human Services supports the Division's efforts to bring families together and discuss the services they are or are not receiving by asking questions that deal with the following areas: Access to care, barriers to care, array of available services, helpfulness of services, unmet service needs, and parent-professional collaboration in treatment planning. The initiative also promotes building a statewide family support and advocacy network as a chapter of the Utah Federation of Families. The Youth Team has moved forward with this initiative/concept and has expanded to four (4) Family Resource Facilitator positions, assisted in training and monitoring such advocates in their work with our local families in clinical settings, community and school-based settings as well as advisory settings. We have a Memorandum of Agreement with The National Alliance for the Mentally Ill (NAMI) to provide training, coaching and mentoring of the Family Resource Facilitator/s (FRF). The FRF's will acquire and demonstrate Family Facilitation Knowledge and Skills according to national fidelity guidelines and will be certified in the Wraparound Facilitation Model and Peer Support Services. They will also develop a working partnership with designated children's mental health clinician(s); attend clinical staff meetings, local interagency meetings and other policy meetings as directed by the local mental health center champion. These individuals will represent the family voice in the service delivery and administration process. WHS has maintained the "Reconnect" program which prepares youth to be successful at home and in the community as a young adult and also helps guide those that suffer from a mental illness into the adult mental health arena. One of the most significant vehicles for such a practice is the Multi-Agency Coordination Council (MACC). Weber has served as an example of such a practice and has been successful in bringing area stakeholders such as, but not limited to, The Division of Child and Family Services (DCFS), The Division of Juvenile Justice Services (DJJS), Juvenile Court, school/s, families, and, Guardian ad Litem's (GAL's) to the table and engaging in a discussion that identifies client needs/available resources/ and, an appropriate treatment plan and level of care.

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

No expected increases or decreases from the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Weber Human Services Adult Mental Health Team begins to educate consumers and their families at the time of the initial assessment. The clinician gives the consumer information about the nature of their illness types of interventions available that may include: Individual and/or group therapy, medication management, etc. Weber has been and will continue to be a strong advocate of NAMI with an on-site office in the lobby of the WHS building. We encourage family members to attend the Family to Family classes. We also make consumers aware of the Bridges Classes taught by consumers for consumers. Consumers and Family are also referred to the NAMI mentor for additional support and resources.

WHS has been providing Psycho-educational Multi-Family Group Therapy which includes family or loved ones for an individual suffering with a Severe Mental Illness such as Schizophrenia – this includes some evening and Saturday groups to meet the schedule needs of families.

The Adult Team supports the consumer's choice to sign a disclosure form so that treatment information can be coordinated with family members. Whenever possible, the Adult Team encourages family involvement and coordination and encourages the family members to become partners in the treatment team. With consumer consent, family members are invited to individual sessions, medication clinic appointments, and interdisciplinary staffing when appropriate.

Weber Human Services contributes clinical support in the community by advocating for consumers with mental illness in other community projects and programs, such as, the Homeless Programs and Crisis Intervention Team Training. Weber Human Services staff has provided training on mental illness to the Department of Workforce Services, Hooper City Health Fair, Ogden City, the Weber County Case Manager's meeting, and various local churches.

WHS also provides space and literature in a computer center located in the WHS lobby for consumers to research illness-related information.

The Adult Mental Health Team provides clinicians to speak at, or provide informational booths at various community events.

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

WHS expects no change in the upcoming year.

Describe any significant programmatic changes from the previous year.

WHS expects no change in the upcoming year.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

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.

Consultation and Education: The Weber Human Service's Youth Team has created and made available a written outline of services available to our families. We have and will continue to support available sensitivity training for our staff (i.e. family to family offered by NAMI). We also collaborate with Allies with Families and LINC—two members of the Utah chapter of the Federation of Families for Children's Mental Health. The Youth Team trains and promotes education with our families with each contact whether it is in an individual, family, group, or medication appointment. Staff members have access to resources and are encouraged to research and share information with the client and his/her family. We have adopted evidenced based family approaches in our practice. The Family Resource Facilitator/s is also available on-site and provides valuable information and/or access to community resources.

An education center has been constructed in the lobby of WHS and is open to anyone from the community seeking education about mental illness.

WHS also provides consultation and education services in our school-based program/s. We currently partner with three area school districts; Ogden City Schools, Weber County School District and Morgan School District. We have clinical and supportive staff in area schools offering both consultation and education services.

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

No expected increases or decreases from the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

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 available for all county inmates at the Weber County Jail. WHS contracts with the Jail to provide the following: Two full-time, licensed mental health therapists whose offices are located at the jail. Therapists perform mental health assessments, suicide risk assessments, pre-screening for possible medication evaluation, and provide education and training for jail staff. Acute crisis intervention is provided after normal working hours by the 24-hour crisis care therapists. One of the assigned jail therapists is Spanish speaking. The mental health therapists also evaluate for high-risk inmates who present with suicidal ideation and work with jail staff in ensuring constant individual supervision of the inmate as necessary. Staff members provide individual counseling and assistance in gaining access to medications for current WHS clients. Current mental health clients are referred to WHS for ongoing services when discharged from the county jail. The jail therapists also conduct mental health assessments to determine clinical eligibility of potential Mental Health Court participants. The jail therapists participate in the weekly court staffing to give input on clinical eligibility. WHS also coordinates Forensic Mental Health evaluations for the Weber and Morgan 2nd Judicial District Courts.

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

An MRT group recently began and has a capacity of twelve individuals. This accounts for some of the increase in contacts. There is one additional clinical group being planned to address other inmate behavioral health concerns which will also increase contacts with inmates of the jail.

Describe any significant programmatic changes from the previous year.

Weber Human Services therapists in the jail have begun attending housing coordination meetings with jail staff to help place inmates with suicide risk in the best possible housing situations during their incarcerations. We have instituted use of Columbia Suicide Severity Rating Scale as a means of more clearly assessing for suicide risk. We have worked with the jail to create availability of an electronic version of the C-SSRS that is easily included in the client chart. Therapists at the jail have increased their training of jail staff in QPR. Screening tools for Jail staff completing intake are being refined to increase their effectiveness. We have also trained a therapist in MRT and started an MRT group at the jail to enhance services needed by inmates.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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.

WHS provides on-going financial support and community assistance to expedite discharges from the Utah State Hospital. Routinely, in anticipation of consumers receiving medical and financial benefits, clients are discharged from the USH into a WHS Co-ed residential facility while awaiting reinstatement of benefits. This can take anywhere from several weeks to many months.

Some discharges are ineligible for benefits, and WHS must absorb the costs of medication, housing, meals, and treatment.

WHS is willing to make on-going financial commitments to maintain former USH discharge's in the community. In the past, WHS has also utilized Outplacement funds to provide airfare transportation from the USH to clients stranded outside of their support network.

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

No changes projected

Describe any significant programmatic changes from the previous year.

None

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

Children's Outplacement dollars continue to play a significant role in funding community placement options and/or wrap-around services for children or youth not otherwise eligible for such services. Weber Human Services has chosen to partner with area stakeholders and typically cost share higher cost placements for children/youth coming out of the State Hospital and transitioning to a community placement, some with and others without supports. Our clients have experienced better outcomes when they transition more slowly rather than a move from the most restrictive clinical setting to home and school. Currently, we have two (2) youth in community placements with access to clinical services with wrap-around. We use outplacement dollars coupled with additional resources to provide this level of treatment and care.

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

Numbers vary based on client eligibility and available funding.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

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.

Weber Human Services provides direct services to the unfunded/underfunded of our community with the primary focus of unfunded/underfunded services being with those on a civil commitment, those with Medicare only, and those who have recently lost Medicaid. These clients continue to be provided with individual and group therapy and medication management services as needed. WHS provides all community individuals, on a walk-in basis, with a clinical crisis evaluation and screen to determine appropriate internal or external referrals for treatment. In most cases, referrals are made to external resources for treatment due to a lack of funding to treat this population in house. Internal referrals are made for unfunded clients when deemed clinically necessary and services are authorized based on need. Our after-hours crisis service is also available to any individual on a 24 hour basis from any catchment area.

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

No expected changes

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

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.

School Based Mental Health Services: Weber Human Service’s Youth Team collaborates with all three school districts in our catchment; Weber County School District, Ogden City Schools and Morgan School District. We continue to shift valuable resources and partner with Ogden City Schools, Weber County School District, Midtown Community Health, and other stakeholders in a physical health and behavioral health community-based program. We started this program with an award of \$45,000.00 from the Division of Substance Abuse and Mental Health. We have since been awarded additional funds and expanded this program and its efforts to more than nine (9) additional sites and continue to serve Medicaid, unfunded, and under-funded clients. Weber Human Services provides direct services to the unfunded/underfunded of our community with the primary focus of unfunded/underfunded services being with those on a civil commitment, those with Medicare only, and those who have recently lost Medicaid. These clients continue to be provided with individual and group therapy and medication management services as needed. WHS provides all community individuals, on a walk-in basis, with a clinical crisis evaluation and screen to determine appropriate internal or external referrals for treatment. In most cases, referrals are made to external resources for treatment due to a lack of funding to treat this population in house. Internal referrals are made for unfunded clients when deemed clinically necessary and services are authorized based on need. Our after-hours crisis service is also available to any individual on a 24 hour basis from any catchment area.

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

The Center plans to provide services to children and youth via the Early Intervention Grant regardless of their ability to pay.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

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.

PASRR: PASRR Level II evaluations are provided by referral by WHS through a contract with DHS / DSAMH. The PASRR coordinator has developed positive relationships with local nursing homes within Weber/Morgan County. WHS has designated other staff to support the coordinator in meeting the time requirements.

Homeless Programs: WHS participates in the PATH and Shelter Plus Care program to assist individuals who are transitioning from homelessness. WHS serves on various committees within the community to address the needs of homeless individuals and family and those who are at imminent risk. Those committees include Weber County Homeless Coordinating Council, Weber County Housing First Subcommittee, Weber County Homeless Coordinating Council, and the Homeless Prevention Rapid Re-housing approval committee. McKay Dee Hospital has contracted with the local homeless shelter for 4 beds for those homeless individuals being discharged from the inpatient unit. WHS makes daily contact with St Anne's to provide services to the individuals in those beds. The Shelter Plus Care program has expanded from 11 housing vouchers to 25.

The Weber Housing Authority will be the agency applying for the PATH grant in the upcoming RFP instead of Weber Human Services. They have already hired a full time Case Manager in anticipation of applying for and receiving the grant. WHS will provide ongoing support to the PATH program.

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

None expected

Describe any significant programmatic changes from the previous year.

No significant changes

Form A – Mental Health Budget Narrative

2. 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. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

• Competitive employment in the community

WHS has an in-house Supported Employment Program currently employing 4 for a total of up to 57 hours per week. These positions are designed to be for 6 months and teach regular work habits in preparation for regular employment in the community. These clients have interviews, meetings, time sheets, and varied duties similar to what they might experience in the community. As needed, clients may extend beyond the 6 month goal depending on their progress, readiness for work in the community, and other clients' readiness to begin the supported employment program. In addition, 5 SDS consumers are paid in HERNs as they receive training in the skills to apply for the supported employment jobs. SDS consumers have a weekly group to discuss 'preparing for work' in the community. They receive assistance in using the internet and navigating Work Force Services as they begin seeking employment in the community. They are provided with instruction and assistance as necessary to complete applications and resumes. Payee services are also available if necessary and to assist managing monies and with reporting requirements to Medicaid and SS.

Weber Human Services is also coordinating with the Division on a Supported Employment Grant.

• Collaborative efforts involving other community partners

Case Managers at WHS have attended specialized training with Social Security to help clients understand and access programs, such as Ticket to Work, to help them transition to employment and off of Social Security.

WHS works closely with PAAG to provide clients job training opportunities. These clients are eligible to participate in a token economy to receive compensation for their job training and volunteer work and are able to redeem their earnings for a variety of items from the PAAG "store".

Clients participating with the Weber County Mental Health Court have also had particular support in being linked and supported in a variety of educational and employment-related opportunities. We look forward to increasing collaboration with Ogden-Weber ATC.

• Employment of consumers as staff

We have one of our consumers working at the STEPS program who is primarily charged with running the lunch program. This client replaced a part-time employee who oversaw this program.

• Peer Specialists/Family Resource Facilitators

WHS has 3 PSS employed in the Wellness Clinic with the tasks of completing Individualized Wellness Reports, checking on progress towards goals, and functioning on the Advisory Board.

