

## 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.
- In Morgan County we are able to provide outpatient services to all Medicaid and unfunded youth. We have initiated discussions with the Morgan County Council to identify other treatment gaps.
- 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 our 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.
- We have initiated discussions with the Morgan County Council to identify other treatment gaps.
- 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, or designee, 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 will be monitored by the ATR Care Coordinator. 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**

*Form A1 - FY15 Amount Budgeted: \$2,556,684    Form A1 - FY16 Amount Budgeted: \$2,697,074*

**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 has a full-time inpatient coordinator who provides a consultative, support role to the McKay-Dee Behavioral Health Unit providers who provide treatment to Medicaid consumers and involuntary clients. The inpatient coordinator 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 coordinator focuses intently to provide outstanding care to WHS clients in a spirit of collaboration, relationship building, financial responsibility, and clinical expertise. The Inpatient coordinator meets 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.

Clients with significant medical and behavioral health issues are managed through an intensive health home team called Health Connections.

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

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

Follow-up from hospitalizations for current WHS clients includes an appointment with the clinician within five days. For Medicaid referrals an intake appointment is offered within 48 hours of discharge. Discharged patients are also staffed weekly in an Adult Team Staffing and may also be referred for ACOT services.

Clients who no-show to the first appointment after intake are referred to Case Management for outreach to encourage engagement in outpatient services.

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

WHS will continue to focus on preventative programming to minimize inpatient treatment as well when inpatient care is necessary provide efficient, coordinated, client-centered care. Even with these measures we anticipate a slight increase over last year.

**Describe any significant programmatic changes from the previous year.**

Change from a rotating inpatient team to a full-time inpatient coordinator. We have also started using tele-video to communicate and staff weekly with IHC Psychiatrists and WHS prescribers and staff. This has improved coordination of care for clients. Also since last year, WHS has added a staff member to help track high inpatient hospital utilizer clients and to assist them in getting their needs met outside of inpatient setting.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

*Form A1 - FY15 Amount Budgeted: \$734,422*

*Form A1 - FY16 Amount Budgeted: \$718,903*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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 over previous years but not as much as previously anticipated.

**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**

*Form A1 - FY15 Amount Budgeted: \$381,426      Form A1 - FY16 Amount Budgeted: \$381,426*

**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, McGregor Apts, 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 place to address the Medical and Behavioral Health services to clients with significant medical issues. 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. The Care Coordination team continues to increase staff and services to clients with significant medical issues.

An Adult Residential Support team has begun to provide afterhours support three evenings per week to support high need clients at the residential facility. It is expected that additional after hours services will be added over the upcoming year.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

*Form A1 - FY15 Amount Budgeted: \$66,000 Form A1 - FY16 Amount Budgeted: \$66,000*

**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 program/s 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$2,911,804 Form A1 - FY16 Amount Budgeted: \$3,973,838*

**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: Mental health evaluation; Individual mental health therapy; Group mental health therapy; Substance abuse services for the dually diagnosed; and 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.

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.

Homeless Programs: WHS provides services under the PATH grant. WHS staff serves on various committees within the community to address the needs of homeless individuals and family and those who are at imminent risk of becoming homeless. Those committees include Weber County Homeless Coordinating Council and the local Coordinated Assessment meeting. McKay Dee Hospital has contracted with the local homeless shelter for 4 beds for those homeless individuals being discharged from the inpatient unit. Members of the ACOT team provide 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.

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.

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

WHS is a recipient of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. This grant started in November 2014. Individuals served through the CABHI grant are homeless or chronically homeless veterans and other homeless individuals with behavioral health disorders. We have a goal of housing 12 clients by the end of October 2015 and to date we have 9 individuals housed with a probable 2 more later this month – well ahead of the expectations of the State. This is an Assertive Community Outreach Team providing services to this population. We have a Substance Use therapist, an RN, a Vocational Rehabilitation Specialist, a Case Manager, and a part time Peer Support Specialist on this team in addition to a therapist overseeing the grant.

**Describe any significant programmatic changes from the previous year.**

The Adult Mental Health Team currently provides the following evidence based practices: Illness Management and Recovery, Dialectical Behavioral Therapy and the Psycho-educational Multi-family Group Therapy. Supervisors monitor fidelity to the various EBP models and services being delivered.

The Adult Mental Health team has also moved to a 24 Hour Access intake for our clients in order to provide services to the client at the time of the expressed need. This team is also providing immediate intakes for hospital discharges to provide wrap around services and engage the client.

During the last month, protocols have been set to enable clients to be placed with workers who specialize in an evidence-based practice in the client's area of need. This will enable clients to have services immediately focused on their personal recovery.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

*Form A1 - FY15 Amount Budgeted: \$2,280,443    Form A1 - FY16 Amount Budgeted: \$2,408,303*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

WHS has received a 5% Grant from the Division. 2 Clinicians and 1 Supervising Clinician trained in Identification and Early Referral (PIER) Program for preventing psychotic illness among young people.

Family Psycho-education Group to be started and held twice monthly with families with adolescents who have experienced first episode psychosis.

Purpose of grant is to: Provide Early Intervention is a process that includes screening, assessment, intervention and support at the earliest opportunity for optimal improvement and success. Including:

- Care and support based on needs and preferences
- Help finding a job, continuing education, mental health or substance use services, family education and support, and other services
- Medication (if they and their doctor decide it is needed)

**Describe any significant programmatic changes from the previous year.**

We are actively exploring an evidence based program, Triple P Positive Parenting. We are in the research review phase at this time.

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

*Form A1 - FY15 Amount Budgeted: \$68,679      Form A1 - FY16 Amount Budgeted: \$94,383*

**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.

Crisis workers consider most appropriate settings for individuals in crisis. Medical emergencies or Mental Health emergencies with substantial risk are immediately referred to hospital emergency departments. The WHS Residential Center is also considered as receiving centers for crisis placements. Crisis workers respond to the jail and by phone to assist police requests for community intervention. 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. Crisis workers use of the CSSRS and Stanley-Brown safety plans as tools to manage risk. .

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

WHS plans to augment after hours crisis support in evening M-F in the coming months. These support workers would work with objective to prevent hospitalizations while providing the coaching and support the client needs to continue towards recovery.

**Describe any significant programmatic changes from the previous year.**

All clinicians have been trained in CSSRS and the Stanley Brown safety plan. Monthly reminders and a short in-service are provided to all clinicians and case managers.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

*Form A1 - FY15 Amount Budgeted: \$9,498      Form A1 - FY16 Amount Budgeted: \$13,053*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No expected increases or decreases from the previous year.

**Describe any significant programmatic changes from the previous year.**

The agency is continuing to collect information on Mobile Crisis Service Teams and related costs and outcomes.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

*Form A1 - FY15 Amount Budgeted: \$1,346,919 Form A1 - FY16 Amount Budgeted: \$1,295,176*

**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.

The Medication Management Team monitors BMI, blood pressure, weight, and waist circumference.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Our goal is to continue breaking down barriers and improve access to psychiatric treatment which will increase the number of clients served with no increase in costs. Decrease is merely allocation differences.

WHS is a recipient of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. This grant started in November 2014. We have a goal of housing 12 clients by the end of October 2015 and to date we have 9 individuals housed with a probable 2 more later this month – well ahead of the expectations of the State. This is an Assertive Community Outreach Team providing services to this population. We have a Substance Use therapist, an RN, a Vocational Rehabilitation Specialist, a Case Manager, and a part time Peer Support Specialist on this team in addition to a therapist overseeing the grant.

**Describe any significant programmatic changes from the previous year.**

We've combined our Adult and Youth Team nursing staff. This has enabled our team to be more efficient. It also provides our clients with more than acceptable care; quick response to refill requests and prompt appointments.

We've added med management only services to the Adult Med Team. In an effort to coordinate care, our Clinic Manager is currently assigned to these clients. She provides case management services and reestablishes ongoing therapy if needed.

Our Medical Director, Dr. Richard Davidson, was assigned to our new Supported Employment Grant. Dr. Davidson provides medication management services to our clients involved with this program.

Randy Bullock, PhD, APRN, was assigned to our Health Connections Team. He provides education and consults with staff regarding clients as needed.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

*Form A1 - FY15 Amount Budgeted: \$428,720      Form A1 - FY16 Amount Budgeted: \$434,063*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Our goal is to continue breaking down barriers and improve access to psychiatric treatment which will increase the number of clients served but no significant changes in costs.

**Describe any significant programmatic changes from the previous year.**

Other than a shift in clinic management, there are no significant programmatic changes from the previous year.

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

*Form A1 - FY15 Amount Budgeted: \$712,652      Form A1 - FY16 Amount Budgeted: \$941,308*

**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, communication, anger management, problem solving, and basic daily living activities. 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. Lunch is provided to clients who attend and participate in groups. Groups in the psychosocial rehabilitation program are led by case managers, SSWs, therapists, and bachelor's level student interns.

STEPS is also used as a drop-in center in the afternoon providing clients with a venue to engage in leisure and social activities. A skills group run by student interns occurs each afternoon that focuses on practicing and implementing skills from the morning groups.

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

The STEPS program is merging with PAAG's services that will provide us better access to other WHS clients who would benefit from the services we provide and who currently spend little to no time at WHS other than to pick up their medication or to see a therapist or prescriber. We will be working with PAAG to increase attendance in our Foundations group to at least 20 clients daily and 12-18 clients daily in our Horizons groups within the next 6-12 months. We are also working to implement a weekly afternoon skills groups at each PAAG housing facility that focuses on assisting clients to take better care of their apartments, pass unit inspections, reduce damage to PAAG properties and reduce the costs of repairs being passed on to tenants, and to assist clients to improve their personal hygiene and appearance.

WHS is a recipient of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. This grant started in November 2014. We have a goal of housing 12 clients by the end of October 2015 and to date we have 9 individuals housed with a probable 2 more later this month – well ahead of the expectations of the State. This is an Assertive Community Outreach Team providing services to this population. We have a Substance Use therapist, an RN, a Vocational Rehabilitation Specialist, a Case Manager, and a part time Peer Support Specialist on this team in addition to a therapist overseeing the grant.

**Describe any significant programmatic changes from the previous year.**

During the month of April, the STEPS program will merge with the PAAG program. PAAG will move their drop-in center to the lunchroom area of the STEPS building. PAAG will assist in monitoring the building, provide lunches to clients who attend and participate in group or complete a lunch task if they are drop-in center clients, increase basic maintenance of the building (various basic cleaning tasks that are part of the daily admission requirement for the drop-in center), and assist with helping direct clients to STEPS groups and reduce the frequency of clients leaving groups outside of designated group times. PAAG will also provide non-billable activities to help increase socialization opportunities for clients to implement skills that are taught and modeled in STEPS groups. The merger will allow WHS to work more closely with PAAG to provide services they offer that will benefit clients. Additionally, PAAG provides evening services that focus on socialization and reducing isolation for clients at their building Monday through Friday from 4:30 – 6:00 PM.

**Form A – Mental Health Budget Narrative**

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

*Form A1 - FY15 Amount Budgeted: \$862,778      Form A1 - FY16 Amount Budgeted: \$844,024*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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 has expanded 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**

*Form A1 - FY15 Amount Budgeted: \$982,154    Form A1 - FY16 Amount Budgeted: \$1,070,624*

**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 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 patient and family/formal supports, assess and develop service plans, link patient/s to available services, monitor service provision and advocate for patient rights. They also assess life domains to gather information about the entire life.

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 promote independence and a healthier lifestyle in the most appropriate and least restrictive environment.

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

In the coming year, WHS will continue to promote a holistic approach to care coordination to more effectively coordinate physical health and mental health needs for patients. Health Connections has expanded to include nine (9) care managers; one (1) registered nurse; and, (1) LCSW. Our goal is to serve up to two-hundred and fifty (250) identified patients by end of first fiscal year (June 2015). We are on track with those numbers and our outcomes are positive. Our focus will shift to sustainability of the services offered and to increase overall case management staff, services offered and population served for 2016.

WHS is a recipient of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. This grant started in November 2014. We have a goal of housing 12 clients by the end of October 2015 and to date we have 9 individuals housed with a probable 2 more later this month – well ahead of the expectations of the State. This is an Assertive Community Outreach Team providing services to this population. We have a Substance Use therapist, an RN, a Vocational Rehabilitation Specialist, a Case Manager, and a part time Peer Support Specialist on this team in addition to a therapist overseeing the grant.

**Describe any significant programmatic changes from the previous year.**

Adult outpatient case management services have been maintained and supported in addition to Health Connections. The two teams are collaborating and consulting in an effort to identify patient needs and best team to provide and manage services. Weber Human Services will ask for additional funding to increase the amount of case management services to those in need.

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

*Form A1 - FY15 Amount Budgeted: \$108,666 Form A1 - FY16 Amount Budgeted: \$111,737*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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. This was budgeted last year but didn't happen within the current fiscal year therefore the amount is approximately the same.

**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 continue to expand in this area and provide more case management services to more of our treatment population. We have recently authorized and trained our school-based staff to provide and capture TCM in an effort to capture the treatment coordination and consultation that promotes better outcomes in this setting.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$92,900      Form A1 - FY16 Amount Budgeted: \$92,900*

**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 McGregor apartments. 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 and holds twice weekly groups. WHS also provides a variety of its services in the client's homes through Case Management. 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.**

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)**

*Form A1 - FY15 Amount Budgeted: \$32,154      Form A1 - FY16 Amount Budgeted: \$31,725*

**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 continues to support this initiative/concept and has maintained three (3) 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 Allies for Families to provide training, coaching and mentoring of the Family Resource Facilitator/s (FRF). The FRF's have acquired and demonstrated Family Facilitation Knowledge and Skills according to national fidelity guidelines and have been certified in the Wraparound Facilitation Model and Peer Support Services. They have also developed 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 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 continues to serve 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

WHS has experienced difficulty hiring and maintaining enough Respite workers to serve the need. While we have 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, this process will remain a priority.

**Describe any significant programmatic changes from the previous year.**

The program will remain the same. WHS will continue to focus on hiring and maintaining enough staff to meet the needs of our families.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY15 Amount Budgeted: \$94,875      Form A1 - FY16 Amount Budgeted: \$104,201*

**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 Adult Mental Health has 2 PSS employed. One is part time with the Health Connections Team and one is part time with the CABHI grant. The PSS we have on the CABHI grant also works part time on the Addiction and Recovery Services team part time and between the two positions is now full time at WHS with benefits. In addition, we have one full time employee (Vocational Rehabilitation Specialist) on the CABHI grant that is also a certified Peer Support Specialist.

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

WHS may be looking at options to increase and add one part time PSS to the Supported Employment Team. We are working with the State grant oversight on options for this. This increase was also budgeted last year but didn't materialize in the current fiscal year hopefully this increase will be realized for FY16.

**Describe any significant programmatic changes from the previous year.**

One full time employee that is certified as a PSS and now we have a full time PSS that is shared between two teams in addition to the part time PSS working with Health Connections team.

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

*Form A1 - FY15 Amount Budgeted: \$62,168      Form A1 - FY16 Amount Budgeted: \$79,394*

**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 currently maintains (3) 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 Allies for Families to provide training, coaching and mentoring of the Family Resource Facilitator/s (FRF). The FRF’s have acquired and demonstrate Family Facilitation Knowledge and Skills according to national fidelity guidelines and have been certified in the Wraparound Facilitation Model and Peer Support Services. They have developed 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 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 continues to serve 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

FY15 numbers didn’t include additional TANF funds used for FRF’s which allowed us to increase numbers. A reduction in available resources going forward has reduced our FRF number from four (4) to three (3).

**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**

*Form A1 - FY15 Amount Budgeted: \$19,774      Form A1 - FY16 Amount Budgeted: \$21,830*

**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 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 and 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.

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**

*Form AI - FY15 Amount Budgeted: \$40,393      Form AI - FY16 Amount Budgeted: \$38,302*

**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 for 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$228,163      Form A1 - FY16 Amount Budgeted: \$256,315*

**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.**

None. Change in dollars is a result of changing personnel and administrative allocations. No significant programmatic changes.

**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**

*Form A1 - FY15 Amount Budgeted: \$63,000    Form A1 - FY16 Amount Budgeted: \$63,000*

**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.

**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**

*Form A1 - FY15 Amount Budgeted: \$66,000*

*Form A1 - FY16 Amount Budgeted: \$66,000*

**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 one (1) youth using COP dollars to support an after-school program via RISE (contracted provider) and two (2) families accessing COP dollars for mileage to and from the Utah State Hospital.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$568,000    Form A1 - FY16 Amount Budgeted: \$544,873*

**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 significant changes. Merely allocation differences.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

*Form A1 - FY15 Amount Budgeted: \$51,821      Form A1 - FY16 Amount Budgeted: \$56,864*

**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 ten (10) additional sites and continue to serve Medicaid, unfunded, and under-funded clients. WHS has most recently partnered with Mountain Star (Physical Health Clinic) in Morgan and expanded our service population to include adults and children.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center provides 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.**

We have expanded our school-based program to ten (10) schools between Ogden City Schools and Weber County School District and are now partnering with Morgan and their elementary, Middle, and High School. WHS has most recently partnered with MountainStar (Physical Health Provider) in Morgan and expanded our service population to include adults and children.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

*Form A1 - FY15 Amount Budgeted: \$373,677*

*Form A1 - FY16 Amount Budgeted: \$134,224*

**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 only budgeted item remaining in this category for this budget year are the overhead expenses (non-Medicaid covered services) for Health Connections, our behavioral health home.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

In previous years we have put our Archway expenses in this category but we allocated them in a different category this year, thus the decrease in the budgeted amount.

**Describe any significant programmatic changes from the previous year.**

## 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.

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

#### **• Competitive employment in the community**

WHS has an in-house Supported Employment Program currently employing 4 clients 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.

WHS also is one of two agencies in the State providing services under the Supported Employment grant. To date we have helped 8 individuals find employment in the community. We do not use sheltered workshop settings – all of the employments we help clients with are competitive community employment opportunities. Supported Employment grant staff is developing personal relationships with many of the community employers to help ensure we can meet their needs when linking a client for potential employment. WHS will have 2 Supported Employment Team Leads and 4 Employment Specialists when all staff are hired and in place. This team is supervised by a WHS clinician as well.

#### **• 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 that 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. One full time Vocational Rehabilitation Specialist is also certified as a PSS; one PSS is now full time between two teams (Adult Mental Health – CABHI grant and Addiction and Recovery Services); and one part time PSS working with the Health Connections team.

**• Supported Employment to fidelity**

The Supported Employment grant works from the Individual Placement Services (IPS) model which is an evidenced base practice. All of the current Employment Specialists have received training in this model and the upcoming Employment Specialists will receive this training as well.

**Form A – Mental Health Budget Narrative**

**2. Client Employment (cont.)**

**• Peer Specialists/Family Resource Facilitators providing Peer Support Services**

We currently have 2 PSS on adult mental health staff. Current duties include assist clients to develop resumes, develop client interviewing skills, and locate potential employment positions for clients on both the adult mental health and addiction and recovery teams.

**• Evidence-Based Supported Employment**

The Supported Employment grant works from the Individual Placement Services (IPS) model which is an evidenced base practice. All of the current Employment Specialists have received training in this model and Motivational Interviewing. The upcoming Employment Specialists will receive this training as well.

## 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 Fidelity and Outcomes review of that program. Each of the 26 therapists on the adult mental health team has been trained in Motivational Interviewing. Six individuals are in the process of being trained in Dialectical Behavioral Therapy and attended the first of a two-week training program, in the fall. Four DBT groups are currently being held. 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.

On the Youth team, there are two (2) clinical supervisor's responsible for monitoring fidelity and reviewing outcome data for two EBP's, TF-CBT and ART, specifically. They are also trained and continue to monitor MI and the YOQ, generally. They provide individual and group supervision as required. The Youth team is currently in the process of researching, implementing and training on additional EBP's, including but not limited to, Psycho-educational Multi-family Group Therapy and Triple P Parenting Group.

#### • 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/YOQ with clients.

#### • Increased service capacity

WHS' continued participation in the Early Intervention Grant and related funding has allowed us to get more clinicians in the schools and thereby increasing our service capacity for both Medicaid and Non-Medicaid funded individuals.

#### • Increased access for Medicaid and Non-Medicaid funded individuals

On the adult team, increased capacity has been addressed through our 24 Hour Access protocol for initial assessments which allows for the client to receive services within 24 hours of an expressed need. Groups focusing on CBT, anxiety, and depression have also been initiated to aid in managing the need of an ever-growing number of clients. On the youth team, we have strategically placed staff in neighboring communities (Morgan) and thirteen (13) school settings in an effort to promote access for Medicaid and Non-Medicaid funded individuals.

#### • Efforts to respond to community input/need

Requests for education and presentations have come from the local police department, churches, schools, 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

**Form A – Mental Health Budget Narrative**

**3. Quality and Access Improvements (cont.)**

**• Describe process for monitoring subcontractors**

Treatment plans and progress notes are requested quarterly from subcontractors. These notes are reviewed by the Clinical Record Audit Committee.

**• In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.** The area served by Weber Human Services has been designated as a Health Professional Shortage at one time. We have recently encountered some difficulty recruiting qualified clinicians but are not participating in the NHSC. We may need to reconsider our participation if we have on-going difficulty with recruitment of providers.

**• Other Quality and Access Improvements (if not included above)**

#### **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.

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.

**4. Integrated Care (cont.)**

**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 have continued to provide IMR as 2 of 4 days in the dual diagnosis group. This group has been specifically targeted to meet our clients with qualifying dual diagnosis and as well as clients involved in the legal system that have qualified dual diagnosis. We have had clients from Adult MH team and the Addiction and Recovery Services team participate in appropriate groups on either teams. One of their clinicians co-facilitates our After Care group and we have one or two clinicians co-facilitating groups mainly for their population. This will continue to provide more groups for clients from either team to 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 beginning last year. 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 continued to be 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.

Local Authority: Weber Human Services

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder**

**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 do 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.**

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. 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 Allies for Families 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. We have arranged for office space and access to the schools in Morgan. We currently have a licensed clinician available in Morgan two days a week working with adults, children and youth. We have also agreed to partner with MountainStar, physical health provider, in the Morgan catchment.

**Describe any significant programmatic changes from the previous year.**

As resources allow, we hope to continue to increase our service population and the number of schools participating in this effort. We have arranged for office space and access to the schools in Morgan. We currently have a licensed clinician available in Morgan two days a week working with adults, children and youth. We have also agreed to partner with MountainStar, physical health provider, in the Morgan catchment.

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

Yes.

**Form A – Mental Health Budget Narrative**

**5b) Children/Youth Mental Health Early Intervention**

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

**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:

- A. The number of office referrals;
- B. Increase in attendance rate;
- C. Capturing GPA changes in Middle and High School/s; and,
- D. Capturing changes in DIBEL scores in Elementary School/s.

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:

- A. 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,
- B. Upon completion of treatment, clients will increase their scores on the Daily Living Activities (DLA) to a 55 or higher.
- C. 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. We have expanded to include ten (10) elementary schools between Ogden City Schools and Weber County School District. This year, we have also expanded our access and participation in Morgan. We currently have a licensed clinician available in Morgan two (2) days a week.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes from the previous year.

**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. 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 Allies for Families 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. We have expanded to include ten (10) elementary schools between Ogden City Schools and Weber County School District. This year, we have also expanded our access and participation in Morgan. We currently have a licensed clinician available in Morgan two (2) days 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, office referrals, academic performance (DIBEL) and Youth Outcome ratings (behavioral).**

**Form A – Mental Health Budget Narrative**

**6. Suicide Prevention, Intervention and Postvention**

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

WHS has partnered with the State Suicide Coalition coordinator in the Zero Suicide Initiative. We are working towards our PIP measuring risk assessments and safety planning. The WHS Adult Team has continued to hold team trainings in the use of CSSRS screener and full Risk Assessment. All clinical teams have been trained on the CSSRS and safety planning. We have continued CSSRS in the Weber County Jail. We are collecting data on the CSSRS and safety plan being done consistently on our Adult Mental Health team. WHS clinical supervisors provide supervision to therapists as well as trainings to other organizations to promote suicide prevention awareness and skills. WHS has started providing suicide prevention to all new employees. Through the use of partnerships, WHS has been able to train one more therapist in QPR as well as two clinicians in the Connect Postvention training and already provided three trainings. We have continued taking steps with clinical documentation and policy for safety plans to be completed in a timely manner and the Stanley Brown Safety plan is now part of our EMR. We have crisis worker availability 24/7 and this service is regularly promoted to community partners/members. 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. We continue to have a clinician attend the county suicide prevention taskforce N.U.H.O.P.E and WHS participates in prevention and postvention activities through this.

**Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.**

WHS completed the Zero Suicide Assessment with the help of our suicide prevention committee. The committee has begun the process of writing policies using that assessment as a guide. Once these policies are completed, the committee will assist in training the staff on them and monitoring implementation and reviewing policies on a regular basis. A rough draft of this policy was forwarded to the State Suicide Coordinator Kim Myers.

**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 continues to work 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's after hour team. If possible, client diversion from the ER in lieu of inpatient admission is encouraged.

**Form A – Mental Health Budget Narrative**

**7. Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

Our plan is to develop a team of community stakeholders who can work together to explore the JRI and develop a collaborative strategic plan. The sectors we will seek to be part of our team may include but are not limited to: School Districts, Probation, Treatment, Prevention, Judicial, Youth Corrections, Legal(Defense Attorney and Prosecuting Attorney), Guardian Ad Litem, DCFS, Employment, and Housing.

Our plan is to pull together a small group of Key Leaders from those stakeholders. These Key Leaders will work to identify the needs and resources in Weber and Morgan County. Once the plan is developed, the group will then identify other players who need to be at the table for further exploration and/or to effectively implement the plan.

We held a meeting on May 22<sup>nd</sup> with the Sheriff, AP&P, Cottages of Hope and Commissioner Ebert to discuss our plan for JRI implementation and receive input from them. We held a similar meeting on May 29<sup>th</sup> with partners from the courts (Judges and attorneys).

We are now in the process of identifying members for the JRI Steering Committee (District Court Judges, Defense Attorneys, Prosecuting Attorney, Sheriff, AP&P, and WHS staff). We plan to have the JRI Steering Committee meet the first two months of each quarter and have a meeting with a larger JRI Committee (JRI Steering Committee members, District Court Judge(s), and other community providers such as DWS, DCFS, and Cottages of Hope) the last month of each quarter.

**Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

WHS has identified three potential criminal risk screening tools, the Level of Service Inventory Short-Version, the Historical-Clinical-Risk Management 20, and the Violence Risk Appraisal Guide. Once a determination is made at the state-level regarding the criteria for selecting a recidivism-risk screening tool, WHS will make a final decision. The Drug Use Screening Inventory (DUSI) will serve well as a needs screening instrument. The combined scoring of the DUSI and one of the recidivism-risk tools will serve as a risk-needs screening instrument. The current assessment instrument used by WHS will help identify specific responsibility factors that could impede progress in reducing risk and need during treatment; assessing such factors as motivation, educational level, previous treatment failure, etc., Results from the assessment will be used to ensure the evidence-based treatment approaches responsively meet the needs and risk of the offenders. High and moderate risk offenders will be provided high quality CBT in the form of MRT and behavioral, skills-based practice to reduce recidivism. Other evidence-based models such as Matrix, Seeking Safety, and Family Behavior Therapy will be used as supplements to responsively meet the individual needs of offenders in addition to the risk factors of recidivism.

**Identify your proposed outcome measures.**

The DUSI will provide specific outcomes related to the reduction of substance use, mental illness, and other treatment needs. WHS has initiated contact with outside, independent researchers who will conduct a full recidivism outcome evaluation on offenders served by WHS. Further, these researchers will help create a criminal risk-reduction instrument that will identify which risk factors are being reduced via the overall intervention process.

**Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

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

**1) Screening and Assessment**

*FY15 Amount Budgeted:*     **\$0**

*FY16 Amount Budgeted:*   **\$43,111**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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. Beginning March 2015, assessments are provided through a walk-in, same day access team, Monday – Friday from 8:30-4:00. The clinical assessment includes use of the Drug Use Screening Inventory (DUSI), clinical psychosocial assessment, DSM TR-IV, ASAM Criteria, and DLA. The focus of the initial assessment is on the immediate needs of the client including accessing case management services, referrals for MAT treatment, physical health, medication for co-occurring disorders, safe and sober housing, employment, and safety. Using ASAM criteria, individuals are clinically assessed for level of treatment services at the time of the admit date as well as reviewed and updated throughout a treatment episode. The DUSI is administered throughout treatment on a monthly basis. The RANT is used for an initial screening in the adult drug court programs and will be discussed further in that portion of the area plan. Adolescents are screened using the Drug Use Screening Inventory (DUSI) and then assessed via the Comprehensive Adolescent Substance-abuse Inventory (CASI). Assessment details for adolescents will be discussed further in that portion of the area plan. Assessments are kept current and updated accordingly throughout treatment.

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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There has been a decrease in funding due to ATR funds for treatment ending Nov 2014. With the Justice Reinvestment Initiative funding, it is expected that there may be an increase in the number of individuals served as more treatment slots may become available. There continues to be a steady increase in women requesting treatment services as there has been for the past three years. It is expected that this increase will continue.

**Describe any significant programmatic changes from the previous year.**

Beginning March 2015, screening and assessments are provided on the same day a person requests services on a walk-in basis. We moved towards same day access to promote client engagement and decrease wait times for enrolling in treatment. Screening and assessments are provided Monday-Friday 8:30-4:00 p.m. Once the assessment is completed, the client is staffed and assigned a clinician. The first appointment with the assigned clinician includes the client and assessor to review the assessment, client needs, and begin treatment planning. This appointment has been defined as the “warm hand-off”. Case management services can begin as part of the assessment process and followed up during the warm hand-off appointment.

**Form B – Substance Abuse Treatment Budget Narrative**

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

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted:*

**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 as described in Section 1, Screening and Assessment. Clients needing detox services are referred to local medical units such as McKay Dee Hospital and Ogden Regional when deemed appropriate. There are no social detox services in the Weber County area. If a person is screened and needing detox services but will not become a client at Weber Human Services, the same day access worker or crisis worker coordinates with case management services, support systems identified by the person and hospitals for referral and admit. As part of discharge planning from the hospital, the hospital care coordinator may contact 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 transition back into residential or outpatient services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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

***FY15 Amount Budgeted: \$856,434***

***FY16 Amount Budgeted: \$888,315***

**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, Section 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. Child care is provided while women are engaged in treatment groups and individual sessions. Treatment services, including parenting and daily living skills, are offered for clients and their children through the Women's Services Program. Children's developmental needs are screened and assessed through the Youth Team at Weber Human Services. Women and their children may be screened for the Baby Benefits Program with WHS that promotes bonding and attachment for parents and young children.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There may be the ability to contract for residential services for both men and women with the future opening of a private provider who has recently moved to the Weber County area. Opening of the residential program is expected by end of annual year, 2015.