• Supported Employment to fidelity

This is an area in which WHS can focus and expand resources. We currently provide employment opportunities for a limited number of clients at WHS and hope to expand the opportunities in the community. WHS understands the importance of assisting clients in gaining the necessary skills to obtain meaningful employment and/or volunteer work in the process of recovery. We are hoping to receive resources through a grant that will assist in the expansion of supported employment.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**

Weber Human Services has dedicated clinical supervisors to the effort of implementing evidenced based practices (EBP) on each clinical team. This emphasis has led to a structured supervision model that focuses on discussion, practice, and fidelity to each EBP. This model includes regular recording of sessions by clinicians as well as live observations of group and individual sessions in which fidelity measures are used and feedback provided to each clinician. This model also requires at least bi-weekly individual supervision and at least monthly group supervision for each EBP in which the clinician has been trained. At this time, eight clinicians on the Adult Outpatient Mental Health Team have been trained in Psycho-educational Multi-family Group Therapy and are Utah's only certified PEMFGT providers. Four groups, with a capacity of 32 families will be involved in this EBP over the next year. WHS has trained seven clinicians on the adult team began providing Illness Management and Recovery services. The clinical supervisor of that program is engaged in a Fidelity and Outcomes review of that program. Each of the 26 therapists on the adult mental health team has been trained in Motivational Interviewing. Each of the clinical supervisors has been trained in MIA-STEP fidelity monitoring. Each clinician is required to provide at least one recorded session biweekly using MI, or another EBP, that is reviewed using the fidelity model. We are in planning phases with providing DBT to fidelity and are allocating resources to provide needed training to the therapists who will be involved in this therapy model.

- **Outcome Based Practices**

Clients are required to take the Outcomes Questionnaire prior to every clinical appointment. Results are reviewed in session with the client and documented in the progress note. Supervisors are also able to use a fidelity tool to provide feedback to clinicians based on their recorded reviews of the OQ with clients.

- **Increased service capacity**

None

- **Increased access**

The Wellness Clinic has begun accepting adolescent consumers and family members of Clinic participants.

- **Efforts to respond to community input/need**

Requests for education and presentations have come from the local police department, churches, and community events. WHS has provided speakers and materials for these presentations. We also participate semi-annually with CIT training for area law enforcement.

- **Coalition development**

WHS is embarking on a new method of supervision delivery with the desired outcome being improved outcomes for clients. This model utilizes SAMHSA's 123 Counseling Competencies found in TAP 21. We will individualize approximately three competencies at a time with clinicians to help improve overall clinical skills. This supervision will include an increase in direct and indirect observation resulting in providing feedback designed to improve clinical skills and increase client outcomes.

4. Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

WHS provide services for the dually diagnosed. WHS has been providing a 'Dual Diagnosis' group 4 days per week for 2 hours each day. We also have an After Care group that is 2 hours one day a week. We recently trained 7 clinicians in IMR which is now 2 of the 4 days of that Dual Diagnosis group. These clinicians are providing IMR in 1) Dual Diagnosis group; 2) Mental Health Court group; 3) about to start a stand-alone MH group; 4) MCAT group. We are about to begin a process of sharing clinicians between the Adult MH team and the Addiction and Recovery Services team. One of their clinicians will be co-facilitating our After Care group and we will have one or two clinicians co-facilitating groups mainly for their population. This should provide more groups clients from either team can be referred to while also sharing expertise between the two teams.

WHS also received funding from the legislature to implement a care coordination/health home model over the next two years. This program will serve approximately 250 clients with co-occurring illnesses (physical and mental health) during the first year and will increase the amount served during year two. The team will be comprised of approximately eight (8) care managers (equivalent to case managers in licensure), one (1) care coordinator (master's level clinician), one (1) registered nurse, and one (1) program supervisor. The team will also include a medical doctor and a mental health prescriber as consultants. This care coordination model has been effective in reducing costs of service and more importantly, improving the quality of life for those served.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

WHS has co-located with Midtown Community Health Center to offer primary care services to all adult and adolescent clients and immediate family members. We provide a medical clinic, behavioral health clinicians and prescribers, a wellness program, a pharmacy and a laboratory.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Each new client to WHS goes through an assessment process which includes an assessment of their physical and mental health and use of substances. Each existing client has an annual review of these needs.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

WHS has teamed up with Weber-Morgan Health Department to educate our clients in the negative effects of tobacco use. Our Wellness Coordinator participates on the Weber-Morgan Tobacco Free coalition, which works to provide education to the public about tobacco use and to lobby on the state level.

WHS also teaches two Tobacco Cessation groups using the Peer to Peer and American Lung Association educational materials.

WHS has a Recovery Plus committee at WHS, with representation from all areas of WHS, that meets quarterly to help our facility to remain tobacco free and provide resources to clients and staff who are wanting to quit.

Form A – Mental Health Budget Narrative

5a) 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.

Describe the activities (Family Resource Facilitation with Wraparound, School-Based Mental Health, Mobile Crisis Team) 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.

Weber Human Service’s school-based mental health therapist/s provides assessments, individual, family and group therapy, crisis intervention, and consultation services. Additional services include, but are not limited to, behavioral psychological assessments, psychiatric evaluation, medication, and/or medication management. Weber Human Services partners with Midtown Community Health Center to assist clients in accessing affordable pharmaceuticals through a 340-b pharmacy program. Our Prevention Team partners and offers prevention and early intervention programming to include, but not limited to, the STEP program (Systematic Training for Effective Parenting). This is an evidence-based model that promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and, helping children learn from the natural and logical consequences of their own choices. This program is typically taught in 8 or 9 weekly, 1.5 hour study groups facilitated by a counselor, social worker, or individual who has participated in a STEP workshop. WHS recognizes the importance of bridging the gap between Prevention and Treatment Services. The Family Resource Facilitator (FRF) is also available to assist client and family in the wrap-around model of identifying their own needs, determining which needs are priorities, deciding what they want the outcome to look like, to decide who they want to ask to be involved, and, to identify how the needs might be met. The FRF’s also are trained/certified and available to assist with resource coordination, individual family advocacy, PEER and other related duties. We also have an eligibility worker available for families wishing to explore eligibility for Medicaid, CHIP, or SSI as we recognize the importance of qualifying client/families for long term treatment and care. We are accessible and available to serve any child in need regardless of their ability to pay. We not only partner with our area schools but also with DCFS, DJJS, and DSPD in an effort to screen children sooner vs. later, promote access to community resources, and formulate plans that generate positive outcomes for the child and family.

The services related to our Early Intervention Grant are provided directly by WHS. We contract with NAMI via an MOA for the FRF’s and required monitoring.

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

As resources allow, we hope to increase our service population and the number of schools participating in this effort. This year, we arranged for office space and access to the schools in Morgan. We currently have a licensed clinician available in Morgan one day a week.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Form A – Mental Health Budget Narrative

5b) Children/Youth Mental Health Early Intervention

Describe outcomes that you will gather and report on.

Currently, Weber Human Services and its partners have developed a set of program outcomes and an outcome evaluation. These program outcomes will be collected and evaluated from all sites. From an academic health perspective, data will be collected by the school/s office and/or counseling staff and provided to WHS. That data will include 100% of identified, screened, and treated K-6 students. Tracking such outcomes will include Child Assessment Team minutes; and, Client Files. From a behavioral health perspective, data will be gathered from the school's positive behavior support program. The desired outcomes will be determined on an individualized basis for each client after a baseline is set. To evaluate the programs achievement, the data for the following objectives will be collected and analyzed for each client:

- E. The number of office referrals;
- F. Increase in attendance rate;
- G. Increase in the completion rate of class assignments; and,
- H. Increase in MAPS assessments (Federal Yearly Progress Criterion-referenced Tests).

From the mental health perspective, WHS providers will collect the following data within each client's file and develop an Excel spreadsheet to track the success of the project:

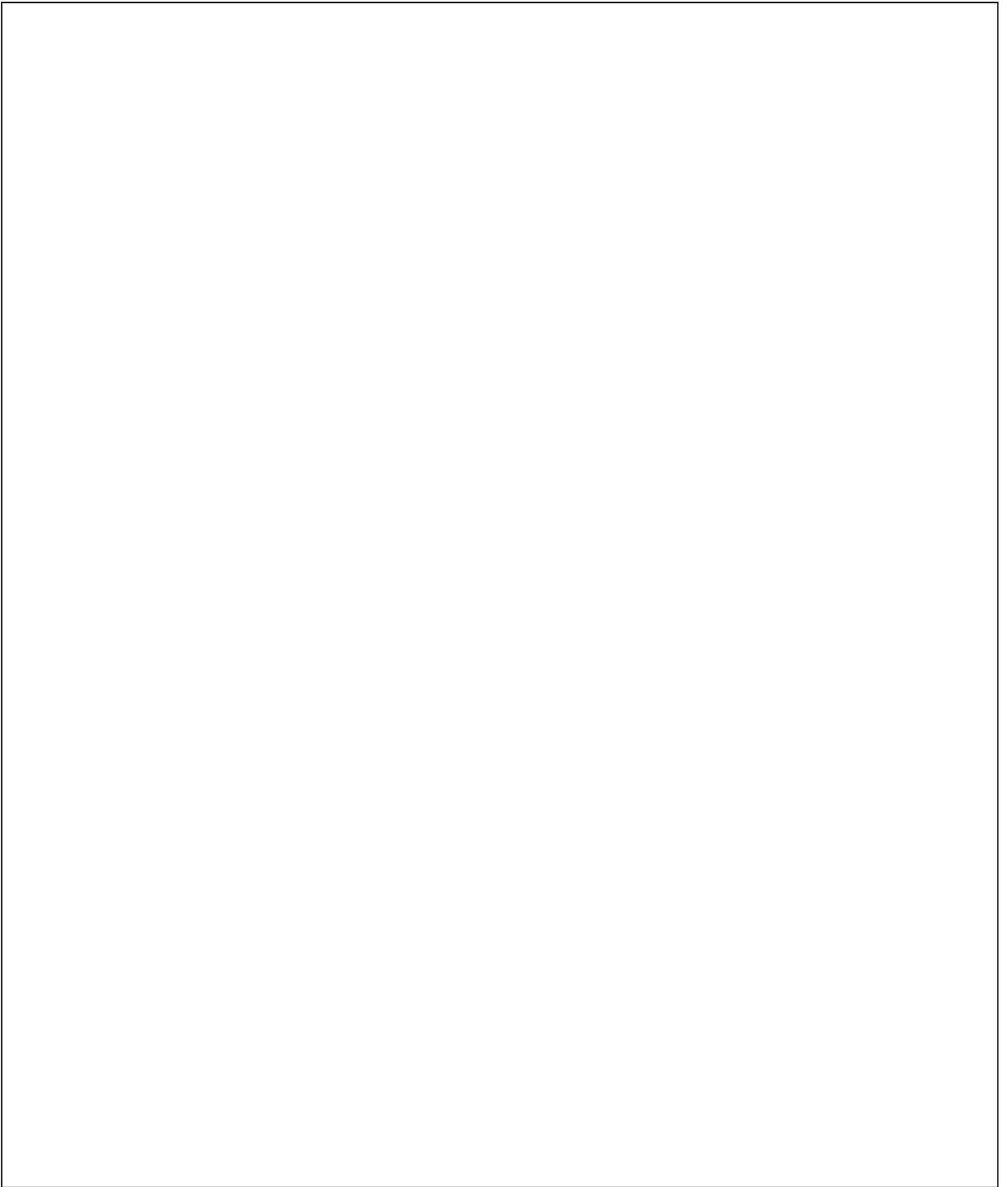
- D. Upon completion of treatment, 80% of clients served will show stability, improvement, or recovery from the distress that brought them into treatment as evidenced by Youth Outcome Questionnaire (YOQ) scores; and,
- E. Upon completion of treatment, clients will increase their scores on the Daily Living Activities (DLA) to a 55 or higher.
- F. The percentage of students registered to receive Medicaid services will increase 40%.

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

As resources allow, we hope to increase our service population and the number of schools participating in this effort. This year, we arranged for office space and access to the schools in Morgan. We currently have a licensed clinician available in Morgan one day a week.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.