**Describe any significant programmatic changes from the previous year.**

There continues to be no residential services available for men in Weber County. WHS is seeking possible contracts with private providers as they become licensed and available in the area. Tranquility Home is a 15 bed capacity and is available for women when a bed is available.

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Outpatient (Methadone - ASAM I)**

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted:*

**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 for Methadone and Suboxone based upon MAT screening, funding, and client engagement. Private physicians with certification are also accessed for Suboxone. Other forms of medication assisted therapy such as Antabuse and Naltrexone are evaluated onsite with a medication evaluation or referred to private physicians based upon screening, funding, and client engagement.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

An in-house MAT committee was formed two years ago and expanded this past year to include community partners with representation from a judge, prosecuting attorney, defense attorney, DCFS, AP&P, and MAT provider. The focus of the committee has been on gathering information, educating community partners and clinicians, and exploring funding for MAT. We continue to work with Metamorphosis to increase coordination for client care and are seeking to contract services with them. Metamorphosis is currently CARF certified. This next fiscal year, the areas of focus of the MAT committee will be continued education and training of staff and community partners including drug court teams. It is expected there will be an increase in referrals for medication assisted treatment as WHS was awarded funding by IHC to address and treat prescription drug abuse. Screening and referral for MAT services are part of the project including client funding. Other funding sources will continue to be explored including private insurance and self-pay payment plans. Due to lack of Medicaid expansion, funding for MAT services remained a challenge. With the IHC 2-year project, it is anticipated that MAT screening and referrals will increase. The IHC funding is separate from state funding and not allocated for the Area Plan budget.

**Describe any significant programmatic changes from the previous year.**

**We continue to seek education and training for staff and community partners regarding the use of MAT in conjunction with other EBP's. We continue to explore possible funding for the unfunded that could benefit from MAT if consistent and long term funding was available.**

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Outpatient (Non-methadone – ASAM I)**

***FY15 Amount Budgeted:     \$3,581,796     FY16 Amount Budgeted:     \$3,302,472***

**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 upon individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Treatment is individualized and based upon risk and needs of the client. Treatment is recovery focused and based on outcomes of EBP. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence based practices include the following: Motivational Interviewing, Cognitive Behavioral, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, Staying Quit, Interactive Journaling, Nurturing Parenting, trauma groups for men and women, and Gender-Responsive Services. Twelve Step and other community support groups are encouraged. Treatment includes 1-8 hours per week with an average length of stay of 12-24 weeks with ongoing relapse prevention support. Treatment plan reviews are completed and updated according to ASAM criteria. Goals and objectives are measurable and achievable within a negotiated time frame with clinician and client. Services are provided beyond regular business hours. We try to accommodate our clients' needs in providing evening appointments, day care, developmental skills building, and family activities. Therapeutic Day Care is available daily Monday-Friday 9-5 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. Peer Support Services have also been added this past year. 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 and ancillary supports 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 high risk/need.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There has been a decrease in funding due to ATR funds for treatment ending Nov 2014. With the Justice Reinvestment Initiative funding, it is expected that there may be an increase in the number of individuals served as more treatment slots may become available.

**Describe any significant programmatic changes from the previous year.**

This past year, the focus in treatment has included the inclusion of family supports and other supports identified by client to be a part of recovery efforts. Peer Support Specialists are part of the treatment team and provide peer to peer groups and individual support. Each client is screened for peer support and case management services as needed.

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Intensive Outpatient (ASAM II.5 or II.1)**

***FY15 Amount Budgeted: \$554,160 FY16 Amount Budgeted: \$602,720***

**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 II.1: Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Clients are admitted into this level of care to establish and maintain recovery as well as increased risks for relapse potential. Treatment is individualized and based upon risk and needs of the client. Treatment is recovery focused and based on outcomes of EBP. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence based practices include the following: Motivational Interviewing, Cognitive Behavioral, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, trauma groups for men and women, Staying Quit, Interactive Journaling, Nurturing Parenting, and Gender-Responsive Services. Twelve Step and other community support groups are encouraged. Treatment includes 9+ hours per week with an average length of stay of 12 weeks with ongoing relapse prevention support and transition to a lower level of care. Treatment plan reviews are completed and updated according to ASAM criteria. Goals and objectives are measurable and achievable within a negotiated time frame with clinician and client. Services are provided beyond regular business hours. We try to accommodate our clients' needs in providing evening appointments, day care, developmental skills building, and family activities. Therapeutic Day Care is available daily Monday-Friday 9-5 and Monday-Thursday evenings from 4-8:00 p.m. The treatment approach increases stability through structure while maintaining a client's independence of own residence and employment. Collaboration with community partners/referral sources increases the overall effectiveness of our programs. Peer Support Services have been added this past year. Case management assists with linking clients to community resources and ancillary supports such as housing, employment, child care, medical, and education.

ASAM II.5: Women's Day Treatment: Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Clients are admitted into this level of care to establish and maintain recovery as well as increased risks for relapse potential. Treatment is individualized and based upon risk and needs of the client. Treatment is recovery focused and based on outcomes of EBP and Trauma Informed Care. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence based practices include the following: Motivational Interviewing, Cognitive Behavioral, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, Beyond Trauma, TREM, Staying Quit, Interactive Journaling, Nurturing Parenting, and Relapse Prevention for Women. Twelve Step and other community support groups are encouraged. The average length of stay is 16 weeks with ongoing relapse prevention support and transition to a lower level of care. Treatment plan reviews are completed and updated according to ASAM criteria. Goals and objectives are measurable and achievable within a negotiated time frame with clinician and client. Women's Day Treatment is further described in section 12, Women's Services.

Referrals and partnerships/collaboration include the following resources: ATR, Vocational Rehabilitation, Health Department (HIV, STD, TB screening), UA monitoring, housing, Ogden City Schools (GED), Workforce Services, AP&P, DCFS, city/county court systems, psychiatric/medical, community treatment providers, and transportation.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

ATR funds for treatment ended Nov 2014. It is expected with the Justice Reinvestment Initiative funding, there will be an increase in the number of individuals served as more treatment slots may become available.

**Describe any significant programmatic changes from the previous year.**

This past year, the focus in treatment has included the inclusion of family supports and other supports identified by client to be a part of recovery efforts. Peer Support Specialists are part of the treatment team and provide peer to peer groups and individual support. Each client is screened for peer support and case management services as needed.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Recovery Support Services**

***FY15 Amount Budgeted: \$240,738      FY16 Amount Budgeted: \$116,867***

**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 support and other community support meetings are encouraged during treatment and as a 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 formal treatment. 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 other support services. Peer Support Specialists are available for individual support and also lead peer to peer groups. Case management services are available to assist linking clients to various community resources and also assist in reducing barriers in accessing resources such as employment and housing.

The Alumni Group is an established peer led 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 A&RS area. The Board consists of not only various drug court program graduates but also other individuals in recovery.

Using the ROSC model for guidance, case management services are provided as needed not only during a treatment episode but as ongoing support for access to community resources. Child care is provided onsite as well as referrals made to YCC day care and Family Support Center as needed. Case management works closely with medical providers, housing, employers, training facilities, and schools to assist with accessing and sustaining supports for a safe and strength-based recovery.

**Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.**

WHS currently contracts with Safe and Sober Living for Men through House of Hope. WHS is pursuing contracts with other sober living facilities such as Women's Retreat, North Wasatch Recovery, and Valley Camp. Good Landlord Second Chance Housing has continued to be available for 10 units at any given time. Good Landlord Second Chance Housing was created in response to the Good Landlord Program that excluded those with felonies from accessing safe and affordable housing. The goal is to continue and expand the program.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Peer Support Services and case management services were added and increased this past year to include 2 part time peer support specialists and one full time case manager. It is expected that those services will continue and serve more individuals across the spectrum of SUD services as part of JRI.

House of Hope Safe and Sober Living for Women closed during the end of fiscal year 2015. Peer Support Services have increased in the past three months to include Peer to Peer Groups and Peer Lead Smoking Cessation Groups besides the initial individual peer services.

With the winding down in regular ATR funding, the availability of Recovery Support services has decreased significantly.

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Drug Testing**

*FY15 Amount Budgeted:*        \$0

*FY16 Amount Budgeted:*        \$560,471

**Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.**

WHS has the ability to provide frequent alcohol and other drug testing for all WHS clients involved in SUD treatment. Drug testing is through the WHS UA Lab with confirmations sent to Redwood Toxicology Labs. Clients are oriented to the drug testing screen including the purpose of drug testing prior to any drug test administered. The WHS UA Lab provides services six days a week, Monday through Saturday. WHS adheres to the standards set by SAMHSA in the areas of observed specimen collection, signed chain of custody, and providing secure and adequate (refrigerated) storage and transportation to the employed certified testing center. Drug testing occurs randomly. Each client is assigned a color which coincides with a computerized random collection schedule correlated to the frequency of testing assigned by the client's therapist. Clients are required to call a designated phone number each morning to hear a recorded message. If their color is named, they must report to the lab for specimen collection that day. Testing can be as frequent as 2 xs weekly throughout treatment as well as requests for a one time test as needed. Any positive drug test is confirmed prior to results being communicated with others such as drug court teams and following 42 CFR regarding disclosure of private information. Confirmation includes GC/MS technology. ETG testing is available if deemed necessary for additional testing. The ten panel screens, instant dip tests, and ETG tests are available to test for alcohol as well as commonly used drugs. The following is a list of the drugs most commonly tested: methamphetamine, opiates (including synthetic), cocaine, benzodiazepine, PCP, alcohol, cannabis, and barbiturates. Specialty Testing is available for Bath Salts, Spice, and Kratom. The WHS UA Lab maintains electronic documentation recording client participation in drug testing. Missed, scheduled UA's, and adulterated UA's are documented and reported to clinicians in a timely manner. Attempts are made to avoid duplication of drug testing a client involved in multiple community agencies and treatment.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There has been a decrease in funding due to ATR funds for treatment ending Nov 2014. With the Justice Reinvestment Initiative funding, it is expected that there may be an increase in the number of individuals served as more treatment slots may become available. With this increase, there will be a need for additional funding for drug testing.

**Describe any significant programmatic changes from the previous year.**

**Increased ability to test for other specialty drugs such as Kratom and various forms of Spice.**

## Form B – Substance Abuse Treatment Budget Narrative

### 9) **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 use 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 (adult and children), Aggression Replacement Training (youth), Adolescent Substance Abuse Skills Effectiveness Training – ASSET (youth), and Seeking Safety (adult).

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.**

WHS is currently in the process of becoming Matrix certified through the Matrix Institute. As part of the fidelity of the Seeking Safety Model, WHS is consulting with one of the lead trainers as recommended by the founder of the model. The MAT committee will be focusing upon practices and protocols of the implementation of MAT as an EBP.

**Form B – Substance Abuse Treatment Budget Narrative**

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

***FY15 Amount Budgeted:***

***FY16 Amount Budgeted:***

***FY16 SAPT Funds Budgeted:***

**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 clinicians whose offices are located at the jail. Therapists perform mental health assessments, pre-screening for possible medication evaluation, and provide education and training for jail staff. Acute crisis intervention is provided after daytime working hours by the 24-hour crisis care clinicians. One of the assigned jail clinicians is Spanish speaking. The mental health clinicians also evaluate for high-risk inmates who present with suicidal ideation using the C-SSRS 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, Felony Drug Court Program, Family Drug Court Program, and DORA. The screening recommendations are provided as part of the 2<sup>nd</sup> 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 staff collaborate to provide close monitoring of clients through tracking sheets, urinalysis testing, and communication with the clinician and officer.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No increases or decreases are expected.

**Describe any significant programmatic changes from the previous year.**

**No significant programmatic changes.**

**Form B – Substance Abuse Treatment Budget Narrative**

**11) Integrated Care**

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

WHS provides both mental health and substance use disorders treatment 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 and/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 at the initial phase of treatment and throughout treatment for physical, mental, and substance use disorder needs. Community referrals are made including referrals to the co-located WHS/Midtown Wellness Clinic and Health Connections. Clients are assigned case managers to assist and coordinate care with the primary physician and primary clinician. WHS and Midtown Community Health are currently integrated and co-located at Weber Human Services based on a previous federal grant that initially funded the project. As the federal grant ended this past year, integrated health care has been sustained at a level where some services have been expanded to include the SUD population that may not have been able to access services under the previous grant funding.

**Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.**

Clients are screened and assessed at the beginning and throughout treatment regarding treatment and referrals for smoking cessation options. Peer to Peer smoking cessation groups are available as well as nicotine replacement strategies such as patches, gum, and medication. Continued education is provided for both staff and clients in order to promote addressing nicotine addiction while in treatment. Residential programs have implemented an incentive program to assist clients in becoming tobacco free as part of their recovery plan.

**Form B – Substance Abuse Treatment Budget Narrative**

**12) Women’s Treatment**

***FY15 Amount Budgeted:   \$2,132,291   FY16 Amount Budgeted:   \$2,094,444***

**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 levels of care to maintenance and support. 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-responsive SUD 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, Matrix, Seeking Safety, and Nurturing Parenting. Relapse prevention and recovery focus upon family and women’s issues, housing, and 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 use on children, including abuse/neglect and education regarding FASD. Children services and parenting are available throughout all levels of treatment care.

Therapeutic day care is available for children ages 0-school-age with expansion of ages during summer months. Children exposed to family (domestic violence) can be referred to KIDS: Safe at Home group treatment that addresses 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, including accessing Baby Benefits through the Youth Team. 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. Tranquility Home has partnered with Utah State Extension Services who provides monthly classes for clients to learn healthy meal planning for families.

All services are provided directly through WHS.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

There has been a decrease in funding due to ATR funds for treatment ending Nov 2014. With the Justice Reinvestment Initiative funding, it is expected that there may be an increase in the number of individuals served as more treatment slots may become available. There continues to be a steady increase in women requesting treatment services as there has been for the past three years. It is expected that this increase will continue.

**Describe any significant programmatic changes from the previous year.**

A trauma informed care approach has begun with exploring the implementation of universal practice standards for all clients. Training and education with clinical and customer care staff will continue in regards to providing a trauma informed environment. A screening tool to assist clinicians with recommended interventions to treat trauma is being explored.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Adolescent (Youth) Treatment**

***FY15 Amount Budgeted: \$1,009,356    FY16 Amount Budgeted: \$1,001,496***

**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 Reconciliation 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 has 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.

**Describe efforts to provide co-occurring services to adolescent clients.**

Weber Human Services continues to make significant effort to treat youth with co-occurring disorders. We utilize the DUSI assessment tool to help identify youth with significant mental health, behavioral and substance abuse issues. We work closely with in-house Psychiatrist and Psychologists and are able to provide medicine when needed and additional psychological testing to identify a youth's needs and provide the best interventions possible to youth and their families in dealing with these issues.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

In the last year we lost grant funding for our Juvenile Justice Collaboration program which was providing funding for treatment for youth with co-occurring mental health and substance abuse issues based on DUSI screening. These were lower risk court involved youth. With loss of this programming we have discontinued ASSET group at this time and are currently looking at ways to better identify existing youth to refer to this group.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

**Form B – Substance Abuse Treatment Budget Narrative**

**14) Drug Court**

*FY15 Amount Budgeted: \$1,136,097 FY16 Amount Budgeted: \$1,228,952*

*FY15 Recovery Support Budgeted: \$45,500 FY16 Recovery Support Budgeted: \$45,500*

**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. A community partnership implemented the Good Landlord Second Chance Program for housing and drug court participants continue to access 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. The juvenile delinquency drug court treatment services are described in Section 13.