Form A – Mental Health Budget Narrative

5c) Children/Youth Mental Health Early Intervention

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

The fact that these services are available in our community and various schools promotes family involvement with easy access, flexible schedules and culturally sensitive approaches. Weber Human Service's school-based mental health therapist/s provides assessments, individual, family and group therapy, crisis intervention, and consultation services. Additional services include, but are not limited to, behavioral psychological assessments, psychiatric evaluation, medication, and/or medication management. Weber Human Services partners with Midtown Community Health Center to assist clients in accessing affordable pharmaceuticals through a 340-b pharmacy program. Our Prevention Team partners and offers prevention and early intervention programming to include, but not limited to, the STEP program (Systematic Training for Effective Parenting). This is an evidence-based model that promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and, helping children learn from the natural and logical consequences of their own choices. This program is typically taught in 8 or 9 weekly, 1.5 hour study groups facilitated by a counselor, social worker, or individual who has participated in a STEP workshop. WHS recognizes the importance of bridging the gap between Prevention and Treatment Services. The Family Resource Facilitator (FRF) is also available to assist client and family in the wrap-around model of identifying their own needs, determining which needs are priorities, deciding what they want the outcome to look like, to decide who they want to ask to be involved, and, to identify how the needs might be met. The FRF's also are trained/certified and available to assist with resource coordination, individual family advocacy, PEER and other related duties. We also have an eligibility worker available for families wishing to explore eligibility for Medicaid, CHIP, or SSI as we recognize the importance of qualifying client/families for long term treatment and care. We are accessible and available to serve any child in need regardless of their ability to pay. We not only partner with our area schools but also with DCFS, DJJS, and DSPD in an effort to screen children sooner vs. later, promote access to community resources, and formulate plans that generate positive outcomes for the child and family.

The services related to our Early Intervention Grant are provided directly by WHS. We contract with NAMI via an MOA for the FRF's and required monitoring.

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

As resources allow, we hope to increase our service population and the number of schools participating in this effort. This year, we arranged for office space and access to the schools in Morgan. We currently have a licensed clinician available in Morgan one day a week.

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

No significant programmatic changes from the previous year.

Describe outcomes that you will gather and report on.

Outcome data is collected and included in quarterly reports. That data includes but is not limited to attendance, tardies, referrals, academic performance and Youth Outcome ratings (behavioral).

6. Suicide Prevention, Intervention and Postvention

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

The WHS Adult Team has held team trainings in use of a suicide risk assessment. We have begun using CSSRS in the Weber County Jail in a pilot project that is being reviewed for effectiveness. One of our therapists is involved with the State Suicide Prevention Coalition and frequently provides trainings to the therapists as well as other organizations to promote suicide prevention awareness and skills. We have taken steps with clinical documentation and policy to create safety plans with each client who presents as at risk of harm. We have crisis worker availability 24/7 and this service is regularly promoted to community partners. We have developed a version of an ACT Team to work with our highest risk population to provide regular intervention and support. We continue to maintain a therapist and a case manager at the McKay Dee Inpatient Unit to develop relationships with clients in the hospital and facilitate discharge planning.

Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.

Currently there is a pilot project in the jail with utilization of the CSSRS. A clinician has taken on the assignment to assess the implementation of CSSRS agency-wide. Our suicide prevention specialist for WHS has provided training to all mental health staff in suicide awareness and the CSSRS tool. She is also participating with the statewide suicide prevention coalition. A plan for further implementation is in the planning stages. This individual has also trained jail staff in the use of the QPR protocol.

Weber Human Services plans to conduct a comprehensive suicide prevention assessment and evaluation during the upcoming year utilizing one of the two tools provided by the Division of Substance Abuse and Mental Health.

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 specific efforts for your clients.

WHS works in close collaboration with McKay Dee Hospital Emergency Department to coordinate care for clients who present with suicide ideation or attempts. The WHS inpatient worker will provide support during the hours he/she is located at McKay Dee Hospital. The crisis workers at McKay Dee Hospital have access to the WHS crisis team and Customer Care to schedule appointments and provide information on ED patients.

WHS has communicated with other local ER's (Ogden Regional, Davis, Lakeview, Logan Regional, etc) to encourage collaboration with WHS current clients or Weber Medicaid recipients present at their respective ERs and are considered for inpatient admission. All Medicaid admissions are staffed and approved with WHS' after hours team. If possible, client diversion from the ER in lieu of inpatient admission is encouraged.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

In the boxes below, please provide an answer/description for each question.

1) Screening and Assessment

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.

Screening begins at the time a person is first requesting services in person or over the phone and includes a brief 5 question screening for pregnancy, active IV use, and a woman with dependent children. Screening is completed by a non-clinical staff. If any of these issues are identified, a client is enrolled immediately in services and given the opportunity to meet with the day- time crisis worker to further assess needs and begin a clinical evaluation that day. The RANT is used for an initial screening in the adult drug court programs before a clinical assessment is completed. - Felony Drug Court, Felony DUI, Felony Drug Diversion, and Family Drug Court.

All individuals are clinically assessed for level of treatment services at the time of the admit date (intake appointment) as well as reviewed and updated throughout a treatment episode. Clients are evaluated and admitted into services based upon level of need. Instruments used to screen and assess include clinical psychosocial assessment, ASAM Criteria, DSM TR-IV (until adoption of DSM 5), DLA score, and DUSI (Drug Use Screening Inventory). The DUSI is administered throughout treatment on a monthly basis. Part of the clinical assessment process includes screening and referrals for MAT treatment, physical health, medication for co-occurring disorders, safe and sober housing, and employment.

All SUD treatment services are provided directly. No services at this time are through a contracted provider.

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

There continues to be a steady increase in women requesting treatment services this past year. It is expected that increase will continue.

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)

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.

Clients are screened and evaluated utilizing the social history clinical assessment and ASAM patient placement criteria and referred to local medical units such as McKay Dee Hospital and Ogden Regional when deemed appropriate. If a person is screened and needing detox services but will not become a client at Weber Human Services, the daytime crisis worker coordinates with case management services, support systems identified by the person, and hospitals for referral and admit. At the time of discharge from the hospital, the hospital care coordinator may contact ATR or Weber Human Services as the treatment provider chosen by the individual for follow up care. If the person is a current client with Weber Human Services and needing detox services, treatment remains open and ongoing. The primary clinician or case manager will coordinate with hospital staff regarding discharge from hospital and returning for services.

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

No changes are anticipated within this next fiscal year.

Describe any significant programmatic changes from the previous year.

No programmatic changes.

Form B – Substance Abuse Treatment Budget Narrative

3) Detoxification Free Standing Residential (ASAM III.2-D)

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.

No current services provided nor anticipated to provide this next fiscal year.

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

Describe any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)

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.

No current services provided nor anticipated to provide this next fiscal year.

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

Describe any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5

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.

Tranquility Home: Clients receive treatment services at Weber Human Services as outlined in the screening and assessment area (1). Structure is provided within the residential services to prevent relapse, promote monitoring of relapse prevention, and support services. Residential is staffed 24 hours per day. Women have the opportunity to have their children, ages 0-8 years old, with them while in residential services. The clients are responsible to care for their children's needs. Treatment services, including parenting and daily living skills, are offered for clients and their children through the Women's Services Programs.

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

Services had been contracted with Serenity House (House of Hope) this past year, to provide low, medium, and high level intensity residential services for women without children and men. With the closing of that program this past year, there are no contracted residential services at this time.

Referrals for women with dependent children have continued to steadily increase including more community and DCFS support of women maintaining custody of children when entering treatment. There has been an increase in women who are pregnant entering treatment who then are able to return to Tranquility Home with their baby and eventually transition to the community.

Describe any significant programmatic changes from the previous year.

Currently, there are no short term residential services available for men. Tranquility Home is a 15 bed capacity and is available for women when a bed is available.

Form B – Substance Abuse Treatment Budget Narrative

6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3

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

Tranquility Home: Clients receive treatment services at Weber Human Services as outlined in the screening and assessment area (1). Structure is provided within the residential services to prevent relapse, promote monitoring of relapse prevention, and support services. Residential is staffed 24 hours per day. Women have the opportunity to have their children, ages 0-8 years old, with them while in residential services. The clients are responsible to care for their children's needs. Treatment services, including parenting and daily living skills, are offered for clients and their children through the Women's Services Programs.

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

Services had been contracted with Serenity House (House of Hope) this past year, to provide low, medium, and high level intensity residential services for women without children and men. With the closing of that program this past year, there are no contracted residential services at this time.

Referrals for women with dependent children have continued to steadily increase including more community and DCFS support of women maintaining custody of children when entering treatment. There has been an increase in women who are pregnant entering treatment who then are able to return to Tranquility Home with their baby and eventually transition to the community.

Referrals to Safe and Sober Housing with House of Hope have increased for men and women without children which has assisted in decreasing lengths of stay in residential services as well as providing safe and sober housing when residential has not been available. Case management services have expanded to increase coordination of services and monitor safe housing. Weber Human Services continues to partner in the Good Landlord Second Chance Pilot Project. This project is giving clients with felonies an opportunity to have safe and sober housing for families. The focus has been women with children. The first year of the pilot has ended with an 80% success rate. The program is in the process of expanding to include more families and landlords as well as other cities within Weber County. Affordable, safe and sober housing with wrap around support provides opportunities for clients to transition from residential care in a step-down process.

Describe any significant programmatic changes from the previous year.

Currently, there are no short term residential services available for men. Tranquility Home is a 15 bed capacity and is available for women when a bed is available.

Form B – Substance Abuse Treatment Budget Narrative

7) Outpatient (Methadone - ASAM I)

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.

Clients are screened and referred to local MAT agencies such as Metamorphosis when deemed appropriate. Private physicians are accessed for Suboxone when deemed appropriate. Other forms of medication assisted therapy such as Antabuse and Naltrexone are evaluated onsite with a medication evaluation or referred to private physicians.

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

We have formed an in-house MAT committee and will be expanding this committee to include community partners. This past year the focus of the committee has been on gathering information and educating community partners as well as clinicians to better assist with accessing and understanding MAT. We have also sustained a working relationship with MAT agencies such as Metamorphosis which has increased coordination for client care. This next fiscal year, the areas of focus with the MAT committee will be continued education and training of staff and community partners including drug courts. It is expected that there will be an increase in referrals for medication assisted treatment.

ATR has been utilized for access to funding MAT services for non-Medicaid clients. Other funding sources will continue to be explored including private insurance and self-pay payment plans.

Describe any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

8) Outpatient (Non-methadone – ASAM I)

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.

Clients are evaluated and services are provided in regularly scheduled individual and group sessions based on individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Programs have ready access to psychiatric, medical, and urinalysis laboratory services. Evidence based practices are becoming increasingly integrated into clinical services provided and include the following: Cognitive Behavioral, Motivational Interviewing, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Staying Quit, Gender-Responsive Services, and Twelve Step (optional). Treatment includes 1-8 hours per week with an average length of stay of 8-24 weeks with ongoing relapse prevention options. Treatment plan reviews are completed and updated according to ASAM criteria. Services are accessible to the community beyond regular business hours. We try to accommodate our clients' needs in providing evening appointments, therapeutic day care, developmental skills building, and family activities. Therapeutic Day Care is available daily, Monday-Friday 9-4 and Monday-Thursday evenings from 4-8:00 p.m. WHS provides a multidisciplinary treatment team approach which includes an array of clinical services from case management to residential treatment services. Collaboration with community partners/referral sources increases the overall effectiveness of our programs. WHS makes referrals to and/or collaborates with many organizations and various resources including ATR, Vocational Rehabilitation, Health Department, UA monitoring, housing, Ogden City Schools (GED), Workforce Services, AP &P, DCFS, city/county court systems, psychiatric/medical, community treatment providers, and transportation. Case Management assists with linking clients to community resources such as housing, employment, child care, medical, and education. Individuals assessed as low criminogenic risk and low treatment needs do not attend groups with individuals assessed as medium or high risk/need.

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

There continues to be an increase with referrals for outpatient services where Medicaid or ATR are the primary funding sources.

Describe any significant programmatic changes from the previous year.

Day care evening hours have expanded this past year to include Monday through Thursday evening hours to accommodate clients attending evening groups who need access to child care.

Seeking Safety gender-specific groups for men and women will be implemented as options. Men's gender specific trauma group was implemented this past year using curriculum from Stephanie Covington.

Form B – Substance Abuse Treatment Budget Narrative

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

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.