Treatment fees are assessed on a sliding scale and are a weekly fee for non-Medicaid recipients. For adults, the minimum amount of \$ 15 weekly covers all treatment (group, individual, and UA's) during that week. For youth, it is \$ 10 per week. See attached fee scale. If a client is truly unable to pay for treatment, a process is in place where the client can apply for hardship status and have a portion of fees waived. Family Drug Court and Juvenile Delinquency Drug Court have no other fees associated. In Felony Drug Court, there is a \$ 250 one-time set up fee charged by the Weber County attorney's office. Clients have the option of paying it all at once or \$ 125 when they move to Phase III and the remaining \$ 125 when they move to Phase IV. Positive specialty UA tests with confirmations are \$ 35 across all drug court programs.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

WHS/A&RS received federal funding through BJA to expand and sustain the Felony DUI program. This grant ended this past year. With the decreased funding and without further Medicaid expansion, treatment slots for this program have been reduced. Felony Drug Court received a BJA grant in partnership with DSAMH. With this grant funding, 30 treatment slots were added.

Peer Support Services have been added to both Felony Drug Court and Family Drug Court. Certified Peer Support Specialists are included as part of the drug court teams. They attend court hearings as support for clients as well as advocating with the team for accessing needed resources. Peer to peer groups are being led as part of the treatment milieu.

Case management services have increased as part of the ATR support services provided to the drug court programs. Support services have included access to housing, medical, employment support, and transportation.

**Describe any significant programmatic changes from the previous year.**

See above paragraphs.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **15) Justice Reinvestment Initiative**

#### **Identify the members of your local JRI Implementation Team.**

Our plan is to develop a team of community stakeholders who can work together to explore the JRI and develop a collaborative strategic plan. The sectors we will seek to be part of our team may include but are not limited to: School Districts, Probation, Treatment, Prevention, Judicial, Youth Corrections, Legal(Defense Attorney and Prosecuting Attorney), Guardian Ad Litem, DCFS, Employment, and Housing.

Our plan is to pull together a small group of Key Leaders from those stakeholders. These Key Leaders will work to identify the needs and resources in Weber and Morgan County. Once the plan is developed, the group will then identify other players who need to be at the table for further exploration and/or to effectively implement the plan.

We held a meeting on May 22<sup>nd</sup> with the Sheriff, AP&P, Cottages of Hope and Commissioner Ebert to discuss our plan for JRI implementation and receive input from them. We held a similar meeting on May 29<sup>th</sup> with partners from the courts (Judges and attorneys).

We are now in the process of identifying members for the JRI Steering Committee (District Court Judges, Defense Attorneys, Prosecuting Attorney, Sheriff, AP&P, and WHS staff). We plan to have the JRI Steering Committee meet the first two months of each quarter and have a meeting with a larger JRI Committee (JRI Steering Committee members, District Court Judge(s), and other community providers such as DWS, DCFS, and Cottages of Hope) the last month of each quarter.

#### **Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

WHS has identified three potential criminal risk screening tools, the Level of Service Inventory Short-Version, the Historical-Clinical-Risk Management 20, and the Violence Risk Appraisal Guide. Once a determination is made at the state-level regarding the criteria for selecting a recidivism-risk screening tool, WHS will make a final decision. The Drug Use Screening Inventory (DUSI) will serve well as a needs screening instrument. The combined scoring of the DUSI and one of the recidivism-risk tools will serve as a risk-needs screening instrument. The current assessment instrument used by WHS will help identify specific responsivity factors that could impede progress in reducing risk and need during treatment; assessing such factors as motivation, educational level, previous treatment failure, etc., Results from the assessment will be used to ensure the evidence-based treatment approaches responsively meet the needs and risk of the offenders. High and moderate risk offenders will be provided high quality CBT in the form of MRT and behavioral, skills-based practice to reduce recidivism. Other evidence-based models such as Matrix, Seeking Safety, and Family Behavior Therapy will be used as supplements to responsively meet the individual needs of offenders in addition to the risk factors of recidivism.

#### **Identify your proposed outcome measures.**

The DUSI will provide specific outcomes related to the reduction of substance use, mental illness, and other treatment needs. WHS has initiated contact with outside, independent researchers who will conduct a full recidivism outcome evaluation on offenders served by WHS. Further, these researchers will help create a criminal risk-reduction instrument that will identify which risk factors are being reduced via the overall intervention process.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

*FY15 Amount Budgeted: \$488,427*

*FY16 Amount Budgeted: \$497,145*

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:**

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

Presiding Judge Brent West, AP&P Designee TBA with recent vacancy by James Duckworth, County Attorney Terrall Tree, Defense Attorney Logan Bushell, LSAA Craig Anderson, AP&P agent Kurt Jarman and Brett Butler (will change over the course of the year, and PSI writer supervisor Diana Rodhom (also changing with rotation this year).

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

The DORA program has approximately 100 treatment slots at any given time. We have been low in referrals for 2015. We expect to carry over 50 current clients into SF 2016. Due to the continued decrease in referrals and recent changes in sentencing guidelines, we plan to contact the DORA Oversight Committee to discuss DORA criteria.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan. After AP&P has identified potential participants for the DORA program, an individual completes the clinical screening and assessment through WHS. For potential DORA participants who are incarcerated, a clinical screening is completed at the jail by WHS. The clinical assessment includes use of the Drug Use Screening Inventory (DUSI), clinical psychosocial assessment, DSM TR-IV, ASAM Criteria, and DLA. The focus of the initial assessment is on the immediate needs of the client including accessing case management services, referrals for MAT treatment, physical health, medication for co-occurring disorders, safe and sober housing, employment, and safety. Using ASAM criteria, individuals are clinically assessed for level of treatment services at the time of the admit date as well as reviewed and updated throughout a treatment episode. The DUSI is administered throughout treatment on a monthly basis. Assessments are kept current and updated accordingly throughout treatment.

## **Continuum of Treatment Services (cont):**

Services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, and DLA scale. Treatment is individualized and based upon risk and needs of the client. Treatment is recovery focused and based on outcomes of EBP. WHS provides a multidisciplinary treatment team approach which includes an array of clinical services from case management to residential treatment services. Clients have access to psychiatric, medical, and urinalysis laboratory services. Twelve Step and other community support groups are encouraged. Treatment plan reviews are completed and updated according to ASAM criteria. Goals and objectives are measurable and achievable within a negotiated time frame with clinician and client. Services are provided beyond regular business hours. We try to accommodate our clients' needs in providing evening appointments, day care, developmental skills building, and family activities. Therapeutic Day Care is available daily Monday-Friday 9-5 and Monday-Thursday evenings from 4-8:00 p.m. Peer Support Services were added this past year. Case management assists with linking clients to community resources and ancillary supports such as housing, employment, child care, medical, and education.

**Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

WHS has implemented several evidence-based practices shown to improve outcomes for individuals with substance use and co-occurring disorders. Evidence based practices include the following: Motivational Interviewing, Cognitive Behavioral, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, Staying Quit, Interactive Journaling, Nurturing Parenting, trauma groups for men and women, and Gender-Responsive Services. Gender-responsive SUD 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. Clients are referred to EBP groups based upon client needs and EBP criteria.

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.

WHS has also invested extensively in building an infrastructure within the agency to support the effective implementation of EBP 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.

- 4. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan.

16) Drug Offender Reform Act (Cont.)

**Budget Detail and Narrative**

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

<b>Personnel</b>	
<b>Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.</b>	
<b>Total Personnel Costs</b>	<b>\$288,428</b>

(Provide budget detail and narrative here)

Craig Anderson	Clinical Supervisor 2	50%	\$49,362
Jed Burton	Clinical Director	3%	\$3,632
Darin Carver	Clinical Practice Admin	2%	\$2,985
Wendi Davis-Cox	Clinical Supervisor 3	10%	\$12,581
Wendy Garritson	CMHC Therapist	50%	\$40,163
Andrew Hanley	LCSW Therapist	100%	\$89,606
Tara Rodriguez	Support Specialist	20%	\$7,360
Melissa Valdez	CMHC Therapist	100%	\$82,739

<b>Contract Services</b>	
<b>Briefly describe the Contract Services you will pay for with DORA funding.</b>	
<b>Total Contract Costs</b>	<b>\$175,086</b>

(Provide budget detail and narrative here)

Urinalysis Testing and Collection	\$67,100
General Agency Administration	\$53,157
Customer Support and Reception	\$54,829

<b>Equipment, Supplies and Operating (ESO)</b>	
<b>Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.</b>	
<b>Total ESO Costs</b>	<b>\$29,569</b>

(Provide budget detail and narrative here)

Cell phone reimbursement	\$490
Office Expense and Supplies	\$100
Printing and Copying	\$500
Liability Insurance	\$7,062
Building Costs and Maintenance	\$15,217
Local Authority: Weber Human Services	

Telephone Expense	\$1,500
Pharmacy – Medications	\$3,500
Program Curriculum	\$1,200

**Travel/Transportation**

**Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.**

<b>Total Travel/Training Costs</b>	<b>\$4,062</b>
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(Provide budget detail and narrative here)

Local Travel	\$376
Instate Training (SA Conference)	\$750
Out of State Training (National Conf)	\$2,000
Training Supplies	\$936

<b>Total Grant</b>	<b>\$497,145</b>
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## 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).**

We follow the Strategic Prevention Framework to complete our comprehensive needs assessments.

SAMHSA's Strategic Prevention Framework (SPF) is a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process.



The SPF includes these five steps:

- [Step 1. Assess Needs](#)
- [Step 2. Build Capacity](#)
- [Step 3. Plan](#)
- [Step 4. Implement](#)
- [Step 5. Evaluation](#)

The most current completed assessment for Weber County was finished in 2014. 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:

- Prioritized risk and protective factors.
- Identified resources and gaps.
- Identified evidenced based programs, practices, and/or strategies to address our needs and risk/protective factors.
- Developed a plan of how to implement. And
- Developed an evaluation plan.

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 (BCTC) 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. The BCTC:

- Prioritized risk and protective factors.
- Identified resources and gaps.
- Identified evidenced based programs, practices, and/or strategies to address our needs and risk/protective factors.
- Developed a plan of how to implement. And
- Developed an evaluation plan.

Local Authority: Weber Human Services

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

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

Weber County Assessment:

Our prioritized risk factors are:

- Parental attitudes favorable to anti-social behavior
- Academic failure
- Depressive symptoms

Our prioritized protective factors are:

- Rewards for pro-social behavior in the family and
- Rewards for pro-social behavior in the community domain.

Bonneville CTC Assessment:

Our prioritized risk factors are:

- Parental attitudes favorable toward anti-social behavior
- Academic failure
- Low commitment to school
- Depressive symptoms
- 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
- Family attachment

## Form C – Substance Abuse Prevention Narrative

### 3) **Prevention Capacity and Capacity Planning**

#### **Describe prevention capacity and capacity planning within your area.**

Building capacity means taking a close look at the assessment data, finding the gaps that lie therein, and developing an action plan to address those gaps.

Our capacity building plan consists of:

#### Improving awareness of substance abuse problems and readiness of stakeholders to address these problems.

Increasing awareness of key stakeholders on substance abuse prevention and the concerns for our county through networking (one on one), community committees/groups, town halls, speaking engagements, etc.

Our goal is to educate them as to why they should

- Make SA Prevention their priority
- Devote their time, energy, and resources to SA Prevention.

#### Strengthening existing partnerships and/or identifying new opportunities for collaboration.

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

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.

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

We are working towards strengthening our partnership with local police departments to increase the EASY compliance checks. We are exploring what we can do to assist them, such as hiring the cubs, setting up the trainings, and scheduling the day to do the compliance checks. We are having discussions with the EASY program and local police departments to see if this is a possibility.

#### Improving organizational resources.

WHS has restructured our Prevention Dept in hopes of increasing capacity and therefore services in the future.

We have moved to a model of community based prevention. Our staffs provide less direct service and primarily work on increasing capacity and community based prevention.

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. Although we continue to work with Ogden United, Ogden City, and Ogden School District to increase their readiness and capacity for CTC.

The Prevention Coordinator will serve on numerous statewide boards and coalitions in an effort to increase prevention knowledge of state stakeholders, increase coordination and collaboration, and improve the prevention infrastructure within the state.

#### Developing and preparing the prevention workforce.

Some of our PAC members have been trained in the 5 step prevention process and some have completed SAPST and other prevention training.

Ensure that new Prevention Specialists at WHS receive proper training such as SAPST, prevention conferences, CTC, and training in evidenced based programs they will oversee.

**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.

- Prioritize the risk and protective factors
- Select prevention interventions
- Develop a comprehensive, logical, and data-driven plan

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

We will continue to work towards moving two of our programs that fall under Tier 2 to a Tier 3 as reviewed by the Evidenced Based Workgroup.

**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 FY2015 and describe why they were discontinued.**

Discontinued Programs are: All Stars Core (for 7<sup>th</sup> graders). We are discontinuing this program due to capacity changes. The schools no longer want to take class time to provide the prevention class during school. We have explored other settings and afterschool programs for the last two years and have not been successful. We will be replacing this program with All Stars Senior (High School Curriculum) to be implemented by the YMCA as part of the Ogden City School Districts STEM program.

Although screenings are not discontinued by WHS, Prevention will not be providing the screenings again this year. Screenings will still be provided to the community through WHS Youth Substance Abuse Team.

## Form C – Substance Abuse Prevention Narrative

### **8) Justice Reinvestment Initiative**

#### **Identify the members of your local JRI Implementation Team.**

Our plan is to develop a team of community stakeholders who can work together to explore the JRI and develop a collaborative strategic plan. The sectors we will seek to be part of our team may include but are not limited to: School Districts, Probation, Treatment, Prevention, Judicial, Youth Corrections, Legal (Defense Attorney and Prosecuting Attorney), Guardian Ad Litem, DCFS, Employment, and Housing.

Our plan is to pull together a small group of Key Leaders from those stakeholders. These Key Leaders will work to identify the needs and resources in Weber and Morgan County. Once the plan is developed, the group will then identify other players who need to be at the table for further exploration and/or to effectively implement the plan.

#### **Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

Adolescent services: We primarily receive referrals from local school districts and the juvenile court. We also have some self-referrals. All youth who are referred for services complete an initial DUSI screening which identifies areas of risk for youth. This may include substance use, behavioral, emotional health, family dynamics, peers, social competency, school, work, peer and leisure needs. With court order youth we are able to, with signed permission, access PSRA score from the court which identifies youth criminogenic risk needs. Youth are scored as low, moderate to high risk and both static and dynamic risk factors are identified. With our court ordered programs we will not mix low risk youth with moderate or high risk individuals. We provide an array of evidence based interventions with youth and their families. For prevention we provide an indicative education program called Parent and Teen Alternative. This program will be submitted to the State Evidenced Based Workgroup for review. For treatment we provided ACRA (Adolescent Community Reinforcement Approach) with youth and families and have Aggression Replacement Training and Moral Reconciliation Therapy groups. We also implement motivational interviewing techniques and strategies with families.