ASAM Level II.1 Intensive Outpatient: Clients are evaluated and services are provided in regularly scheduled individual and group sessions based on individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Clients are admitted to this program and attend services to establish and maintain sobriety, but also attendance may be increased due to heightened relapse potential. Programs have ready access to psychiatric, medical, and urinalysis laboratory services. Evidence-based approaches include: Cognitive Behavioral, Motivational Interviewing, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Staying Quit, Gender-Responsive Services, Co-Ed Nurturing Parenting, and Twelve Step (optional). Treatment consists of 9 or more hours per week with an average length of stay being 2-8 weeks with ongoing relapse prevention options. Treatment plan reviews are completed and updated according to ASAM criteria. Our services are accessible to the community beyond just regular business hours. We try to accommodate our clients' needs by providing evening appointments. The treatment approach increases stability through structure while maintaining a client's independence of own residence and employment. ASAM Level II.5 Women's Day Treatment: Clients are evaluated and services are provided in regularly scheduled individual and group sessions based on individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Services are enhanced with family centered groups and children's therapeutic day care. Trauma informed treatment is offered as there are a high percentage of women with addiction issues who also have a history of abuse or trauma. Children are assessed for developmental, educational, and therapeutic needs. Families are provided treatment or referrals as needed. Parent and child activities are provided to promote attachment and bonding. Parenting groups include teaching, practicing, and reviewing skills for parenting children of all ages. Programs have ready access to psychiatric, medical, and urinalysis laboratory services. Evidence-based approaches focus upon Women's Specific Treatment including Cognitive Behavioral, Motivational Interviewing, Relationships & Family Education and Support, Moral Reconciliation Therapy (MRT), TREM, Trauma Informed Treatment, Relapse Prevention for Women, Nurturing Parenting, and Twelve Step (Optional). Case Management assists with linking clients to community resources such as housing, employment, child care, medical, and education. Children's Therapeutic Day Care, Developmental Skills Building, and Family Activities are available daily, Monday-Friday 9-4 with the ability to have extended evening hours as needed. The average length of stay is 16 weeks with ongoing relapse prevention options. Treatment plan reviews are completed and updated according to ASAM criteria. Evidence based practices are becoming increasingly integrated into clinical services provided.

Referrals and partnerships/collaboration include the following resources: ATR, Vocational Rehabilitation, Health Department (HIV, STD, TB), UA monitoring, housing, Ogden City Schools (GED), Workforce Services, Adult Probation and Parole, Division of Child and Family Services, city/county court systems, psychiatric/medical, community treatment providers, and transportation.

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

There continues to be an increase with referrals for outpatient services where Medicaid or ATR are the primary funding sources.

Describe any significant programmatic changes from the previous year.

Seeking Safety gender-specific groups for men and women will be implemented as options. Men's gender specific trauma group was implemented this past year using curriculum from Stephanie Covington.

Form B – Substance Abuse Treatment Budget Narrative

10) Detoxification (Outpatient- ASAM I-D or II-D)

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.

Social Detox: (ASAM Level I-D) Clients are screened and assessed utilizing the ASAM patient placement criteria for supportive services to address any minimal withdrawal risks and referrals are made to community supports such as St. Anne's Center and Women's Retreat Home. We provide no on-site social detox beds. Once stabilization occurs approximately after 7-10 days, treatment levels of care are re-assessed and recommended. Referrals are made to other community supports as needed and available. When social detox is not appropriate but the ASAM criteria indicates a need for detox, the individuals are referred to the hospital.

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

No changes are anticipated within this next fiscal year.

Describe any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

11) Recovery Support Services

Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

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.

Twelve-step community meetings are encouraged during treatment and linked to resources as part of ongoing support during discharge planning. Individuals are also able to access the Alumni group, extended care groups, and maintenance groups during treatment and can continue attending these groups after discharge from treatment services. The extended care and maintenance groups review relapse prevention tools as well as address relapses. As part of the extended care program, A&RS has implemented Continuous Recovery Monitoring (CRM) which includes brief follow up phone calls with clients. A screening tool is used to assess client's recovery including need for treatment or support services.

The Alumni group is an established peer support group since 2000 that includes peer mentoring, community services, and planned pro-social activities. The Alumni group consistently collaborates with Weber County Prevention & Recovery Day during the month of September. The group established an Alumni Board to represent all programs in the Addiction & Recovery Services area. The Board consists of not only various drug court program graduates but also other individuals in recovery such as clients who were self-referred.

Using the ROSC model as guidance, case management services are provided as needed not only during a treatment episode but as ongoing support for access to resources. Child care is provided onsite as well as referrals made to YCC day care and Family Support Center Crisis Day Care as needed. Case management works closely with Vocational Rehabilitation, Work Force Services, and ATC to assist with accessing and sustaining employment. Good Landlord Second Chance Housing and Safe and Sober Housing are readily accessed to promote permanent housing.

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

WHS has been able to access ATR funding to assist with resources for extended care. During this next fiscal year, WHS will continue to access ATR funding for extended care resources and focus upon continuing care using the ROSC Model.

A&RS will be working with USARA to access peer mentoring training and seek certification for peer mentoring through DSAMH.

Referrals have increased for the Good Landlord Second Chance Housing and Safe and Sober Housing with House of Hope. Expansion of these housing resources is expected.

Describe any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

12) Quality and Access Improvements

Describe your Quality and Access Improvements

WHS has implemented several evidence-based practices shown to improve outcomes for individuals with substance abuse and co-occurring disorders. These practices include Motivational Interviewing (adult and youth), Moral Reconciliation Therapy (adult and youth), the MATRIX model (adult), TREM (adult), Nurturing Parenting, Aggression Replacement Training (youth), and Adolescent Substance Abuse Skills Effectiveness Training – ASSET (Youth).

WHS has also invested extensively in building an infrastructure within the agency to support the effective implementation of these models and support fidelity to these models. A comprehensive supervision plan has been adopted to ensure that supervisory practices lead to clinician skill acquisition and that those skills are used in clinical practice. This includes requirements associated with skill practice and the review of audio-recorded treatment sessions to improve quality.

WHS has adopted the Drug Use Screening Inventory – Revised (DUSI-R) for adults and youth as a means of both better assessing client needs and monitoring outcomes associated with intervention. Clients complete the DUSI-R on a monthly basis. The information is used to guide treatment planning and to improve programming.

WHS has also initiated a process for monitoring treatment retention rates and has adopted several strategies, including the use of Motivational Interviewing, to increase client retention.

Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

This past year, WHS has been able to extend day care to evening hours Monday-Thursday while clients are attending groups and individual appointments. WHS will continue to explore and pursue federal funding for program services including drug courts, outpatient, and re-entry programs.

The MAT committee is planning to expand and include community partners from the drug courts and other agency referrals to assist with implementation and training of MAT as an EBP.

Form B – Substance Abuse Treatment Budget Narrative

13) Services to Incarcerated People

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.

Services are available through county mental health funding (not SAPT) for all county inmates at the Weber County Jail. WHS contracts with the Jail to provide the following: Two full-time, licensed mental health therapists whose offices are located at the jail. Therapists perform mental health assessments, prescreening for possible medication evaluation, and provide education and training for jail staff. Acute crisis intervention is provided after normal working hours by the 24-hour crisis care therapists. One of the assigned jail therapists is Spanish speaking. The mental health therapists also evaluate for high-risk inmates who present with suicidal ideation and work with jail staff in ensuring constant individual supervision of the inmate as necessary. Staff members provide individual counseling and assistance in gaining access to medications for current WHS clients.

Screening and assessments are completed in the jail for potential individuals eligible for the Felony DUI Court Program and DORA. The assessment recommendations are provided as part of 2nd District Court sentencing. Upon release, clients can then immediately access treatment services.

WHS coordinates treatment services with the County Jail Work Release Program. Clients may attend treatment while in the work release program. Jail staff and WHS collaborate to provide close monitoring of clients through tracking sheets, urinalysis testing, and communication with the treatment provider and officer.

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

No expected increases or decreases or expected.

Describe any significant programmatic changes from the previous year.

What is the amount of SAPT funds that are used to provide services to County jails?

No SAPT funds are used to provide services in the County jails.

Form B – Substance Abuse Treatment Budget Narrative

14) Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

WHS provides both mental health and substance abuse services in one location. Clients can access services including individual, group, and psychiatric services in both areas. WHS employs licensed clinicians that can offer individual and group treatment services for co-occurring disorders. WHS provides a co-occurring treatment group that can be accessed for outpatient and intensive outpatient ASAM placements. Medication management is provided through on-site psychiatric appointments or referrals to community health centers such as Midtown Community or private physicians. Coordination of care is managed through the primary clinician and assigned case manager.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

WHS currently partners with Midtown Community and IHC agencies.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Clients are assessed not only at the beginning of treatment but also throughout a treatment episode for physical, mental, and substance use disorder needs. Community referrals are made including referrals to the co-located WHS/Midtown Wellness Clinic. Clients are assigned case managers to assist and coordinate care with the primary clinician. WHS and Midtown Community Health are currently integrated and co-located at Weber Human Services as part of a federal grant through SAMHSA. Funding has included services for the SPMI population. As the grant funding is ending in the next fiscal year, WHS and Midtown are pursuing the ability to sustain integrated health care including expanding services offered to the substance abuse population that may not have been able to access services under the current grant funding.

Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.

An in-house MAT committee has been in place and will be expanding to include community partners. This past year the focus of the committee has been on gathering information and educating community partners as well as clinicians to better assist with accessing and understanding MAT. This next fiscal year, the areas of focus with the MAT committee will be continued education and training of staff and community partners including drug courts. It is expected that there will be an increase in referrals for medication assisted treatment.

WHS has a working relationship with MAT agencies such as Metamorphosis and referrals are made for Methadone and Suboxone medication as part of coordination for client care. Private physicians are accessed for Suboxone when deemed appropriate. Other forms of medication assisted therapy such as Antabuse and Naltrexone are evaluated onsite with a medication evaluation or referred to private physicians.

ATR has been utilized for access to funding MAT services for non-Medicaid clients. Other funding sources will continue to be explored including private insurance and self-pay payment plans.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment. Clients are assessed at the beginning and throughout treatment regarding treatment and referrals for smoking cessation options. Smoking cessation groups as well as nicotine replacement strategies are available such as patches, gum, and medication. Education is provided to both staff and clients in order to promote a tobacco-free environment. Residential programs have implemented an incentive program to assist clients in becoming tobacco free as part of their treatment plan.

Form B – Substance Abuse Treatment Budget Narrative

15) Drug Court

Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.

Weber Human Services provides treatment, case management, and drug testing for Felony Drug Court, Felony DUI Court, Family Drug Court, and Juvenile Delinquency Drug Court. Services are provided directly through Weber Human Services. Contracted services include safe and sober housing with House of Hope. A community partnership implemented the Good Landlord Second Chance Program and referrals have increased from drug court programs to this program.

Based on the RANT screening and clinical assessment, adult clients involved in the various drug court programs enter treatment at WHS. Treatment services provided include services described in previous sections 1 through 14 and 18. The juvenile delinquency drug court treatment services are described in section 17.

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

WHS/A&RS received federal funding through BJA to expand and sustain the Felony DUI program. The funding ends this next fiscal year. WHS is pursuing funding to continue this program, but it may be with a decreased amount of treatment slots available. Felony Drug Court increased 30 treatments slots through a federal BJA grant in partnership with the Division. WHS will continue to pursue federal funding as necessary to support the drug court programs.

The Family Drug Court has been able to access TA support and consulting services at no charge through Children and Family Futures that work specifically with family drug courts nationally. This assistance has furthered the team in working together, defining roles, collaborating, and identifying the need to expand services to include children and other family members. The TA support will continue this next fiscal year.

There is a plan to implement peer support services in the Adult Drug Court programs. Currently, there is a shortage of resources for peer support services. Funding options are being explored to allow for delivery of this important service.

Describe any significant programmatic changes from the previous year.

Contracted residential services for men and women without children through House of Hope are no longer available in Weber County due to the closure of Serenity House.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

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 DORA program has approximately 100 treatment slots at any given time. After AP&P has identified potential participants for the DORA program, an individual completes a clinical assessment through WHS. For potential DORA participants who are incarcerated, a clinical screening is completed at the jail by WHS. Once a DORA participant enters treatment, the client is able to access treatment services as described in previous sections 1-14, and 18.

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

No changes are anticipated within this next fiscal year.

Describe any significant programmatic changes from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

17) Women's Treatment

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.

Services for women and children include residential (Tranquility Home), day treatment (Women & Children's Day Treatment), and outpatient treatment (Clean Start). Clients have an opportunity to learn basic life skills, parenting, relapse prevention, and recovery support for clients to transition from their program. Clients are assigned individual therapists and case managers. Clients and their children are involved in groups, family therapy, and individual therapy to address the needs of the parent and children. Case managers assist with coordination with other agencies especially in the areas of medical care, employment, education, and child care.

Gender-specific substance abuse treatment services include using curriculum authored by Stephanie S. Covington, Ph.D. for trauma groups, relapse prevention groups, and a recovery group. Trauma informed treatment includes the TREM model to address physical, emotional, and sexual abuse. There are specific domestic violence groups available for offenders, victims, and children. Other evidence-based models include MRT and MATRIX. Relapse prevention and recovery focus upon family and women's issues. Parenting education is provided using EBP, Nurturing Parenting, as well as addressing employment issues. In Tranquility Home, supervised, family activities are available for parents and children to participate in on a weekly basis. Children's treatment services address the impact of substance abuse on children, including abuse/neglect and parenting and are available concurrent with women's treatment services for Clean Start, Women & Children's Day Treatment, and Tranquility Home.

Therapeutic day care is available for children ages 0-school-age with expansion of ages during summer months. A support group is available for children using the curriculum provided by SAMHSA, "Supportive Education for Children of Addicted Parents." Children exposed to family (domestic) violence can be referred to the KIDS: Safe At Home group treatment program addressing children's exposure to violence. This program is a 12-week group process exploring a variety of topics that include: feelings, esteem, communication, violence, responsibility, safety and sexual abuse.

Efforts to increase opportunities for parent and child activities to promote bonding and attachment are continuing. Evening and weekend activities have expanded to include visits with children for mothers who do not have their children in their care while at Tranquility Home. The children are able to participate with their parents in family strength-based activities. These activities are expected to continue and expand this next fiscal year as referrals increase. Tranquility Home has partnered with Utah State Extension Services who provides monthly classes for clients to learn healthy meal planning for families. Clients are now preparing some of their meals utilizing these skills taught in the classes.

All services are provided directly through WHS.

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

Seeking Safety will be implemented as a group for women who have experienced trauma. This group will be in addition to the other trauma informed groups already available.

Describe any significant programmatic changes from the previous year.

A trauma informed care approach has begun with first implementing universal practices standards for all clients. Training with clinical and customer care staff has taken place and continues to take place.

Form B – Substance Abuse Treatment Budget Narrative

18) Adolescent (Youth) Treatment

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.

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 WHS youth substance abuse outpatient program provides individual, group, and family counseling services to adolescents self-referred, referred by the juvenile court, and referred by the local school districts. Clients are screened using the Drug Use Screening Inventory (DUSI) and then assessed via the Comprehensive Adolescent Substance-abuse Inventory (CASI). The WHS Specialized Family Services Team delivers empirically supported interventions derived from evidence-based models shown to reduce substance abuse and improve client functioning. These include: Aggression Replacement Training, Moral Reconation Therapy, Motivational Interviewing and ACRA Adolescent Community Reinforcement Approach. Another skill based CBT group program ASSET is also provided. The services are developmentally appropriate, family focused, and have a strong emphasis on engagement. Much of the service is provided in the homes of the youth. Staff is trained to identify and develop treatment plans that identify risk factors that sustain drug and alcohol using behavior. Therapists are also knowledgeable in diagnosing and responding to co-occurring mental health disorders. Supplementing the family interventions with quality CBT group interventions, psychiatric care, including medication management, is routine practice. The frequency of contact is matched to the presenting needs of the youth. It should also be noted that youth are required to participate in random drug testing as part of the counseling service.

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

No anticipated changes.

Describe any significant programmatic changes from the previous year.

No anticipated changes.

Form C – Substance Abuse Prevention Narrative

Instructions:

In the boxes below, please provide an answer/description for each question.

1) Prevention Assessment

Describe your area prevention assessment process and the date of your most current community assessment(s).

The most current completed assessment was in 2010/2011. Our Prevention Advisory Committee collected and analyzed data from numerous sources including SHARP, BRFSS, Safe and Drug Free School Reports, DSAMH Annual Report, Second District Juvenile Court, Department of Child and Family Services, Weber State University, Law Enforcement Data, Weber Morgan Health Department, Weber Human Services and other epidemiological data. At that time our priority risk factors were: attitudes favorable to anti-social behavior, underage drinking, poor family management, perception of risk of drug use, parental attitudes favorable to anti-social behavior and rewards for pro-social behavior. We also conducted key leader interviews to determine community readiness and identified other existing prevention services in the community.

We started another community assessment in March 2012. Our Prevention Advisory Committee collected and analyzed data from numerous sources including SHARP, BRFSS, Safe and Drug Free School Reports, DSAMH Annual Report, Second District Juvenile Court, Department of Child and Family Services, Weber State University, Law Enforcement Data, Weber Morgan Health Department, Weber Human Services and other epidemiological data. We have prioritized our risk and protective factors. Our prioritized risk factors are: parental attitudes favorable to anti-social behavior, academic failure, and depressive symptoms. Our prioritized protective factors are: rewards for pro-social behavior in the family and community domain. We are in the process of identifying resources and gaps in the community.

We also did another community assessment for the Bonneville Cone, which includes the cities of Riverdale, Washington Terrace, South Ogden and Uintah, in February 2012. Our Bonneville CTC collected and analyzed data from numerous sources including SHARP, BRFSS, Safe and Drug Free School Reports, DSAMH Annual Report, Second District Juvenile Court, Department of Child and Family Services, Weber State University, Law Enforcement Data, Weber Morgan Health Department, Weber Human Services and other epidemiological data. We have prioritized our risk and protective factors. Our prioritized risk factors are: parental attitudes favorable toward anti-social behavior, academic failure, low commitment to school, depressive symptoms, and early initiation of anti-social behavior. Our prioritized protective factors are: rewards for pro-social involvement (family and community), opportunities for pro-social involvement (school and peer/individual), belief in a moral order, and family attachment.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

Identify the prioritized risk/protective factors for each community identified in box #1.

Our prioritized risk factors for Weber County are: parental attitudes favorable to anti-social behavior, academic failure, and depressive symptoms. Our prioritized protective factors are: rewards for pro-social behavior in the family and community domain.

Our prioritized risk factors for the Bonneville Cone are: parental attitudes favorable toward anti-social behavior, academic failure, low commitment to school, depressive symptoms, and early initiation of anti-social behavior. Our prioritized protective factors are: rewards for pro-social involvement (family and community), opportunities for pro-social involvement (school and peer/individual), belief in a moral order, and family attachment.

Form C – Substance Abuse Prevention Narrative

3) Prevention Capacity and Capacity Planning

Describe prevention capacity and capacity planning within your area.

We currently have a Prevention Advisory Committee consisting of numerous community agencies and key stakeholders that meet together regularly to discuss prevention needs, services and gaps. Most committee members have been trained in the 5 step prevention process and some have completed SAPST and other prevention training.

We have established a Communities That Care Coalition that includes four cities, Riverdale, Washington Terrace, South Ogden, and Uintah. This is the Bonneville CTC as it covers the Bonneville High Cone.

Part of our prevention capacity building and planning for next year is to increase the number of Communities That Care Coalitions we have in our area. Those communities that we are targeting are:

Roy High Cone: Roy and West Haven

Fremont High Cone: Plain City, Farr West, West Haven, Harrisville, Hooper, and Taylor

Weber High Cone: North Ogden, Pleasant View, Harrisville

These communities were chosen based on the success of Bonneville CTC and the readiness of Weber School District. Ogden was not chosen due to already having in place a large coalition for Ogden City called Ogden United and lack of readiness for Ogden School District.

Members of our prevention department serve on numerous community boards and coalitions in an effort to coordinate services and share prevention information.

We continue to establish creative collaboration to help address gaps and sustain current efforts.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

We followed the planning process as outlined in SAMHSA's Strategic Prevention Framework.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

We have identified evaluation methods for each of our programs and strategies that adhere to DSAMH's minimum evaluation requirements.

Prevention staff regularly analyze evaluation data and make modifications to programs, delivery techniques, strategies etc. as needed.

Next year we are planning on having two of our programs that fall under Tier 2 formally evaluated and submitted to the Evidence Based Workgroup for consideration for a Tier 3.

Form C – Substance Abuse Prevention Narrative

6) Logic Models

Attach Logic Models for each program or strategy.

Form C – Substance Abuse Prevention Narrative

7) Discontinued Programs

List any programs you have discontinued from FY2013 and describe why they were discontinued.

Discontinued Programs are: School Age Alternative Program – UTABA, Peer Leadership, Governing Youth Council, Prime for Life, SECAP, and Screenings.

UTABA, Peer Leadership and Governing Youth Council are being discontinued as they are not an evidenced based programs and due to low utilization. Although it they are covered under the CSAP Strategy: Alternatives. We have chosen to focus more of our efforts on Community Based Process, such as Communities That Care.

Prime for Life is being discontinued due to low utilization and it is offered by other community partners in our area.

SECAP is being discontinued due to low utilization, it's not an evidenced based program, and a similar program, Grandfamilies, is being brought to our area next year. This program targets the same population however they have higher capacity and wider range of services for these families.

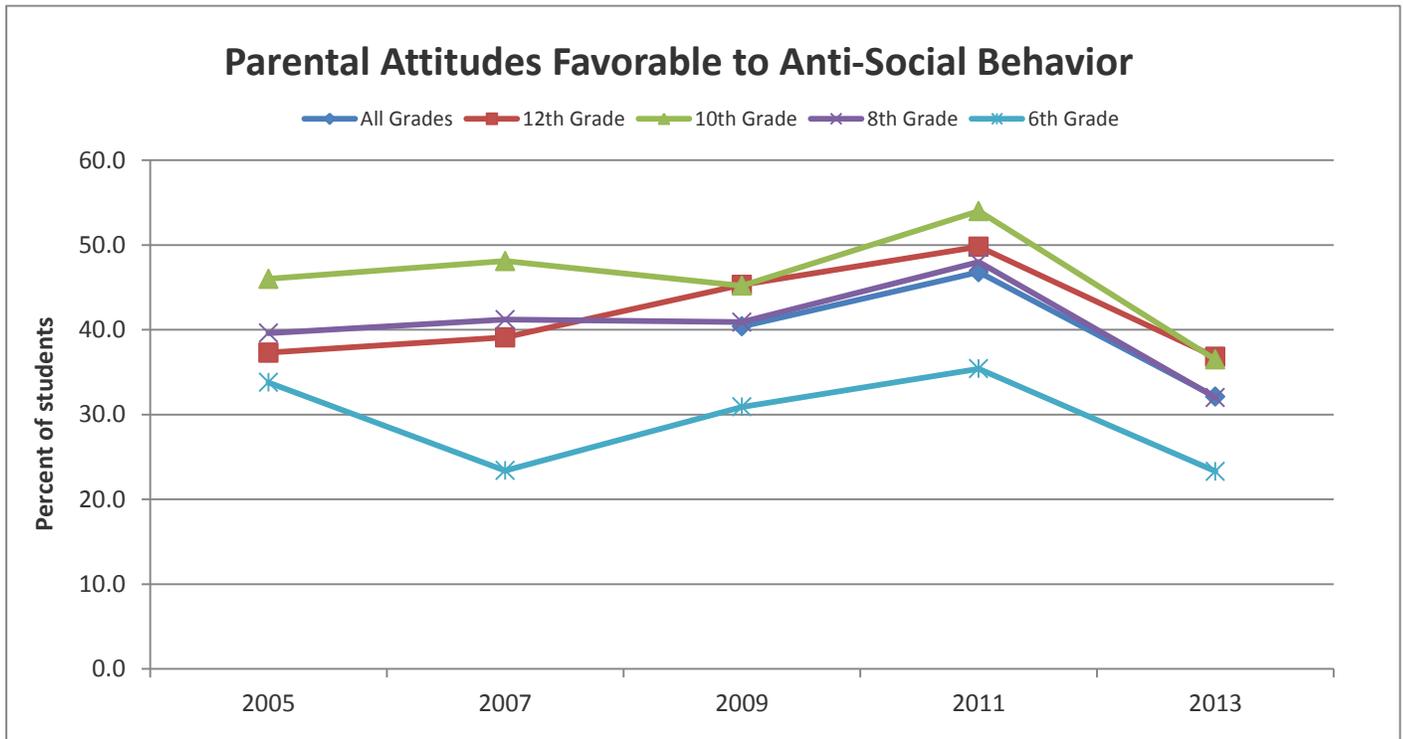
Screenings will still be provided to the community through WHS Youth Substance Abuse Team. The screening process consists of the client (youth) taking the Drug Use Screening Inventory (DUSI) and the parent filling out the Parent Screening Report Instrument. Scores from both instruments identify whether the client needs prevention or treatment services. If the screening indicates prevention services we refer those clients to our Parent and Teen Alternative Program.

Form C – Substance Abuse Prevention Narrative

8) Prevention Activity

Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.

I believe that our Guiding Good Choices and STEP parenting programs have made a significant impact on our community. We implemented these programs as they address the risk factor of parental attitudes favorable to anti-social behavior. This was our highest risk factor in 2011 SHARP data. As you can see from the graph below the scores went down significantly across the board.