Adult Services: We primarily receive referrals from justice courts, district courts, AP&P, DCFS, and some self-referred. All adults complete the initial DUSI screening which identifies areas of risk as described above. Clients involved with drug court programs also receive the RANT which screens for both risk and need in the four quadrants of low/high/risk/need levels. For clients involved with AP&P, with signed permission, there is access to the LSI score to assist in determining criminogenic risk. Adult clients who are considered low risk/low need are not in groups with clients who are considered high risk/high need. We provide an array of evidence based intervention with adults including Motivational Interviewing, Matrix, MRT, and Seeking Safety.

#### **Identify your proposed outcome measures.**

Currently youth and adult are asked to complete the DUSI each month to monitor progress in treatment and focus is on reducing risk domains. In prevention our Parent and Teen Alternative program has a pre and posttest.

Program Name: All Stars Senior				Cost: \$10,484.17		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce 30 day alcohol  30 day marijuana will not increase by more than 20%	Attitudes favorable to drug use  Low commitment to school	30 High school students who are referred by the youth court, school administration and/or their PLC-CHAT Team at Ogden High.  30 High school students who are referred by the youth court, school administration and/or their PLC-CHAT Team at Ben Lomond High.			All Stars Program 45 min. x twice per week x 6 weeks.	<u>Ogden High:</u>  10 <sup>th</sup> grade attitudes favorable to drug use will decrease from 40.1% in 2013 to 38.1% in 2019.  12 <sup>th</sup> grade attitudes favorable to drug use will decrease from 34.3% in 2013 to 32.3% in 2019.  10 <sup>th</sup> grade low commitment to school will decrease from 34.0% in 2013 to 32.0% in 2019.  12 <sup>th</sup> grade low commitment to school will decrease from 43.2% in 2013 to 41.2% in 2019.  Students' scores will increase from pretest to post test on commitment to avoid high risk behaviors and bonding to school  <u>Ben Lomond High:</u>  10 <sup>th</sup> grade attitudes favorable to drug use will decrease from 37.0% in 2013 to 35.0% in 2019.  12 <sup>th</sup> grade attitudes favorable to drug use will decrease from 29.3% in 2013 to 27.3% in 2019.  10 <sup>th</sup> grade low commitment to school will decrease from 38.2%	<u>Ogden High:</u>  30 day alcohol use for 10 <sup>th</sup> grade will decrease from 20.4% in 2013 to 18.4% in 2023.  30 day alcohol use for 12 <sup>th</sup> grade will decrease from 24.9% in 2013 to 22.9% in 2023.  30 day marijuana use for 10 <sup>th</sup> grade will not increase by more than 20% from 19.1% in 2013 to 22.92% in 2023.  30 day marijuana use for 12 <sup>th</sup> grade will not increase by more than 20% from 10.4% in 2013 to 12.48% in 2023.  <u>Ben Lomond High:</u>  30 day alcohol use for 10 <sup>th</sup> grade will decrease from 11.3% in 2013 to 9.3% in 2023.  30 day alcohol use for 12 <sup>th</sup> grade will decrease from 13.6% in 2013 to 11.6% in 2023.  30 day marijuana use for 10 <sup>th</sup> grade will not increase by more than 20% from from 18.6% in 2013 to 22.32% in 2023.

					<p>in 2013 to 36.2% in 2019.</p> <p>12<sup>th</sup> grade low commitment to school will decrease from 43.7% in 2013 to 41.7% in 2019.</p> <p>Students' scores will increase from pretest to post test on commitment to avoid high risk behaviors and bonding to school</p>	<p>30 day marijuana use for 12<sup>th</sup> grade will not increase by more than 20% from from 10.4% in 2013 to 12.48% in 2023.</p>
Measures & Sources	2013 SHARP School District Data	2013 SHARP School District Data Program Pre and Post Tests	Program logs Attendance records	Program logs Attendance records	SHARP Survey 2019. Program Pre and Posttests	SHARP Survey 2023

Program Name: Growing Up Strong (Gus & Gussie)				Cost: \$46,578.94		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level: 2				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	<p>Maintain 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Maintain 30 day tobacco use</p>	<p>Depressive Symptoms</p> <p>Early initiation of antisocial behavior</p> <p>Students negative behaviors</p> <p>Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety</p>	<p>240 1st grade students in the following elementary schools who the school as identified as at risk: Hillcrest, Taylor Canyon, Shadow Valley, Polk, Wasatch, Horace Mann, Kaneshville, N. Park, MarLon, Club Heights, Pioneer, Roosevelt, Washington Terrace, West Weber</p>			<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>Depressive symptoms among 6<sup>th</sup> grade students will decrease from 34.1% in 2013 to 32.1% in 2017.</p> <p>Early initiation of anti-social behavior among 6th grade students will decrease from 23.9% in 2011 to 21.9% in 2015.</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 will increase from pre to post test.</p>	<p>30 day alcohol use among 6th grade students will remain at 0.8% in 2011 to 2019</p> <p>30 day marijuana use among 6th grade students will not increase by more than 20% from at 1.1% in 2013 to 1.32% in 2023</p> <p>30 day tobacco use among 6th grade students will remain at 0.2% in 2011 to 2019</p>
Measures & Sources	<p>2011 SHARP</p> <p>2013 SHARP</p>	<p>2011 SHARP</p> <p>2013 SHARP</p>	Attendance records			Attendance Records	<p>SHARP 2015</p> <p>SHARP 2017</p> <p>Pre &amp; Post Tests</p>	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Parents Empowered				Cost: \$19,475.34		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce underage drinking	<p>Parental attitudes favorable to anti-social behavior.</p> <p>Parental attitudes favorable to drug use.</p>	60,000 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>At minimum 2 town halls throughout the county focusing on Parents Empowered and underage drinking prevention.</p>	<p>Parental attitudes favorable to anti-social behavior will decrease from 32.1% in 2013 to 29.1% in 2019.</p> <p>Parental attitudes favorable to drug use will decrease from 14.4% in 2013 to 11.4% in 2019.</p>	30 Day alcohol use will decrease from 10.9% in 2013 to 7.9% in 2023.
Measures & Sources	2013 SHARP	2013 SHARP	Prevention service delivery rosters			Collateral distributed Amount of media placed in LSAA Attendance records @ town halls	SHARP 2019	SHARP 2023

Program Name: Prevention Networking (Capacity Building)				Cost: \$58,584.63		Evidence Based: No		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day e-cigarette use</p>	Laws and norms favorable to drug use	<p>50 Local organization/key leaders in Weber County.</p> <p>4 Coalitions and/or committees throughout the state in efforts to affect Weber County.</p>	<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 Weber County community partners, such as police departments, CTC coalitions, and other community partners to increase alcohol compliance (EASY) checks.</p> <p>Prevention Specialists will work with Weber and Morgan County CTC coalitions, community coalitions, and community partners to educate city officials on prevention science.</p> <p>Collaborate with Weber Morgan Health Department to educate key leaders about e-cigarettes.</p> <p>Prevention Coordinator will serve on state committees and coalitions.</p> <p>Prevention Coordinator will regularly</p>	<p>Laws and norms favorable to drug use will decrease from 24.2% in 2013 to 22% in 2017.</p> <p>Increase alcohol compliance checks from 46 in 2013 to 60 by 2017.</p> <p>Contacts with Legislative officials to educate them on effective prevention will increase from 0 in 2013 to 20 by 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 not increase by more than 20% from 8.2 % in 2013 to 9.84% in 2023.</p> <p>30 day e-cigarette use for all grades will decrease from 15.3% in 2013 to 12.3% in 2023.</p>		

				attend state meetings to share prevention information and support statewide efforts.		
Measures & Sources	2013 SHARP	2011 SHARP 2013 SHARP Juvenile Court Data Archival Data Key leader interviews	Meeting minutes Attendance rosters	Meeting minutes Attendance rosters	SHARP Survey 2017  EASY Report 2017	SHARP Survey 2019  SHARP Survey 2023

Program Name: Parent and Teen Alternative Program				Cost: \$50,948.95		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level: 2				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day alcohol  30 day marijuana will not increase by more than 20%	Perceived risk of drug use  Poor family management  Family Attachment  Family Conflict	20 Youth age 12-17 who have been referred by the juvenile court or local school as a result of a substance use violation.  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 2.5 hours x 6 weeks.  Educational group held at Weber Human Services on topics such as communication, addiction, stress management, goal setting, prescription drugs, etc.	Perceived risk associated with drug use among 8 <sup>th</sup> grade students will decrease from 27.8% in 2013 to 25.8% in 2019.  Poor family management will decrease among 8 <sup>th</sup> grade students from 32.9% in 2013 to 30.9% in 2019.  Family attachment for 8 <sup>th</sup> grade students will increase from 66.4% in 2013 to 68.4% in 2019.  Family conflict will decrease among 8 <sup>th</sup> grade students from 29.4% in 2013 to 27.4% in 2019.  Perceived risk associated with drug use among 10 <sup>th</sup> grade students will decrease from 37.3% in 2013 to 35.3% in 2019.  Poor family management will decrease among 10 <sup>th</sup> grade students from 37.4% in 2013 to 35.4% in 2019.  Family attachment for 10 <sup>th</sup> grade students will increase from 64.3% in 2013 to 66.3% in 2019.  Family conflict will decrease among 10 <sup>th</sup> grade students from 36.9% in 2013 to 34.9% in 2019.  Perceived risk associated with drug use among 12 <sup>th</sup> grade students will decrease from 34.0% in 2013 to 32.0% in 2019.	30 day alcohol use among 8th grade students will decrease from 7.2% in 2013 to 5.2% in 2023.  30 day marijuana use among 8th grade students will not increase by more than 20% from 5.3% in 2013 to 6.36% in 2023.  30 day alcohol use among 10th grade students will decrease from 13.3% in 2013 to 11.3% in 2023.  30 day marijuana use among 10th grade students will not increase by more than 20% from 12.1% in 2013 to 14.52% in 2023.  30 day alcohol use among 12th grade students will decrease from 21.1% in 2013 to 19.1% in 2023.

					<p>Poor family management will decrease among 12<sup>th</sup> grade students from 35.1% in 2013 to 33.1% in 2019.</p> <p>Family attachment for 12<sup>th</sup> grade students will increase from 70.3% in 2013 to 72.3% in 2019.</p> <p>Family conflict will decrease among 12<sup>th</sup> grade students from 32.2% in 2013 to 30.2% in 2019.</p> <p>Youth's knowledge of harmful effects of substance abuse, effective communication skills, effective problem solving skills, and refusal skills will increase from pre to post test.</p> <p>Parent's knowledge of harmful effects of substance abuse, effective communication skills, effective problem solving skills, and refusal skills will increase from pre to post test.</p>	<p>30 day marijuana use among 12th grade students will not increase by more than 20% from 14.4% in 2013 to 17.28% in 2023.</p>
Measures & Sources	SHARP 2013	2013 SHARP Program Pre-Post test	Referral forms Attendance rosters	Attendance rosters	SHARP 2019  Program Pre and Post Tests.	SHARP 2023

Program Name: Communities That Care				Cost: \$123,136.95		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco</p> <p>Reduce 30 day prescription</p>	<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</p> <p>Roy High Cone</p> <p>Fremont High Cone</p> <p>Weber High Cone</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 2023.</p> <p>30 day marijuana use for all grades will not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</p> <p>30 day tobacco use for all grades will decrease from 4.5% in 2013 to 3.5% in 2023.</p> <p>30 day prescription drug use for all grades will decrease from 2.9% in 2013 to 2.1% in 2023.</p>		
Measures & Sources	2013 SHARP	SHARP 2013	<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 2017	SHARP Survey 2023		

Program Name: Information Dissemination (Capacity Building)				Cost: \$21,420.81		Evidence Based: No		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco</p> <p>Reduce 30 day e-cigarettes</p>	<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.</p> <p>Information Dissemination: speaking engagements -- Presentations on various substance abuse prevention topics to community members as requested</p> <p>Collaborate with Weber Morgan Health Department on speaking engagements to educate key leaders about e-cigarettes.</p>	<p>Perceived risk of drug use will decrease from 32.8% 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.</p> <p>Attitudes favorable to drug use will decrease from 18.7% in 2011 to 16.7% 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 not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</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 e-cigarette use for all grades will decrease from 15.3% in 2013 to 12.3% in 2023.</p>
Measures & Sources	<p>SHARP 2011</p> <p>SHARP 2013</p>	SHARP 2011	Prevention service delivery rosters			<p>Material distributed</p> <p>Participant Feedback Forms</p> <p>Prevention service delivery rosters</p>	SHARP 2015	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Guiding Good Choices				Cost: \$68,928.34		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco use</p> <p>Reduce 30 day prescription</p>	<p>Parental attitudes favorable to antisocial behaviors.</p> <p>Poor family management</p>	25 Parents and guardians of children ages 9-14 in Weber County			Participants attend 2 hour x 1 per week x 5 weeks.	<p>Parental attitudes favorable to antisocial behavior will decrease for 6<sup>th</sup> from 23.3% in 2013 to 21.3 % 2017.</p> <p>Parental attitudes favorable to antisocial behavior will decrease for 8<sup>th</sup> grade from 32.0% in 2013 to 30.0 % 2017.</p> <p>Family management for 6<sup>th</sup> grade will decrease from 41.3% in 2013 to 39.3% in 2017.</p> <p>Family management for 8<sup>th</sup> grade will decrease from 32.9% in 2013 to 30.9% in 2017.</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>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 not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</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 2023.</p>
Measures & Sources	<p>SHARP 2011</p> <p>SHARP 2013</p>	<p>SHARP 2013</p> <p>Pre-post tests</p>	Attendance rosters Referral Form			Attendance rosters	<p>SHARP 2017</p> <p>Pre – post tests</p>	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Systematic Training for Effective Parenting				Cost: \$74,230.52		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco use</p> <p>Reduce 30 day prescription</p>	<p>Parental attitudes favorable to antisocial behaviors.</p> <p>Poor family management</p> <p>Parental knowledge of positive parenting skills</p>	<p>30 Parents and guardians of children ages 6 – 12 in Ogden and Weber School Districts identified as at risk and referred to program.</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 6<sup>th</sup> from 23.3% in 2013 to 21.3 % 2017.</p> <p>Parental attitudes favorable to antisocial behavior will decrease for 8<sup>th</sup> grade from 32.0% in 2013 to 30.0 % 2017.</p> <p>Family management for 6<sup>th</sup> grade will decrease from 41.3% in 2013 to 39.3% in 2017.</p> <p>Family management for 8<sup>th</sup> grade will decrease from 32.9% in 2013 to 30.9% in 2017.</p> <p>Parental knowledge of positive parenting skills will increase from pre to post test</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 not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</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	<p>SHARP 2011</p> <p>SHARP 2013</p>	<p>SHARP 2013</p> <p>Pre-post tests</p>	<p>Attendance rosters</p> <p>Referral Form</p>			<p>Attendance rosters</p>	<p>SHARP 2017</p> <p>Pre-post tests</p>	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Prevention Dimensions Training				Cost: \$11,429.35		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco use</p>	<p>Academic Failure</p> <p>Depressive Symptoms</p> <p>Attitudes favorable towards anti-social behavior</p>	60 New school 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>Academic failure will decrease from 39.6% in 2013 to 37.6% in 2017.</p> <p>Depressive symptoms will decrease from 36.0% in 2013 to 34.0% in 2017.</p> <p>Attitudes favorable toward anti-social behavior will decrease from 32.4% in 2013 to 30.4% 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 not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p>
Measures & Sources	<p>SHARP 2011</p> <p>SHARP 2013</p>	SHARP 2013	Attendance rosters			<p>Attendance rosters</p> <p>Pre-Post tests</p> <p>PD use reports</p>	SHARP 2017	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Trio Talent Search				Cost: \$20,000.00		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level: 1				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco use</p>	Academic Failure	517 Low-Income & potential first-generation college students @ Ben Lomond High, Ogden High, Mount Ogden Jr. High, Mound Fort Jr. High, Highland Jr. High			Academic mentoring with students weekly throughout the school year.	<p>Academic failure will decrease from 39.6% in 2013 to 37.6% 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 not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p>
Measures & Sources	<p>SHARP 2011</p> <p>SHARP 2013</p>	SHARP 2013	Attendance rosters			Program advisors records	<p>SHARP 2017</p> <p>School reports</p>	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Big Brother Big Sisters				Cost: \$25,000.00		Evidence Based: Yes or No		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	<p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> <p>Reduce 30 day tobacco use</p>	Academic Failure	31 youth in Weber County K-12			Youth will connect with their mentor 2-4 times per month for a minimum of 12 months in Big Brothers Big Sisters of Utah mentoring programs	<p>Academic failure will decrease from 39.6% in 2013 to 37.6% 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 not increase by more than 20% from from 8.2% in 2013 to 9.84% in 2023.</p> <p>30 day tobacco use for all grades will decrease from 5.0% in 2011 to 3.5% in 2019.</p>
Measures & Sources	<p>SHARP 2011</p> <p>SHARP 2013</p>	SHARP 2013	Attendance rosters			Program advisors records	<p>SHARP 2017</p> <p>School reports</p>	<p>SHARP 2019</p> <p>SHARP 2023</p>