Program Name: All Stars	Evidence Based <u>Y</u> N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Drug Use	Attitudes favorable to drug use	30 7 th grade students attending YMCA's after school program at Sand Ridge Jr. High and Mount Ogden Jr. High.			All Stars Program 45 min. x once per week x 13 weeks.	Attitudes favorable to drug use will decrease from 20.1% in 2011 to 18% in 2015. Students' scores will increase from pretest to post test on commitment to avoid high risk behaviors and bonding to school	30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019. 30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019. 30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.
Measures & Sources	2011 SHARP School District Data	2011 SHARP School District Data Program Pre and Post Tests	Program logs Attendance records			Program logs Attendance records	SHARP Survey 2015	SHARP Survey 2019

Program Name: High Risk Support Groups				Evidence Based Y N (Tier 2)				
LSAA: Weber Human Services								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Drug Use	Early initiation of antisocial behavior Depressive Symptoms	300 1st grade students in the following elementary schools who the school as identified as at risk: Club Heights, Freedom, Gramercy, H. Guy, Heritage, Horace Mann, Kanerville, MarLon Hills, North Park, Odyssey, Plain City, Polk, Roosevelt, Roy, Shadow Valley, Taylor Canyon, Washington Terrace, West Weber			<p>Growing Up Strong Program held once per week x 1 hours x 10 weeks. Facilitated by school counselors.</p> <p>Small group facilitation on topics such as: self-esteem, family, peer pressure, diversity, feelings, coping skills, anger management, personal safety, and working together.</p>	<p>Early initiation of anti-social behavior among 6th grade students will decrease from 16.9% in 2013 to 12.9% in 2019.</p> <p>Depressive symptoms among 6th grade students will decrease from 34.1% in 2013 to 30% in 2019.</p> <p>Students will show a decrease in negative behaviors from pre to post test.</p> <p>Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety from pre to post test.</p>	<p>Lifetime alcohol use among 6th grade students will remain at 0.8% in 2011 to 2019</p> <p>Lifetime marijuana use among 6th grade students will remain at 0.3% in 2011 to 2019</p> <p>Lifetime tobacco use among 6th grade students will remain at 0.2% in 2011 to 2019</p>
Measures & Sources	2011 SHARP	2011 SHARP	Attendance records			Attendance Records	SHARP 2015 Pre & Post Tests	SHARP 2019

Program Name: Parents Empowered	Evidence Based <u>Y</u> N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce underage drinking	Parental attitudes favorable to anti-social behavior and drug use.	800 Parents of children ages 10-19			<p>Articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention.</p> <p>Parents Empowered Kits and collateral items will be distributed at various local community events, schools, community classes, and worksites.</p> <p>Minimum of 10 events yearly</p>	<p>Parental attitudes favorable to anti-social behavior will decrease from 47.3% in 2011 to 44.3% in 2015.</p> <p>Parental attitudes favorable to drug use will decrease from 14.4% in 2013 to 12% in 2017.</p>	30 Day alcohol use will decrease from 10.1% in 2011 to 8.5% in 2019.
Measures & Sources	2011 SHARP	2011 SHARP Dan Jones survey	Prevention service delivery rosters			Collateral distributed Amount of media placed in LSAA Dan Jones surveys	SHARP 2015	SHARP 2019

Program Name: Local Prevention Networking	Evidence Based <u>Y</u> <u>N</u>
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Drug Use	Community Laws and norms favorable to drug use	50 Local organization/key leaders in Weber County.			<p>Community Based Process: Multi-agency coordination and collaboration.</p> <p>Prevention specialists serve on local boards, committees and coalitions to share prevention information, concepts, research and data</p> <p>Prevention Specialists will network with community partners, such as police departments, CTC coalitions, and other community partners to increase alcohol compliance checks.</p> <p>Prevention Specialists will work with CTC coalitions, community coalitions, and community partners to educate city officials on prevention science.</p> <p>Approximately 20 meetings a year.</p>	<p>Laws and norms favorable to drug use will decrease from 23.2% in 2011 to 21% in 2015.</p> <p>Increase alcohol compliance checks from 46 in 2013 to 60 by 2015.</p> <p>Contacts with Legislative officials to educate them on effective prevention will increase from 0 in 2013 to 20 by 2015.</p>	<p>30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019.</p> <p>30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p>
Measures & Sources	2011 SHARP	2011 SHARP Juvenile Court Data Archival Data Key leader surveys	Meeting minutes Attendance rosters			Meeting minutes Attendance rosters	SHARP Survey 2015 EASY Report 2015	SHARP Survey 2019

Program Name: Parent and Teen Alternative Program-Adolescents	Evidence Based Y N (Tier 2)
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day drug use among secondary students	<p>Perceived risk of drug use among secondary students.</p> <p>Poor family management among secondary students.</p>	20 Youth age 12-17 who have been referred by the juvenile court or local school as a result of a substance use violation.			<p>Parent and Teen Alternative Program held once per week x 2.5 hours x 6 weeks.</p> <p>Educational group held at Weber Human Services on topics such as communication, addiction, stress management, goal setting, prescription drugs, etc.</p>	<p>Perceived risk associated with drug use among 8, 10, 12 grade students will decrease from 31% in 2011 to 29% in 2015.</p> <p>Poor family management will decrease among 8, 10, 12 grade students from 30.8% in 2011 to 28.8% in 2015.</p> <p>Youth's knowledge of effective communication, problem solving, refusal skills will increase from pre to post test.</p> <p>Youth's knowledge of harmful effects of substance abuse will increase from pre to post test.</p>	<p>30 day alcohol use among 8th grade students will decrease from 7.9% in 2011 to 5.9% in 2019.</p> <p>30 day marijuana use among 8th grade students will decrease from 4.1% in 2011 to 3.1% in 2019.</p> <p>30 day tobacco use among 8th grade students will decrease from 3.3% in 2011 to 2.5% in 2019.</p> <p>30 day alcohol use among 10th grade students will decrease from 12.8% in 2011 to 9.8% in 2019.</p> <p>30 day marijuana use among 10th grade students will decrease from 10% in 2011 to 7.5% in 2019.</p> <p>30 day tobacco use among 10th grade students will decrease from 7.6% in 2011 to 5.6% in 2019.</p> <p>30 day alcohol use among 12th grade students will decrease from 20.2% in 2011 to 17.2% in 2019.</p> <p>30 day marijuana use among 12th grade students will decrease from 12.6% in 2011 to 9.6% in 2019.</p> <p>30 day tobacco use among 12th grade students will decrease from 9.3% in 2011 to 6.3% in 2019.</p>

Measures & Sources	SHARP 2011	2011 SHARP Program Pre-Post test	Referral forms Attendance rosters	Attendance rosters	SHARP 2015 Program Pre and Post Tests.	SHARP 2019
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Program Name: Parent and Teen Alternative Program-Parents	Evidence Based Y N (Tier 2)
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Drug Use	Poor family management Family attachment	20 Parents of youth age 12-17 who have been referred by the juvenile court or local schools as a result of a substance use violation.			Parent and Teen Alternative Program held once per week x 2 hours x 6 weeks. Educational group held at Weber Human Services on topics such as communication, addiction, stress management, goal setting, prescription drugs, etc.	Poor family management will decrease from 34.3% in 2011 to 32% in 2015. Family attachment will increase from 63.6% in 2011 to 68% in 2015 Youth's knowledge of effective communication, problem solving, refusal skills will increase from pre to post test. Youth's knowledge of harmful effects of substance abuse will increase from pre to post test.	30 day alcohol use among 8th grade students will decrease from 7.9% in 2011 to 5.9% in 2019. 30 day marijuana use among 8th grade students will decrease from 4.1% in 2011 to 3.1% in 2019. 30 day tobacco use among 8th grade students will decrease from 3.3% in 2011 to 2.5% in 2019. 30 day alcohol use among 10th grade students will decrease from 12.8% in 2011 to 9.8% in 2019. 30 day marijuana use among 10th grade students will decrease from 10% in 2011 to 7.5% in 2019. 30 day tobacco use among 10th grade students will decrease from 7.6% in 2011 to 5.6% in 2019. 30 day alcohol use among 12th grade students will decrease from 20.2% in 2011 to 17.2% in 2019. 30 day marijuana use among 12th grade students will decrease from

						<p>12.6% in 2011 to 9.6% in 2019.</p> <p>30 day tobacco use among 12th grade students will decrease from 9.3% in 2011 to 6.3% in 2019.</p>
Measures & Sources	SHARP 2011	2011 SHARP Program Pre-Post test	Referral forms Attendance rosters	Attendance rosters	SHARP 2015 Program Pre and Post Tests	SHARP 2019

Program Name: Communities That Care	Evidence Based <u>Y</u> N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Drug Use	<p>Community Laws and norms favorable to drug use</p> <p>Community Rewards for Pro-social Involvement</p>	<p>Residents of Weber County in the following catchment areas:</p> <p>Bonneville High Cone (12,614 residents)</p> <p>Roy High Cone (20 residents)</p> <p>Fremont High Cone (20 residents)</p> <p>Weber High Cone (20 residents)</p>	<p>Prevention Specialists will provide TA and oversee implementation of CTC model to Bonneville CTC.</p> <p>Prevention Specialists will educate key leaders and stakeholders in Roy High, Fremont High, and Weber High communities and provide TA in the implementation of CTC in these communities.</p>	<p>Laws and norms favorable to drug use will decrease from 24.2% in 2013 to 21% in 2017.</p> <p>Community rewards for pro-social involvement will increase from 56.9% in 2013 to 60% in 2017.</p>	<p>30 day alcohol use for all grades will decrease from 10.9% in 2013 to 8.5% in 2019.</p> <p>30 day marijuana use for all grades will decrease from 8.2% in 2013 to 6.2% in 2019.</p> <p>30 day tobacco use for all grades will decrease from 4.5% in 2013 to 3.5% in 2019.</p> <p>30 day prescription drug use for all grades will decrease from 2.9% in 2013 to 2.1% in 2019.</p>		
Measures & Sources	2011 SHARP	SHARP 2011	<p>Meeting Minutes</p> <p>Attendance Rosters</p> <p>Prevention Service Delivery Logs</p>	<p>Meeting Minutes</p> <p>Attendance Rosters</p> <p>Prevention Service Delivery Logs</p>	SHARP Survey 2015	SHARP Survey 2019		

Program Name: Prevention Dimensions Training	Evidence Based <u>Y</u> N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Drug Use	<p>Attitudes favorable towards ant-social behavior</p> <p>Attitudes favorable to drug use.</p> <p>Academic Failure</p> <p>Depressive Symptoms</p>	120 New teachers in the Ogden and Weber School Districts			<p>Teachers will be trained in prevention concepts and how to effectively implement the state wide Prevention Dimensions Curriculum.</p> <p>Teachers will implement PD curriculum in their classrooms to their students. Students' knowledge of prevention and life skills will increase.</p> <p>Approximately 3 trainings a year held at Weber Human Services.</p>	<p>Attitudes favorable toward anti-social behavior will decrease from 29% in 2011 to 27% in 2015.</p> <p>Parental attitudes favorable to drug use will decrease from 14.4% in 2013 to 12% in 2017.</p> <p>Academic failure will decrease from 39.6% in 2013 to 37% in 2017.</p> <p>Depressive symptoms among 6th grade students will decrease from 34.1% in 2013 to 30% in 2019</p>	<p>30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019.</p> <p>30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p> <p>30 day prescription drug use for all grades will decrease from 2.9% in 2013 to 2.1% in 2019.</p>

Measures & Sources	SHARP 2011	SHARP 2011	Attendance rosters	Attendance rosters Pre-Post tests PD use reports	SHARP 2015	SHARP 2019
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Program Name: Statewide Prevention Planning	Evidence Based <u>Y</u> <u>N</u>
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce drug use.	Laws and norms favorable to drug use	5 Coalitions and/or committees throughout the state of Utah in efforts to affect Weber County. Approximately 30 meetings a year (meetings vary between monthly, bi-monthly, quarterly)			Community Based Process: Multi-agency Coordination & Collaboration. Local Prevention Specialists will serve on state committees and coalitions. Prevention Specialists will regularly attend state meetings to share prevention information and support statewide efforts.	Laws and norms favorable to drug use will decrease from 23.2% in 2011 to 21% in 2013.	30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019. 30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019. 30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.
Measures & Sources	SHARP 2011	SHARP 2011	Prevention Service Delivery Rosters			Attendance rosters	SHARP 2013	SHARP 2019

Program Name: Information Dissemination	Evidence Based Y N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Drug Use	<p>Perceived risk of drug use.</p> <p>Laws and Norms favorable to drug use.</p> <p>Attitudes favorable to drug use.</p>	3000 Residents of Weber County			<p>Substance abuse prevention materials and information will be distributed at local community events, health fairs etc. Approximately 8 events a year</p> <p>Information Dissemination: speaking engagements -- Presentations on various substance abuse prevention topics to community members as requested approximately 50 a year</p>	<p>Perceived risk of drug use will decrease from 33.5% in 2011 to 30% in 2015.</p> <p>Laws and Norms favorable to drug use will decrease from 22.6% in 2011 to 21% by 2015. Perception of risk of drug use will decrease from 32.8% in 2011 to 30.8% in 2015.</p> <p>Attitudes favorable to drug use will decrease from 20.1% in 2011 to 18% in 2015.</p>	<p>30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019.</p> <p>30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p>

Measures & Sources	SHARP 2011	SHARP 2011	Prevention service delivery rosters	Material distributed Participant Feedback Forms Prevention service delivery rosters	SHARP 2015	SHARP 2019
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Program Name: Guiding Good Choices	Evidence Based <u>Y</u> N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Drug Use	<p>Parental attitudes favorable to antisocial behaviors and drug use.</p> <p>Parental knowledge, attitudes, and behavior of how to reduce the risk of their children developing a drug problem</p> <p>Poor family management</p>	50 Parents and guardians of children ages 9-14 in Weber County			<p>Participants attend 2 hour x 1 per week x 5 weeks at local schools (TBD).</p> <p>Small group facilitation on topics such as: setting clear standards, healthy boundaries, refusal skills, communication skills.</p>	<p>Parental attitudes favorable to antisocial behavior will decrease for 6th and 8th grade from 42% in 2011 to 40 % 2015.</p> <p>Parental attitudes favorable for drug use for 6th and 8th grade will decrease from 14.4% in 2011 to 12.4 in 2015.</p> <p>Parental knowledge, attitudes, and behavior of how to reduce the risk of their children engaging in substance abuse will increase from pre to post test</p> <p>Poor Family Management will decrease from 36.7% in 2013 to 33% in 2017.</p>	<p>30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019.</p> <p>30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p> <p>30 day prescription drug use for all grades will decrease from 2.9% in 2013 to 2.1% in 2019.</p>

Measures & Sources	SHARP 2011	SHARP 2011 Pre-post tests	Attendance rosters Referral Form	Attendance rosters	SHARP 2015 Pre – post tests	SHARP 2019
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Program Name: Systematic Training for Effective Parenting	Evidence Based <u>Y</u> N
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LSAA: Weber Human Services

	Goal	Factors	Focus Population				Strategies	Outcomes	
			U	<u>S</u>	I			Short	Long
Logic	Reduce Drug Use	<p>Parental attitudes favorable to antisocial behaviors and drug use.</p> <p>Poor family management</p>	75 Parents and guardians of children ages 6 – 12 in Ogden and Weber School Districts identified as at risk and referred to program.				<p>Odyssey Elementary, James Madison Elementary, Gramercy Elementary, Washington Terrace Elementary, Club Heights Elementary, Roosevelt Elementary</p> <p>Participants attend 1.5 hour x 1 per week x 6 weeks.</p>	<p>Parental attitudes favorable to antisocial behavior will decrease for 6th and 8th grade from 42% in 2011 to 40 % 2015.</p> <p>Parental attitudes favorable for drug use for 6th and 8th grade will decrease from 14.4% in 2011 to 12.4 in 2015.</p> <p>Parental knowledge, attitudes, and behavior of how to reduce the risk of their children engaging in substance abuse will increase from pre to post test</p> <p>Poor Family Management will decrease from 36.7% in 2013 to 33% in 2017.</p>	<p>30 day alcohol use for all grades will decrease from 10.1% in 2011 to 8.5% in 2019.</p> <p>30 day marijuana use for all grades will decrease from 6.6% in 2011 to 4.6% in 2019.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p> <p>30 day prescription drug use for all grades will decrease from 2.9% in 2013 to 2.1% in 2019.</p>
Measures & Sources	SHARP 2011	SHARP 2011 Pre-post tests	Attendance rosters Referral Form				Attendance rosters	SHARP 2015 Pre-post tests	SHARP 2019

Assessing Sliding Fee and Financial Hardship Protocol Programs Using Color Code System

1. Treatment fees are established and collected by Weber Human Services (WHS). Fees are based on income on a sliding fee scale approved by the WHS Board of Directors. The fee is an established weekly fee and includes all services provided during that week i.e. individual sessions, group sessions, and drug testing. Clients sign a Rights and Responsibilities Agreement that outlines treatment fees and are given a handout describing expectations for weekly payments fees (see “Color Coded Payment System” flyer attached).

As of 4/1/2014, the ARS program (Adult Substance Abuse Treatment) is using the approved \$15 minimum weekly fee scale. The Youth Substance Abuse Treatment program is using the approved \$10 minimum weekly fee scale.

Exception—approved 3/2014: The clients in the Juvenile Drug Court program will be assessed a weekly fee of \$10 (not based on income).

2. Medicaid Clients
 - a. Adult Medicaid clients will be assessed a \$5 weekly fee to cover a portion of the cost of their UA tests that are not a covered service from Medicaid.
3. Client reports zero income
 - a. The DUSI fee is waived.
 - b. The minimum fee based on income is still assessed initially. The client is notified that if they are unable to make that minimum payment due to lack of income, they can discuss their circumstances with their therapist to explore the possibility of a financial hardship.
4. Residential Clients
 - a. All clients will maintain a financial hardship status and a \$0 weekly fee for 90 days while in residential care.
 - b. The client will sign the Residential Hardship Agreement (see attachment) acknowledging that the applicable minimum weekly fee will be established at the conclusion of the 90 days.
5. All Other Clients
 - a. All other clients will be eligible for a financial hardship with a \$0 weekly for a cumulative maximum of 60 days throughout the client's entire episode of care, unless additional time approved by the Clinical Director.
 - b. To request a financial hardship, the client's clinician must complete and submit the “WHS Hardship Agreement” form (see attachment) to the appropriate Customer Care Supervisor or designee.

- b. Clinicians should consider only requesting 30 days of hardship status at a time, in an attempt to maintain eligibility for further hardship status later during treatment in case other financial difficulties arise.
6. Admitting Clients With Previous Balances Owing in "Color" Tracking
- a. NO clients will be admitted into behavioral health services with WHS unless their first party account is in a "green" status.
 - b. Utilizing the check-in screen, court program staff and Customer Care staff will determine the amount required to get the client in the "green".
 - c. If the client cannot pay off the entire past due amount owing before admission to achieve a "green" status, Customer Care staff may work with the client to add an additional amount to their weekly fee to pay off their balance over a reasonable time. If during that old balance pay off period, the client is placed on a financial hardship, the remaining payoff balance will again be added into future required weekly fees.
 - d. Any exceptions to this pay off requirement must be approved by the appropriate Program Director or designee.
 - e. Potential clients are eligible to be placed into the interim group while they are paying off any required fees. But they CANNOT get any treatment services until the balance has been paid or otherwise put into a "green" status.
 - f. Clients being assessed for ATR or clients with active Medicaid will be exempt from paying a previous balance in order to be admitted for services/evaluation. These clients will be asked what they can pay towards their old balance. A fee reduction form will be completed by Customer Care for the remaining balance and given to the Customer Care Supervisor to process.
7. There are also community groups that sponsor treatment scholarships. Clients may apply for these scholarships.

Color Coded Payment System



- **WEEK 1** – Your first week of services you will be in the **GREEN** status, weekly payments are expected.
- **WEEK 2** – If you miss your weekly payment in your second week this will put you in the **YELLOW** status. At this time you will be allowed to groups and appointments.
- **WEEK 3** – If you miss your weekly payment in the third week this will put you in the **RED** Status. At this time you will be denied all services.

WHS Hardship Agreement

I, _____ am in a financial hardship due to circumstances of

My balance is \$_____.

I understand that under **financial hardship** I will have a weekly fee of **\$0** for services I receive but will remain in **GREEN** status so that I am able to attend treatment services until ___/___/____. **At the time my financial hardship expires, if no payments have been made this will cause me to be in RED status at which I will be denied all services.**

My plan for payments towards my fees during financial hardship is

Case Management appointment _____

_____ WHS ID# _____
Client Name (printed)

_____ Date: _____
Client Signature

_____ Date: _____
Clinician Signature

_____ Date: _____
Supervisor signature

WHS Residential Hardship Agreement

I, _____ am in financial hardship due to residing in WHS residential facility, Tranquility Home. I understand that I will have a weekly fee of \$0 for 90 days. This will allow me to remain **Green** in the color code system. After the 90 days my weekly fee will default to the minimum of \$15.00 weekly. If I become employed I will update my weekly fee with a current check stub. My financial hardship will expire on ____/____/____.

I have a prior balance of \$_____. If I do not pay this prior balance before my hardship expires, it may cause me to be **RED** in the color code system in which I will be denied all services.

_____ WHS ID# _____
Client Name (printed)

_____ Date: _____
Client Signature

_____ Date: _____
Clinician Signature

Clinical give to customer care for data entry.

CC Staff enter **Women's SA contract**, zero fee for 90 days and tracking bit Financial Hardship and Residential.

Initials _____

WEEKLY DISCOUNT FEE SCHEDULE

Revised 12/16/2011

Based on Household Income - Before Taxes

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$0 - \$400	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$401 - \$500	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$501 - \$600	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$601 - \$700	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$701 - \$800	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$801 - \$900	\$18	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$901 - \$1000	\$19	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$1001 - \$1100	\$23	\$15	\$15	\$15	\$15	\$15	\$15	\$15
\$1101 - \$1200	\$27	\$18	\$15	\$15	\$15	\$15	\$15	\$15
\$1201 - \$1300	\$31	\$18	\$15	\$15	\$15	\$15	\$15	\$15
\$1301 - \$1400	\$35	\$21	\$18	\$15	\$15	\$15	\$15	\$15
\$1401 - \$1500	\$40	\$24	\$18	\$18	\$15	\$15	\$15	\$15
\$1501 - \$1600	\$45	\$27	\$20	\$18	\$18	\$15	\$15	\$15
\$1601 - \$1700	\$50	\$30	\$23	\$19	\$18	\$15	\$15	\$15
\$1701 - \$1800	\$55	\$33	\$25	\$21	\$18	\$18	\$15	\$15
\$1801 - \$1900	\$61	\$37	\$28	\$23	\$20	\$18	\$18	\$18
\$1901 - \$2000	\$66	\$40	\$31	\$25	\$22	\$20	\$18	\$18
\$2001 - \$2100	\$72	\$44	\$34	\$28	\$24	\$22	\$20	\$19
\$2101 - \$2200	\$78	\$48	\$36	\$30	\$27	\$24	\$22	\$20
\$2201 - \$2300	\$84	\$52	\$40	\$33	\$29	\$26	\$24	\$22
\$2301 - \$2400	\$90	\$56	\$43	\$36	\$31	\$28	\$26	\$24
\$2401 - \$2500	\$96	\$60	\$46	\$38	\$34	\$30	\$28	\$26
\$2501 - \$2600	\$102	\$64	\$49	\$41	\$36	\$32	\$30	\$28
\$2601 - \$2700	\$109	\$68	\$53	\$44	\$39	\$35	\$32	\$30
\$2701 - \$2800	\$115	\$73	\$56	\$47	\$41	\$37	\$34	\$32
\$2801 - \$2900	\$121	\$77	\$60	\$50	\$44	\$40	\$36	\$34
\$2901 - \$3000	\$125	\$82	\$63	\$53	\$47	\$42	\$39	\$36
\$3001 - \$3100	\$125	\$86	\$67	\$56	\$49	\$45	\$41	\$38
\$3101 - \$3200	\$125	\$91	\$71	\$59	\$52	\$47	\$43	\$41
\$3201 - \$3300	\$125	\$96	\$74	\$63	\$55	\$50	\$46	\$43
\$3301 - \$3400	\$125	\$100	\$78	\$66	\$58	\$53	\$48	\$45
\$3401 - \$3500	\$125	\$105	\$82	\$69	\$61	\$55	\$51	\$48
\$3501 - \$3600	\$125	\$110	\$86	\$73	\$64	\$58	\$54	\$50
\$3601 - \$3700	\$125	\$115	\$90	\$76	\$67	\$61	\$56	\$52
\$3701 - \$3800	\$125	\$120	\$94	\$80	\$70	\$64	\$59	\$55
\$3801 - \$3900	\$125	\$124	\$98	\$83	\$74	\$67	\$62	\$58
\$3901 - \$4000	\$125	\$125	\$102	\$87	\$77	\$70	\$64	\$60
\$4001 - \$5900	\$125	\$125	\$106	\$90	\$80	\$73	\$67	\$63
\$5901 - \$4200	\$125	\$125	\$110	\$94	\$83	\$76	\$70	\$65
\$4201 - \$4300	\$125	\$125	\$115	\$98	\$87	\$79	\$73	\$68
\$4301 - \$4400	\$125	\$125	\$119	\$101	\$90	\$82	\$76	\$71
\$4401 - \$4500	\$125	\$125	\$123	\$105	\$93	\$85	\$79	\$74
\$4501 - \$4600	\$125	\$125	\$125	\$109	\$97	\$88	\$82	\$76
\$4601 - \$4700	\$125	\$125	\$125	\$113	\$100	\$91	\$85	\$79
\$4701 - \$4800	\$125	\$125	\$125	\$116	\$104	\$94	\$88	\$82
\$4801 - \$4900	\$125	\$125	\$125	\$120	\$107	\$98	\$91	\$85
\$4901 - \$5000	\$125	\$125	\$125	\$124	\$111	\$101	\$94	\$88
\$5001 - \$5100	\$125	\$125	\$125	\$125	\$114	\$104	\$97	\$91
\$5101 - \$5200	\$125	\$125	\$125	\$125	\$117	\$107	\$100	\$94
\$5201 - \$5300	\$125	\$125	\$125	\$125	\$121	\$111	\$103	\$97
\$5301 - \$5400	\$125	\$125	\$125	\$125	\$124	\$114	\$106	\$99
\$5401 - \$5500	\$125	\$125	\$125	\$125	\$125	\$117	\$109	\$102