# 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

<b>FAMILY GROSS INCOME</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
\$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



# WEEKLY DISCOUNT FEE SCHEDULE

Based on Household Income - Before Taxes

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$0 - \$400	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$401 - \$500	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$501 - \$600	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$601 - \$700	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$701 - \$800	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$801 - \$900	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$901 - \$1000	\$11	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$1001 - \$1100	\$13	\$11	\$10	\$10	\$10	\$10	\$10	\$10
\$1101 - \$1200	\$15	\$13	\$10	\$10	\$10	\$10	\$10	\$10
\$1201 - \$1300	\$18	\$15	\$11	\$10	\$10	\$10	\$10	\$10
\$1301 - \$1400	\$20	\$17	\$13	\$11	\$10	\$10	\$10	\$10
\$1401 - \$1500	\$23	\$19	\$15	\$12	\$11	\$10	\$10	\$10
\$1501 - \$1600	\$26	\$22	\$17	\$14	\$12	\$11	\$10	\$10
\$1601 - \$1700	\$28	\$24	\$19	\$15	\$13	\$12	\$11	\$10
\$1701 - \$1800	\$32	\$27	\$21	\$17	\$15	\$13	\$12	\$11
\$1801 - \$1900	\$35	\$30	\$23	\$19	\$16	\$15	\$14	\$13
\$1901 - \$2000	\$38	\$32	\$25	\$21	\$18	\$16	\$15	\$14
\$2001 - \$2100	\$41	\$35	\$27	\$23	\$20	\$18	\$16	\$15
\$2101 - \$2200	\$44	\$38	\$29	\$25	\$22	\$19	\$18	\$17
\$2201 - \$2300	\$48	\$41	\$32	\$27	\$23	\$21	\$19	\$18
\$2301 - \$2400	\$51	\$44	\$34	\$29	\$25	\$23	\$21	\$19
\$2401 - \$2500	\$55	\$48	\$37	\$31	\$27	\$24	\$22	\$21
\$2501 - \$2600	\$59	\$51	\$39	\$33	\$29	\$26	\$24	\$23
\$2601 - \$2700	\$62	\$54	\$42	\$35	\$31	\$28	\$26	\$24
\$2701 - \$2800	\$66	\$57	\$45	\$38	\$33	\$30	\$28	\$26
\$2801 - \$2900	\$69	\$60	\$47	\$40	\$35	\$32	\$29	\$27
\$2901 - \$3000	\$73	\$64	\$50	\$42	\$37	\$34	\$31	\$29
\$3001 - \$3100	\$77	\$67	\$53	\$45	\$39	\$36	\$33	\$31
\$3101 - \$3200	\$80	\$70	\$56	\$47	\$42	\$38	\$35	\$33
\$3201 - \$3300	\$84	\$74	\$58	\$50	\$44	\$40	\$37	\$34
\$3301 - \$3400	\$88	\$77	\$61	\$52	\$46	\$42	\$39	\$36
\$3401 - \$3500	\$91	\$81	\$64	\$55	\$48	\$44	\$41	\$38
\$3501 - \$3600	\$95	\$84	\$67	\$57	\$51	\$46	\$43	\$40
\$3601 - \$3700	\$98	\$87	\$70	\$60	\$53	\$48	\$45	\$42
\$3701 - \$3800	\$125	\$91	\$73	\$62	\$55	\$50	\$47	\$44
\$3801 - \$3900	\$125	\$94	\$76	\$65	\$58	\$53	\$49	\$46
\$3901 - \$4000	\$125	\$97	\$79	\$67	\$60	\$55	\$51	\$48
\$4001 - \$5900	\$125	\$100	\$81	\$70	\$63	\$57	\$53	\$50
\$5901 - \$4200	\$125	\$103	\$84	\$73	\$65	\$59	\$55	\$52
\$4201 - \$4300	\$125	\$106	\$87	\$75	\$67	\$62	\$57	\$54
\$4301 - \$4400	\$125	\$109	\$90	\$78	\$70	\$64	\$59	\$56
\$4401 - \$4500	\$125	\$112	\$93	\$81	\$72	\$66	\$61	\$58
\$4501 - \$4600	\$125	\$115	\$96	\$83	\$75	\$68	\$64	\$60
\$4601 - \$4700	\$125	\$118	\$98	\$86	\$77	\$71	\$66	\$62
\$4701 - \$4800	\$125	\$121	\$101	\$88	\$79	\$73	\$68	\$64
\$4801 - \$4900	\$125	\$123	\$104	\$91	\$82	\$75	\$70	\$66
\$4901 - \$5000	\$125	\$125	\$106	\$93	\$84	\$78	\$72	\$68
\$5001 - \$5100	\$125	\$125	\$109	\$96	\$87	\$80	\$75	\$70
\$5101 - \$5200	\$125	\$125	\$112	\$98	\$89	\$82	\$77	\$72
\$5201 - \$5300	\$125	\$125	\$114	\$101	\$91	\$84	\$79	\$74
\$5301 - \$5400	\$125	\$125	\$117	\$103	\$94	\$87	\$81	\$77
\$5401 - \$5500	\$125	\$125	\$119	\$106	\$96	\$89	\$83	\$79

<b>FAMILY GROSS INCOME</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
\$5501 - \$5600	\$125	\$125	\$121	\$108	\$99	\$91	\$85	\$81
\$5601 - \$5700	\$125	\$125	\$123	\$110	\$101	\$93	\$88	\$83
\$5701 - \$5800	\$125	\$125	\$125	\$113	\$103	\$96	\$90	\$85
\$5801 - \$5900	\$125	\$125	\$125	\$115	\$105	\$98	\$92	\$87
\$5901 - \$6000	\$125	\$125	\$125	\$117	\$108	\$100	\$94	\$89
\$6001 - \$6100	\$125	\$125	\$125	\$119	\$110	\$102	\$96	\$91
\$6101 - \$6200	\$125	\$125	\$125	\$121	\$112	\$104	\$98	\$93
\$6201 - \$6300	\$125	\$125	\$125	\$123	\$114	\$106	\$100	\$95
\$6301 - \$6400	\$125	\$125	\$125	\$125	\$116	\$108	\$102	\$97
\$6401 - \$6500	\$125	\$125	\$125	\$125	\$118	\$111	\$104	\$99
\$6501 - \$6600	\$125	\$125	\$125	\$125	\$120	\$113	\$106	\$101
\$6601 - \$6700	\$125	\$125	\$125	\$125	\$122	\$114	\$108	\$103
\$6701 - \$6800	\$125	\$125	\$125	\$125	\$124	\$116	\$110	\$105
\$6801 - \$6900	\$125	\$125	\$125	\$125	\$125	\$118	\$112	\$107
\$6901 - \$7000	\$125	\$125	\$125	\$125	\$125	\$120	\$114	\$109
\$7001 - \$7100	\$125	\$125	\$125	\$125	\$125	\$122	\$116	\$111
\$7101 - \$7200	\$125	\$125	\$125	\$125	\$125	\$124	\$118	\$113
\$7201 - \$7300	\$125	\$125	\$125	\$125	\$125	\$125	\$120	\$115
\$7301 - \$7400	\$125	\$125	\$125	\$125	\$125	\$125	\$121	\$116
\$7401 - \$7500	\$125	\$125	\$125	\$125	\$125	\$125	\$123	\$118
\$7501 - \$7600	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$120
\$7601 - \$7700	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$121
\$7701 - \$7800	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$123
\$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)

# DISCOUNT FEE SCHEDULE

Based on Household Income - Before Taxes

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$0 - \$400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$401 - \$500	\$3	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$501 - \$600	\$3	\$3	\$0	\$0	\$0	\$0	\$0	\$0
\$601 - \$700	\$5	\$3	\$3	\$0	\$0	\$0	\$0	\$0
\$701 - \$800	\$6	\$3	\$3	\$3	\$0	\$0	\$0	\$0
\$801 - \$900	\$7	\$3	\$3	\$3	\$3	\$0	\$0	\$0
\$901 - \$1000	\$9	\$5	\$3	\$3	\$3	\$3	\$0	\$0
\$1001 - \$1100	\$11	\$6	\$3	\$3	\$3	\$3	\$3	\$0
\$1101 - \$1200	\$13	\$7	\$5	\$3	\$3	\$3	\$3	\$3
\$1201 - \$1300	\$15	\$9	\$6	\$5	\$3	\$3	\$3	\$3
\$1301 - \$1400	\$18	\$10	\$7	\$6	\$5	\$3	\$3	\$3
\$1401 - \$1500	\$20	\$11	\$8	\$7	\$6	\$5	\$5	\$3
\$1501 - \$1600	\$23	\$13	\$10	\$8	\$7	\$6	\$6	\$5
\$1601 - \$1700	\$26	\$15	\$11	\$9	\$8	\$7	\$6	\$6
\$1701 - \$1800	\$29	\$16	\$12	\$10	\$9	\$8	\$7	\$6
\$1801 - \$1900	\$32	\$18	\$14	\$11	\$10	\$9	\$8	\$7
\$1901 - \$2000	\$36	\$20	\$15	\$12	\$11	\$9	\$9	\$8
\$2001 - \$2100	\$39	\$22	\$17	\$14	\$12	\$10	\$9	\$9
\$2101 - \$2200	\$43	\$25	\$18	\$15	\$13	\$11	\$10	\$10
\$2201 - \$2300	\$47	\$27	\$20	\$16	\$14	\$13	\$11	\$11
\$2301 - \$2400	\$51	\$29	\$22	\$18	\$15	\$14	\$12	\$11
\$2401 - \$2500	\$56	\$32	\$23	\$19	\$17	\$15	\$13	\$12
\$2501 - \$2600	\$60	\$34	\$25	\$21	\$18	\$16	\$15	\$13
\$2601 - \$2700	\$65	\$37	\$27	\$22	\$19	\$17	\$16	\$15
\$2701 - \$2800	\$70	\$40	\$29	\$24	\$21	\$19	\$17	\$16
\$2801 - \$2900	\$75	\$43	\$32	\$26	\$22	\$20	\$18	\$17
\$2901 - \$3000	\$80	\$46	\$34	\$28	\$24	\$21	\$19	\$18
\$3001 - \$3100	\$86	\$49	\$36	\$30	\$25	\$23	\$21	\$19
\$3101 - \$3200	\$92	\$52	\$38	\$31	\$27	\$24	\$22	\$20
\$3201 - \$3300	\$97	\$55	\$41	\$33	\$29	\$26	\$23	\$22
\$3301 - \$3400	\$103	\$59	\$43	\$35	\$31	\$27	\$25	\$23
\$3401 - \$3500	\$109	\$62	\$46	\$38	\$32	\$29	\$26	\$24
\$3501 - \$3600	\$116	\$66	\$49	\$40	\$34	\$31	\$28	\$26
\$3601 - \$3700	\$122	\$70	\$51	\$42	\$36	\$32	\$29	\$27
\$3701 - \$3800	FULL	\$73	\$54	\$44	\$38	\$34	\$31	\$29
\$3801 - \$3900	FULL	\$77	\$57	\$47	\$40	\$36	\$33	\$30
\$3901 - \$4000	FULL	\$81	\$60	\$49	\$42	\$38	\$34	\$32
\$4001 - \$4100	FULL	\$85	\$63	\$52	\$45	\$40	\$36	\$33
\$4101 - \$4200	FULL	\$90	\$66	\$54	\$47	\$42	\$38	\$35
\$4201 - \$4300	FULL	\$94	\$69	\$57	\$49	\$44	\$40	\$37
\$4301 - \$4400	FULL	\$98	\$73	\$59	\$51	\$46	\$42	\$39
\$4401 - \$4500	FULL	\$103	\$76	\$62	\$54	\$48	\$44	\$40
\$4501 - \$4600	FULL	\$108	\$79	\$65	\$56	\$50	\$46	\$42
\$4601 - \$4700	FULL	\$112	\$83	\$68	\$59	\$52	\$48	\$44
\$4701 - \$4800	FULL	\$117	\$87	\$71	\$61	\$54	\$50	\$46
\$4801 - \$4900	FULL	\$122	\$90	\$74	\$64	\$57	\$52	\$48
\$4901 - \$5000	FULL	FULL	\$94	\$77	\$66	\$59	\$54	\$50
\$5001 - \$5100	FULL	FULL	\$98	\$80	\$69	\$62	\$56	\$52
\$5101 - \$5200	FULL	FULL	\$102	\$83	\$72	\$64	\$58	\$54
\$5201 - \$5300	FULL	FULL	\$105	\$86	\$75	\$66	\$60	\$56
\$5301 - \$5400	FULL	FULL	\$109	\$90	\$77	\$69	\$63	\$58
\$5401 - \$5500	FULL	FULL	\$114	\$93	\$80	\$72	\$65	\$60

<b>FAMILY GROSS INCOME</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
\$5501 - \$5600	FULL	FULL	\$118	\$96	\$83	\$74	\$68	\$62
\$5601 - \$5700	FULL	FULL	\$122	\$100	\$86	\$77	\$70	\$65
\$5701 - \$5800	FULL	FULL	FULL	\$103	\$89	\$80	\$72	\$67
\$5801 - \$5900	FULL	FULL	FULL	\$107	\$92	\$82	\$75	\$69
\$5901 - \$6000	FULL	FULL	FULL	\$111	\$95	\$85	\$78	\$72
\$6001 - \$6100	FULL	FULL	FULL	\$114	\$99	\$88	\$80	\$74
\$6101 - \$6200	FULL	FULL	FULL	\$118	\$102	\$91	\$83	\$77
\$6201 - \$6300	FULL	FULL	FULL	\$122	\$105	\$94	\$85	\$79
\$6301 - \$6400	FULL	FULL	FULL	FULL	\$109	\$97	\$88	\$82
\$6401 - \$6500	FULL	FULL	FULL	FULL	\$112	\$100	\$91	\$84
\$6501 - \$6600	FULL	FULL	FULL	FULL	\$116	\$103	\$94	\$87
\$6601 - \$6700	FULL	FULL	FULL	FULL	\$119	\$106	\$97	\$89
\$6701 - \$6800	FULL	FULL	FULL	FULL	\$123	\$109	\$100	\$92
\$6801 - \$6900	FULL	FULL	FULL	FULL	FULL	\$113	\$102	\$95
\$6901 - \$7000	FULL	FULL	FULL	FULL	FULL	\$116	\$105	\$98
\$7001 - \$7100	FULL	FULL	FULL	FULL	FULL	\$119	\$109	\$100
\$7101 - \$7200	FULL	FULL	FULL	FULL	FULL	\$123	\$112	\$103
\$7201 - \$7300	FULL	FULL	FULL	FULL	FULL	FULL	\$115	\$106
\$7301 - \$7400	FULL	FULL	FULL	FULL	FULL	FULL	\$118	\$109
\$7401 - \$7500	FULL	FULL	FULL	FULL	FULL	FULL	\$121	\$112
\$7501 - \$7600	FULL	FULL	FULL	FULL	FULL	FULL	\$124	\$115
\$7601 - \$7700	FULL	\$118						
\$7701 - \$7800	FULL	\$121						
\$7801 - \$7900	FULL	\$124						
\$7901 - \$8000	FULL							

Shaded area indicates poverty levels

(Income verification required for all fees < \$5)  
(Fee reductions available for hardship)

## **ESTABLISHING A DISCOUNT FEE**

**Eligibility:** Applicants for mental health and substance abuse services may be eligible for a discount fee. To qualify for a discount fee, applicants must reside in Weber or Morgan County and meet household income and family size guidelines.