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$5501 - \$5600	\$125	\$125	\$125	\$125	\$125	\$121	\$112	\$105
\$5601 - \$5700	\$125	\$125	\$125	\$125	\$125	\$124	\$115	\$108
\$5701 - \$5800	\$125	\$125	\$125	\$125	\$125	\$125	\$118	\$111
\$5801 - \$5900	\$125	\$125	\$125	\$125	\$125	\$125	\$122	\$114
\$5901 - \$6000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$117
\$6001 - \$6100	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$121
\$6101 - \$6200	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$124
\$6201 - \$6300	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6301 - \$6400	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6401 - \$6500	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6501 - \$6600	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6601 - \$6700	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6701 - \$6800	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6801 - \$6900	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6901 - \$7000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7001 - \$7100	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7101 - \$7200	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7201 - \$7300	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7301 - \$7400	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7401 - \$7500	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7501 - \$7600	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7601 - \$7700	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7701 - \$7800	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7801 - \$7900	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7901 - \$8000	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125

Shaded area indicates poverty levels

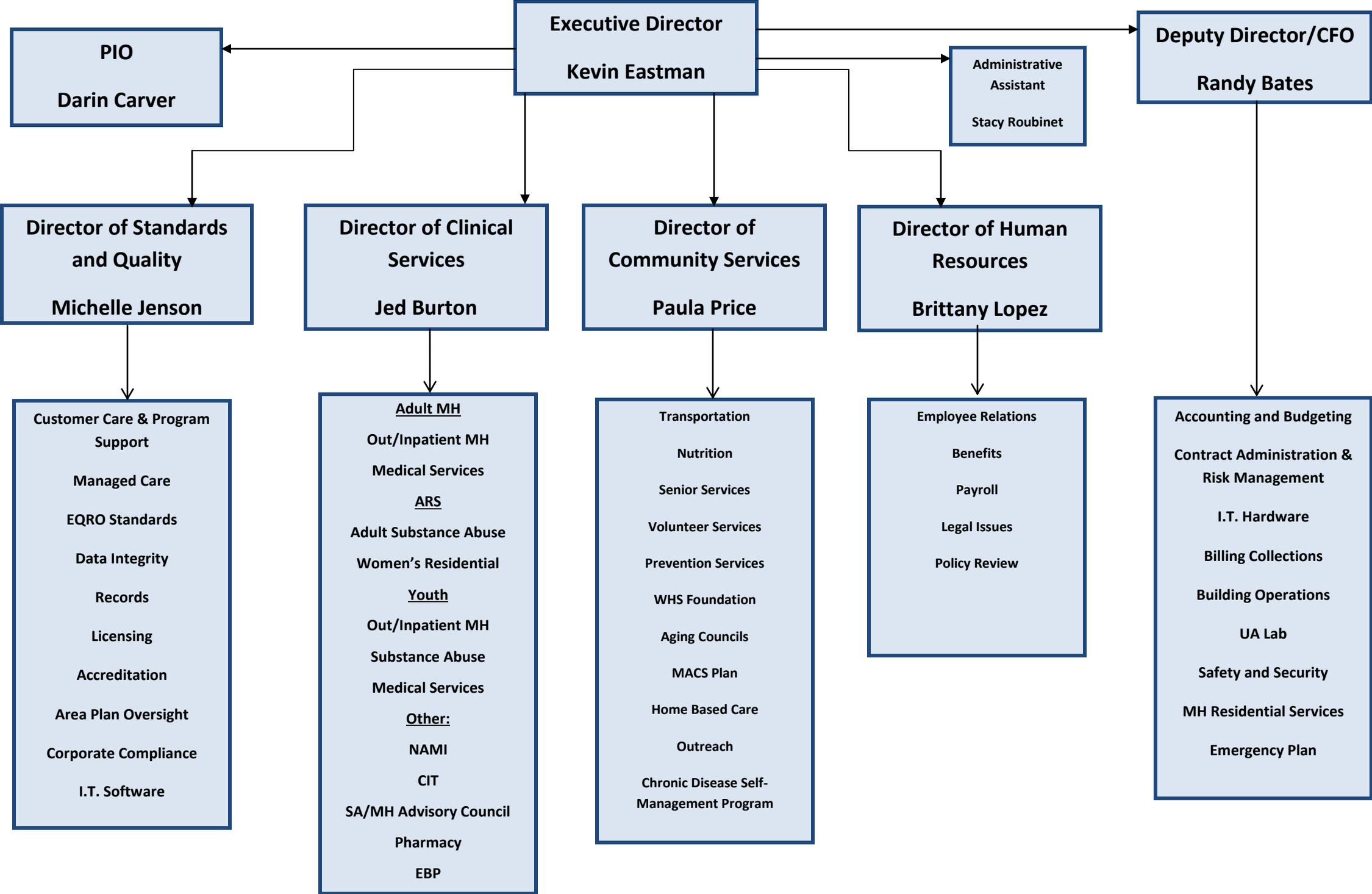
(Income verification required for all fees)
(Fee reductions available for hardship)

WEEKLY DISCOUNT FEE SCHEDULE

Increase From Previous Scale

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$0 - \$400	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$401 - \$500	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$501 - \$600	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$601 - \$700	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$701 - \$800	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$801 - \$900	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$901 - \$1000	\$4	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$1001 - \$1100	\$5	\$4	\$5	\$5	\$5	\$5	\$5	\$5
\$1101 - \$1200	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
\$1201 - \$1300	\$6	\$3	\$4	\$5	\$5	\$5	\$5	\$5
\$1301 - \$1400	\$7	\$4	\$5	\$4	\$5	\$5	\$5	\$5
\$1401 - \$1500	\$8	\$5	\$3	\$6	\$4	\$5	\$5	\$5
\$1501 - \$1600	\$9	\$5	\$3	\$4	\$6	\$4	\$5	\$5
\$1601 - \$1700	\$10	\$6	\$4	\$4	\$5	\$3	\$4	\$5
\$1701 - \$1800	\$11	\$6	\$4	\$4	\$3	\$5	\$3	\$4
\$1801 - \$1900	\$13	\$7	\$5	\$4	\$4	\$3	\$4	\$5
\$1901 - \$2000	\$14	\$8	\$6	\$4	\$4	\$4	\$3	\$4
\$2001 - \$2100	\$15	\$9	\$7	\$5	\$4	\$4	\$4	\$4
\$2101 - \$2200	\$17	\$10	\$7	\$5	\$5	\$5	\$4	\$3
\$2201 - \$2300	\$19	\$11	\$8	\$6	\$6	\$5	\$5	\$4
\$2301 - \$2400	\$20	\$12	\$9	\$7	\$6	\$5	\$5	\$5
\$2401 - \$2500	\$22	\$12	\$9	\$7	\$7	\$6	\$6	\$5
\$2501 - \$2600	\$23	\$13	\$10	\$8	\$7	\$6	\$6	\$5
\$2601 - \$2700	\$26	\$14	\$11	\$9	\$8	\$7	\$6	\$6
\$2701 - \$2800	\$27	\$16	\$11	\$9	\$8	\$7	\$6	\$6
\$2801 - \$2900	\$29	\$17	\$13	\$10	\$9	\$8	\$7	\$7
\$2901 - \$3000	\$29	\$18	\$13	\$11	\$10	\$8	\$8	\$7
\$3001 - \$3100	\$24	\$19	\$14	\$11	\$10	\$9	\$8	\$7
\$3101 - \$3200	\$20	\$21	\$15	\$12	\$10	\$9	\$8	\$8
\$3201 - \$3300	\$16	\$22	\$16	\$13	\$11	\$10	\$9	\$9
\$3301 - \$3400	\$12	\$23	\$17	\$14	\$12	\$11	\$9	\$9
\$3401 - \$3500	\$9	\$24	\$18	\$14	\$13	\$11	\$10	\$10
\$3501 - \$3600	\$5	\$26	\$19	\$16	\$13	\$12	\$11	\$10
\$3601 - \$3700	\$1	\$28	\$20	\$16	\$14	\$13	\$11	\$10
\$3701 - \$3800	\$0	\$29	\$21	\$18	\$15	\$14	\$12	\$11
\$3801 - \$3900	\$0	\$30	\$22	\$18	\$16	\$14	\$13	\$12
\$3901 - \$4000	\$0	\$28	\$23	\$20	\$17	\$15	\$13	\$12
\$4001 - \$5900	\$0	\$25	\$25	\$20	\$17	\$16	\$14	\$13
\$5901 - \$4200	\$0	\$22	\$26	\$21	\$18	\$17	\$15	\$13
\$4201 - \$4300	\$0	\$19	\$28	\$23	\$20	\$17	\$16	\$14
\$4301 - \$4400	\$0	\$16	\$29	\$23	\$20	\$18	\$17	\$15
\$4401 - \$4500	\$0	\$13	\$30	\$24	\$21	\$19	\$18	\$16
\$4501 - \$4600	\$0	\$10	\$29	\$26	\$22	\$20	\$18	\$16
\$4601 - \$4700	\$0	\$7	\$27	\$27	\$23	\$20	\$19	\$17
\$4701 - \$4800	\$0	\$4	\$24	\$28	\$25	\$21	\$20	\$18
\$4801 - \$4900	\$0	\$2	\$21	\$29	\$25	\$23	\$21	\$19
\$4901 - \$5000	\$0	\$0	\$19	\$31	\$27	\$23	\$22	\$20
\$5001 - \$5100	\$0	\$0	\$16	\$29	\$27	\$24	\$22	\$21
\$5101 - \$5200	\$0	\$0	\$13	\$27	\$28	\$25	\$23	\$22
\$5201 - \$5300	\$0	\$0	\$11	\$24	\$30	\$27	\$24	\$23
\$5301 - \$5400	\$0	\$0	\$8	\$22	\$30	\$27	\$25	\$22
\$5401 - \$5500	\$0	\$0	\$6	\$19	\$29	\$28	\$26	\$23

Administrative Organizational Chart



PIO
Darin Carver

Executive Director
Kevin Eastman

Administrative Assistant
Stacy Roubinet

Deputy Director/CFO
Randy Bates

Director of Standards and Quality
Michelle Jenson

Director of Clinical Services
Jed Burton

Director of Community Services
Paula Price

Director of Human Resources
Brittany Lopez

Customer Care & Program Support
Managed Care
EQRO Standards
Data Integrity
Records
Licensing
Accreditation
Area Plan Oversight
Corporate Compliance
I.T. Software

Adult MH
Out/Inpatient MH
Medical Services
ARS
Adult Substance Abuse
Women's Residential
Youth
Out/Inpatient MH
Substance Abuse
Medical Services
Other:
NAMI
CIT
SA/MH Advisory Council
Pharmacy
EBP

Transportation
Nutrition
Senior Services
Volunteer Services
Prevention Services
WHS Foundation
Aging Councils
MACS Plan
Home Based Care
Outreach
Chronic Disease Self-Management Program

Employee Relations
Benefits
Payroll
Legal Issues
Policy Review

Accounting and Budgeting
Contract Administration & Risk Management
I.T. Hardware
Billing Collections
Building Operations
UA Lab
Safety and Security
MH Residential Services
Emergency Plan