Applicants are ineligible for reduced fees if 1) they have insurance benefits through which they can obtain behavioral health services; and, 2) Weber Human Services is not on the panel of providers or cannot collect because of billing requirements.

**Household Income Guidelines:** Pre-tax income information from the following sources is required for both the applicant and the applicant's spouse.

- Wages
- SSI/SSA (disability income)
- VA income
- Social Security retirement
- Other retirement income
- Child support
- Unemployment
- Public assistance
- Workers Compensation
- Liquid assets in excess of \$4,000 per individual or \$8,000 per family\*

\*Liquid assets include fair market value of stocks, bonds, certificates of deposit, notes, savings and checking accounts or lump sum inheritance gifts. The total value amount over \$4,000 per individual or \$8,000 per family shall be prorated over six months. The resulting amount shall be added to the monthly countable income.

Proof of income documents will be requested at the time the initial appointment is scheduled. The absence of proof of income documents may result in the appointment being rescheduled or the denial of a discount fee.

The payment of alimony and child support can be deducted from the total monthly income if qualifying proof of payment is provided. Qualifying proof of payment documents include canceled checks, bank statements showing automatic withdrawals from bank accounts or check stubs showing payroll deductions.

**Family size:** For determining a discount fee, family is defined as:

1. The basic family unit consisting of one or more adults and children, if any, related by blood, marriage or adoption and residing in the same household. An individual under age 18 is considered a child, unless the individual has been emancipated.
2. Related adults other than spouses, or unrelated adults living together, will each be considered a separate household.
3. Children living under the care of unrelated persons are considered one-person families.
4. In the case of an individual living temporarily in a drug, alcohol or mental health recovery center, with intent of returning to his/her family, that individual's family will consist of self, spouse and children.

**Requests for Fee Reductions:** Individuals requesting fee reductions will be referred to their therapists who will follow the agency's fee reduction protocol.



## 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.

c. 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.

d. Additional hardship days must be approved by the Clinical Director who will ensure that no client will be denied services due to the inability to pay.

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, Additional hardship days must be approved by the Clinical Director who will ensure that no client will be denied services due to the inability to pay.-

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. Please talk with your therapist if you are having difficulty making payments.
- **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 \_\_\_\_\_

# WHS Administrative Rules

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## **Administrative Rules Development**

1. Any issue to be considered as an Administrative Rule may be brought to, or proposed by, any WHS Director in draft form.
2. All Administrative Rules will be adopted by majority vote of the WHS Directors in a regularly scheduled meeting with a quorum present.
3. All Administrative Rules adopted by the WHS Directors shall be reviewed at least annually.

Approved: 12-12-05

Revised: 08-18-14

Reviewed:

## **Animals in Weber Human Services Facilities**

1. Service animals shall be allowed in Weber Human Services facilities in keeping with the Americans with Disabilities Act (ADA), Title III, 28 CFR, Sec. 36, 104.
2. Under ADA, a person with a disability cannot be asked to remove his service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.
3. Exceptions will be reviewed by the WHS Directors.
4. Weber Human Services does not allow any other animals in its facilities.

Approved: 05-23-05

Revised: 08-18-14

Reviewed:

## Annual Leave Pay in Addition to Time Off

When funding has been allocated at the beginning of the fiscal year, annual leave payout in addition to time off for annual leave may be granted to employees if all of the following conditions are met:

1. Annual leave payout may only be made in conjunction with actual time off taken and may be paid the pay period prior to the first annual leave day taken.
2. If the Annual leave is not taken but the payout has already been paid to the employee, the employee may either pay back the amount received from the payout or forfeit an amount of annual leave equal to what was paid out.
3. Annual leave payout should be at least a one to one basis (one day taken for one day cashed out, provided at least a minimum of two days off are requested). However, a greater ratio of annual leave days taken to days paid out may also be approved. Annual leave payout will only be made in 8 hour blocks (no partial days).
4. Annual leave payout must be requested in writing and approved by the employee's immediate supervisor and the WHS Director over the employee's department prior to the payroll that the request impacts.
5. Annual leave payout may only be granted to an employee who maintains an annual leave balance of 40 hours after the time off actually taken and the time for which they received cash in lieu of time off have been deducted.
6. The amount of annual leave payout is limited to a maximum of forty (40) hours per fiscal year.

### EXAMPLE #1

Employee's personal leave balance prior to request	120 hrs.
Employee requests 40 hours annual leave	-40 hrs.
Employee requests 40 hours pay in lieu of time off	<u>-40 hrs.</u>
Balance after requests (Must be at least 40 hrs.)	40 hrs.

### EXAMPLE #2

Employee's personal leave balance prior to request	100 hrs.
Employee requests 30 hour annual leave	-30 hrs.
Employee requests 30 hours pay in lieu of time off	<u>-30 hrs.</u>
Balance after requests (Must be at least 40 hrs.)	40 hrs.

### EXAMPLE #3

Employee's personal leave balance prior to request	200 hrs.
Employee requests 40 hours annual leave	-40 hrs.
Employee requests 40 hours pay in lieu of time off	<u>-40 hrs.</u>
Balance after requests (Must be at least 40 hrs.)	120 hrs.

Approved: 04-01-13

Revised:

Reviewed: 08-18-14

## Building Security Rule

### A. Main Building Access Doors

1. CLIENT ACCESS to the main building is to be only through the Main doors in the Customer Service area and only during business hours.
2. EMPLOYEE ACCESS to the main building is through the Main doors during business hours, and also through the South, West, and East doors during the times specified on the doors. The second (inside) set of doors and basement doors will be kept locked at all other times.
3. Main building hours :

Monday	7:00 a.m. – 9:00 p.m.
Tuesday	7:00 a.m. – 9:00 p.m.
Wednesday	7:00 a.m. – 9:00 p.m.
Thursday	7:00 a.m. – 9:00 p.m.
Friday	7:00 a.m. – 7:00 p.m.
Saturday	Closed
Sunday	Closed
4. South, West and East doors:  
Employee Entrance Only  
Monday – Friday            7:30 a.m. – 5:30 p.m.

### B. Building Access Codes

1. Master code lists will be kept ONLY by WHS Security Manager, and the Security Company.
2. Each person with Access code will have access to their building at set times only. Supervisors are responsible to ensure that every employee listed is fully trained on all necessary building security procedures.
3. No code is to be used by anyone other than the person to whom it is assigned. Misuse or sharing of codes will be cause for disciplinary action against an employee up to and including termination, or adverse contract action against an organization up to and including cancellation of its contract.
4. The Security Company will provide Security manager with a monthly report of after hour's access.

### C. Security Officers can be reached at 801-366-6325 Monday to Thursday 7:00 am – 10:00 pm, and Friday 7:00 am – 7:00 pm

Approved: 06-01-03

Revised: 08-18-14

Reviewed:

## Business Cards

1. Orders for appointment and business cards will be placed through Customer Care Supervisors as designated by the relevant Director. Customer Care Supervisors will coordinate orders to obtain the best possible price.
2. Generic appointment cards will be used agency wide whenever possible.
3. Staff who wish to have personalized agency-approved business cards will be provided with one box per year. The individual will pay for any additional orders in full.
4. Those employees who will use more than 500 business cards in a year may receive a onetime order of 1000.
5. Outreach workers will be an exception as approved by the relevant Director.
6. No employee will receive personalized business cards until they have worked for WHS for six months.

7. Business cards for Interns will be printed by Customer Care staff in quantities of 100 cards. This also applies to any employee needing less than 100 cards per year.
8. Customer Care staff may print a limited number of cards for employees as an Emergency Request when approved by the relevant Program Director.
9. One vendor will be selected each year by Administration. The format of appointment and business cards will be standard.

Approved: 07-10-08

Revised: 08-18-14

Revised:

## Cell Phone Allowance Rule

1. When WHS finds it necessary or good business practice for an employee to carry a cell phone for WHS business, a request for authorization of a cell phone allowance on the Cell Phone Authorization Form shall be submitted to the Directors for approval. A brief statement of the need for cell phone access and the proposed amount of allowance shall be included on the form. Every employee approved for a cell phone allowance shall make the cell phone number available for listing in appropriate WHS directories.
2. All requests for cell phone allowances must be made to the Directors, and are subject to regular budgeting procedures and review.
3. Upon authorization of a cell phone allowance, the employee will continue to be reimbursed the pro-rated authorized amount on the first and second pay date of each month until the authorization is rescinded, the authorized amount is changed, or cell phone service is terminated. Purchase of a cell phone and a cell phone service plan, and all payments for such, shall be the employee's sole responsibility.
4. The specific dollar amount approved for reimbursement is determined by the employee's need, as established by the relevant Director. The authorized amounts are: \$20.00, \$35.00, \$50.00 or other amounts may be approved by the Directors upon recommendation of the relevant Director.
5. If coverage, roaming or long distance charges are incurred for WHS business calls that exceed the approved allowance (and the employee has selected a plan that is within his/her allowance), the additional charges may be submitted for reimbursement. Pre-determined reimbursements will be reported as income on the employee's W-2 Form submitted to the IRS.
6. The Directors recognize there may be a need for back-up or emergency cell phones under certain conditions. Approval of such WHS-owned cell phones will be by the Executive Director only.
7. Any employee whose cell phone and/or cell phone service is provided through a grant, contract, or other third party payment shall not receive an additional WHS cell phone allowance, and shall comply with any laws, rules, regulations or contract terms which apply to the funding related to of the cell phone and/or cell phone service.
8. The Directors will review the list of employees receiving a cell phone allowance during the budget process to determine continued need.

Approved: 09-12-05

Revised: 08-18-14

Reviewed:

## Client Appointments

1. All clients, except Aging Services clients, are required to check in with Customer Care prior to their appointments.
2. Clients who present for their appointments without checking-in should be sent back to Customer Care by service providers to complete their check-in.

Approved: 04-01-96  
Revised: 08-18-14  
Reviewed:

## Client Dress Code

The following are minimum standards for client attire in WHS facilities

1. Shoes must be worn at all times. (Except in WHS residential facilities)
2. Shirts must be worn at all times.
3. No overly revealing attire or attire with offensive wording or pictures.

Approved: 08-18-14  
Revised:  
Reviewed:

## Clinical Records Retention

The WHS Administrative Rule on Clinical Records Retention was reviewed and deleted on 08-18-14. Please refer to the WHS HIPAA/Privacy Retention of PHI Policy and Procedure.

## Committees

1. WHS will establish standing committees to monitor, evaluate and recommend improvements in access, quality and cost of services. Ad hoc committees may also be established as necessary at the discretion of the Executive Director.
2. Members of the standing committees will be selected by the Executive Director from volunteers or by recommendation.
3. Members will serve three (3) year staggered terms so that the disruption of turnover will be minimized. Initial terms will be established by the Executive Director.
4. Time spent in scheduled committee meetings; reviewing programs, preparing evaluations and reports, and training staff in access, quality, and cost issues; will be reported as part of the employee's approved job duties.

Approved: 03-01-01  
Revised: 08-18-14  
Reviewed:

## Conditions for Use of Communal Kitchens

The responsibility of custodial staff in kitchens is limited to a) cleaning floors and b) thorough, in depth cleaning of the entire area on a periodic basis.

1. The person responsible for any activity at which food is prepared and/or served is also responsible for leaving the kitchen area in a sanitary condition.
2. All food preparation/serving surfaces and appliances must be thoroughly cleaned after each use.
3. Any leftover food may only be stored in the auditorium kitchen for the balance of the day on which it was served. The Auditorium refrigerator will be emptied and cleaned weekly by custodial staff.

Violation of hygiene and health standards will result in immediate revocation of kitchen privileges.

Approved: 04-01-93  
Revised: 08-18-14  
Reviewed:

## Conference Group Room Use

It is not possible for custodians to clean and straighten meeting rooms after every use. It is necessary, therefore, for everyone using meeting rooms to be responsible for returning them to an orderly condition.

1. All conference/group meeting rooms must be reserved through the individuals designated by the WHS Directors. If a conference/group room is no longer needed, the responsible party is required to cancel the reservation as soon as possible.
2. The room actually used must be the same room which was reserved.
3. The person responsible for the activity is also responsible for the provision of any special equipment.
4. The use of any food or drink in the Board Room must be approved by the Executive Director or designee.
5. Employees are responsible for all spills/stains in their offices or any group rooms they use.
6. Employees are responsible for leaving conference/group rooms in good condition. This means that tables must be put away, chairs must be stacked, and noticeable messes must be vacuumed. Please notify Customer Care immediately if a conference/group room has any problems (cleaning and/or damage) so that it can be determined who used the room last.
7. No client groups will be scheduled in third floor conference rooms except as approved by the Executive Director or designee.
8. Community groups will only be scheduled if:
  - a) There is space available after the needs of the agency programs are met and are approved by the relevant WHS Director.
  - b) Community groups that are held on a recurring basis will only be scheduled with approval from the Executive Director.
9. WHS employees should notify the WHS Information area of any activities which will require that directions be given.

Approved: 04-01-93  
Revised: 08-18-14  
Reviewed:

## Copying Fee

The WHS Administrative Rule on Copying Fee was reviewed and deleted on 08-18-14. Please refer to the WHS HIPAA/Privacy Client Access to PHI Policy and Procedure.

## Driving Eligibility, Vehicle Usage and Access to The Ride

1. Eligibility to Drive in the Scope of Employment:

- a) Employees of Weber Human Services must be approved in writing by the relevant Director or Human Resources in order to drive a personal or Weber Human Services vehicle within the scope and as a function of their employment. An employee must provide proof of a valid Utah Motor Vehicle Operators license and authorize Weber Human Services Human Resources Office to access his / her MVR (Motor Vehicle Report) at time of hire and annually. Weber Human Services reserves the right to deny employees approval to drive in the scope or as a function of their employment when this is deemed to be in the best interest of Weber Human Services or its clients. At time of hire, Human Resources may approve drivers with up to one (1) violation minor in scope. If two (2) or more violations or any serious infraction appears on the MVR, the HR Director will notify the relevant Director for his/her approval/disapproval to hire any employee who is required to drive as a part of his/her job description.
- b) For active employees, generally, one moving violation or accident minor in severity will not be cause for revocation of the driving privilege for Weber Human Services. Employees who have caused two accidents or have two moving violations shall not drive unless approved in writing by the relevant Director. A citation for reckless driving or DUI will result in immediate suspension of driving privileges until, and if, driving is re-approved by the relevant Director.
- c) Weber Human Services' employees who are approved to drive and use vehicles other than those which are available through Weber Human Services, may request mileage reimbursement, thereby assuming responsibility for all expenses and risk related to use of such vehicles based on IRS guidelines.

2. Defensive Driving:

- a) All WHS employees who drive agency vehicles or who use personal vehicles and receive mileage reimbursement are required to complete a defensive driving course after their effective date of employment.
- b) Employees who use WHS vehicles must take the next defensive driving course offered by WHS or another qualified agency, whichever occurs first. Employees whose primary job duty is driving using WHS vehicles (The Ride, Steps, Residential, Meals on Wheels, etc.) must take the course every three years.
- c) Weber Human Services' employees who are approved at any point during employment to drive and use personal vehicles in the scope of employment and receive mileage reimbursement must complete the next defensive driving course offered by WHS, unless the employee has one or more moving violation then they must take the next defensive driving course offered by WHS or another qualified agency, whichever occurs first.
- d) Any WHS driver who: 1) is in an accident, when the driver is clearly at fault; 2) is issued two citations for a moving violation during the previous year; or 3) is instructed to do so by his or her relevant Director, must take the next defensive driving course offered by WHS or other qualified agency whichever occurs first.
- e) WHS defensive driving courses are offered twice annually.

3. Vehicle Accident and Repair Procedures:

The following protocol will apply to all accidents and/or repairs involving WHS owned:

- a) During Normal Working Hours: Monday through Friday. All accidents must be reported. Immediately to the driver's supervisor. The Fleet Manager (801-778-6859) should be notified as soon as possible. If another vehicle is involved, the POLICE MUST BE CALLED – 911 – to investigate at the scene of the accident. Police must be called whether the accident occurs on public or private property (e.g., store parking lot, WHS parking lot). Information exchange forms, provided by the police, should be completed by the driver at the scene.
- b) During weekend or evening hours: All accidents involving another vehicle must be reported to the police and investigated at the scene. The immediate supervisor should be notified at the earliest practical time, along with the Fleet Manager. Information exchange forms, provided by the police should be completed at the scene

- c) Towing of Damaged WHS Vehicle: If the vehicle is disabled as a result of an accident, the driver should direct that it be towed to the Weber County Shops, 2222 South 1900 West during normal working hours (8:00 am to 4:30 pm.) The normal police rotation dispatch should be used for this service. During weekend or evening hours, the normal police rotation dispatch service should again be used, and the vehicle towed to the towing company lot until appropriate arrangements can be made by the Fleet Manager for repair.  
If a vehicle needs to be towed as a result of mechanical failure, the Fleet Manager should be notified so that arrangements can be made.
- d) Vehicle Repair: In the event of a mechanical breakdown of a WHS vehicle (e.g., flat tires, engine problems, dead battery, brakes, etc.), either the Fleet Manager or "The Ride" office, 625-3776, should be notified as soon as possible so that necessary repairs can be completed. No repairs should be initiated by the driver without prior authorization.
- e) Accident Information Packet: A packet of information, including current registration, insurance, and inspection information is located in the glove box of each vehicle. In the event of an accident, this information will be needed by the investigating police officer. These forms should be returned to the glove box. Additional reporting forms are also included in the packet to gather required information regarding the accident. The Fleet Manager should be notified if any forms need to be replaced.

#### 4. Injury to Driver or Passenger:

- a) In the event of an injury to either the driver or passenger of a WHS vehicle during normal working hours, the individual(s) should be taken to IHC Work Med, 1355 Hinckley Drive, northwest of Ogden Airport. In the event of serious injury, the persons involved should be transported to McKay-Dee Emergency Room, or other qualified clinic depending on the severity of injuries and location of incident (i.e., Salt Lake City, St. George, etc.) by ambulance or otherwise, at the discretion of qualified medical personnel at the scene.
- b) Insurance information from the insurance card located in the glove box of each vehicle should be provided to the clinic or hospital upon arrival. Workers Compensation Employees First Report of Injury or Illness (Form 122) should be completed by the employee(s)' supervisor as soon as possible and provided to WHS Human Resources.
- c) To facilitate treatment of minor injuries, e.g., scrapes or cuts, an approved Red Cross first aid kit is located in each WHS vehicle. If any items are used, the Fleet Manager should be notified so that the items can be replaced.

#### 5. Required Drug Screen:

- a) In the event of an accident involving WHS vehicles and personal vehicles when used for official purposes, when the driver is determined at fault, or at the discretion of the Fleet Manager in conjunction with the direct supervisor, a drug screen must be performed. This is in accordance with the Drug-Free Workplace Policy, Section 2.12. This requirement applies even when there is no other vehicle involved, but there is damage to a WHS (e.g., backing into a pole).
- b) During normal working hours, this should be done at IHC Work Med, 1355 Hinckley Drive. During evening and weekend hours, this screen should be done at the McKay-Dee Hospital Emergency Room or other qualified clinic if out of town.

#### 6. Accident Reports:

- a) The driver will complete the WHS Motor Vehicle Accident Report with the help of the immediate supervisor and Fleet Manager, if needed. A WHS Supervisor's Report of Accident/Injury must also be completed by the driver's immediate supervisor. These forms are available from the Fleet Manager or in the glove box of each vehicle. They can also be found on SharePoint.
- b) If a citation is issued, a copy must be provided to the Fleet Manager, along with a copy of the Accident Report, Supervisor's Report, and the information exchange form as provided by the police and completed by the driver. If a police report is needed, it will be obtained by the Fleet Manager.

7. Personal Use of WHS Vehicles: WHS vehicles are for official use only. Unauthorized use may result in the suspension or revocation of driving privileges.
8. Vehicle Safety:
  - a) Everyone either driving or riding in a WHS vehicle is required to wear a seat belt restraint. Young children (from infancy through age five) must utilize an approved and properly installed car seat. There are no exceptions to these requirements. If the seat belt won't fit around an individual, notify the Fleet Manager so that an extension can be obtained before transporting the individual.
  - b) WHS enforces State law which prohibits texting or other unlawful usage of any communication device while driving. Also prohibited is "careless driving" which refers to any moving violation that is committed while distracted by use of a hand held cellphone or similar activities.
  - c) Headlights will be turned on at all times while the vehicle is in use, regardless of the time of day or weather conditions.
  - d) Safety equipment to be kept in each vehicle includes but is not limited to an approved Red Cross first aid kit, an approved breathing mask, and a snow scraper/brush. The Fleet Manager should be notified if these items need to be replaced.
  - e) Appropriate visibility must be established by removing snow, ice or other debris from windows, mirrors and lights before the vehicle is driven. Mirrors should also be adjusted to provide for maximum visibility.
  - f) Each driver shall perform a brief "walk-around" inspection of the assigned vehicle to detect possible safety concerns such as low or worn tires, broken glass, malfunctioning lights, defective windshield wipers (e.g., torn, broken, "streaking" while in use) other damage that has not yet been reported, etc.. Needed repairs should be promptly reported to the Fleet Manager either by e-mail or by completing the paperwork in the vehicle and submitting to the Fleet Manager.
9. Smoking in WHS or State Leased Vehicles: All WHS vehicles are designated as "nonsmoking." This applies to both passenger and driver.
10. Violations of Motor Vehicle Laws:
  - a) Authorized drivers shall obey all motor vehicle laws while operating a WHS. Any authorized driver who, while driving a WHS vehicle, receives a citation for violating a motor vehicle law shall immediately report the receipt of the citation to his/her respective supervisor and provide a copy to the Fleet Manager.
  - b) Any authorized driver, who receives a citation for a violation of motor vehicle laws, shall be personally responsible for paying fines associated with any and all citations. The failure to pay fines associated with citations for the violation of motor vehicle laws may result in the loss of driving privileges.
11. Program Access to Vehicles:
  - a) Use of Weber Human Services vehicles may be arranged by request through the Fleet Manager for full time use, or by reserving and "checking out" vehicles from programs where vehicles have already been placed.
  - b) Daily basic safety inspection is required of vans before driving. A more comprehensive inspection, using an approved check list, will be required on a monthly basis. Program directors will be provided by the Fleet Manager with the appropriate check list, devices and other equipment necessary to accomplish this task.
  - c) New employees whose primary function is to drive 15 passenger vans are required to complete the "Coaching the Van Driver II" training course, as prepared by the National Safety Council, and receive appropriate certification from the Fleet Manager to be retained in the employee's personnel file.
  - d) All interstate and highway travel is limited to 65 miles per hour or the posted speed limit, whichever is less, and seating will not exceed 12 passengers, including the driver in any vehicle being used for official WHS purposes unless hired and provided with a CDL qualified driver.

- e) Each program will be billed for the cost of using Weber Human Services vehicles based on mileage driven per program and will be invoiced by Fleet Management to Fiscal Services for payment.

12. Transportation Rider Eligibility and Access:

- a) Access to Weber Human Services transportation is available exclusively to the senior citizens, age 60 or older, of Weber and Morgan Counties, clients, staff and volunteers of Weber Human Services. This does not include children, family members or other individuals who are not clients. The Directors of Weber Human Services may deny or grant an exception for access to transportation for cause.
- b) Senior citizens of Weber and Morgan Counties, clients of Weber Human Services or their workers may schedule transportation through "The Ride"; case management teams; Skills Development staff; or others who provide transportation by following the approved protocol for that program (see program protocol). Program transportation protocols will include client eligibility requirements to access transportation, method of scheduling, requirements for drivers and other elements as needed.

13. Animals

- a) Service animals may be transported in WHS vehicles only when in a carrier that the client/passenger can manage, except for Seeing Eye dogs which are allowed at any time without a carrier. All animals and/or carriers are only allowed on the floor of vehicles. Any accidents by animals should be dealt with immediately and notification should be made to the Fleet Manager to determine the extent of cleaning or detailing needed.

14. Cleaning of Vehicles

- a) It is the responsibility of each driver to keep the vehicle they are using clean and clutter free.
- b) The Fleet Manager has a limited supply of car wash and vacuum cards available on a first come first serve basis.
- c) Only WHS personnel should have food/drinks in WHS vehicles. If the driver allows others to have something and it gets spilled or dropped, it is the driver's responsibility to clean it up and let the Fleet Manager know to determine if more extensive cleaning is needed.

15. Advertisements: Any advertisements placed in/on WHS vehicles are only allowed with the approval of the WHS Directors.

Approved: 05-02  
Revised: 12-22-14  
Reviewed:

## **Emergency Evacuation**

A. Threat received by phone:

1. Call Customer Care if the threat is received by another area.
2. Customer Care calls Security Officer, Police, Administration.
3. Administration authorizes evacuation of the building.
4. Customer Care employee who talked to caller, Security Officer and Administrative representative meet with Ogden Police Department Officer in Customer Service area.
5. Administrative Representative will
  - a) designate searchers.
  - b) designate someone to move employees away from the building.
  - c) station someone at each door to bar entry and answer questions. The Security Officer will lock the doors to the building at this time.

6. Customer Care employee who talked to caller will assist Ogden Police Department with paperwork and answer any OPD questions.
7. In consultation with Security Officer and Ogden Police Department, Administrative representative will determine whether the building can be re-entered.
8. Administrative representative will
  - a) inform employees they may re-enter the building.
  - b) establish which services will be available.It is WHS' intent that any usual services which can be offered will be made available.

**B. Instructions to employees:**

1. When emergency alarm sounds, if there are no flames or smoke evident and your office door (if closed) is not hot to the touch, leave the building quickly prepared to stay out for the remainder of the day.
  - a) turn off computer.
  - b) get keys and wallet.
  - c) check office quickly for suspicious objects.
  - d) lock office door.
  - e) exit building according to plan.
2. Congregate in a designated evacuation area.
3. Wait until Administration determines whether the building can be re-entered.
4. If necessary, notify clients of need to reschedule appointments, and let evening Customer Care staff know if evening groups will be held.

**C. Instructions to searchers:**

1. Search by floor.
2. Search all hallways, waiting areas, restrooms, public areas, stairwells.
3. Look for things which may not belong.
4. After searching, go back to Customer Care area to report information.

Approved: 04-28-03  
Revised: 08-18-14  
Reviewed:

## **Family Member Confidentiality**

The WHS Administrative Rule on Family Member Confidentiality was reviewed and deleted on 08-18-14. Please refer to the WHS HIPAA/Privacy Uses and Disclosures of PHI Policy and Procedure.

## **Fax Machines**

The WHS Administrative Rule on Fax Machines was reviewed and deleted on 08-18-14. Please refer to the WHS HIPAA/Privacy Fax Policy and Procedure.

## **Funeral Flowers**

WHS will send funeral flowers, or a comparable donation in lieu of flowers at the request of the family, to acknowledge the deaths of active employees and members of their immediate families, former and current board members, and other community member as approved by the Executive Director or designee.

“Immediate family” means: Parent, spouse, child, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, spouse’s grandparent, step-child, step-parent, brother, or sister of the

employee.

This will be the responsibility of the HR Director or his/her designee.

The amount established for this purpose is \$75.00 for each purchase.

Approved: 09-01-02

Revised: 08-18-14

Reviewed:

## Letters of Recommendation

1. Staff may write personal letters of recommendation as requested.
2. All letters of recommendation which are written on agency letterhead must be approved in advance by the Executive Director or his/her designee.

Approved: 06-01-96

Revised: 02-26-07

Reviewed: 08-18-14

## Licensing

1. WHS will pay the fee for any license which an employee is required to hold in order to perform his/her job duties and will be prorated for part-time employees.
2. HR will initiate the payment authorization process so that licenses remain current.

Approved: 6-15-09

Revised: 08-18-14

Reviewed:

## Meal Periods

The WHS Administrative Rule on Meal Periods was reviewed and deleted on 08-18-14. Please refer to the WHS Personnel Policy and Procedure.

## Moving Assistance for Clients

1. Due to the risk and liability, WHS employees or volunteers will not provide assistance (except for appropriate billable clinical services such as case management assistance to find and secure housing) to clients to move residences. This prohibition includes, but is not limited to packing, moving furniture, cleaning, etc.
2. If clients are in need of this type of assistance and have no other resources, a program director should be contacted to investigate other options.
3. Any exception to this policy must be approved by the Executive Director.

Approved: 6-15-15

Revised:

Reviewed:

## Office Furniture

- |   |  |
|---|--|
| A. Desk<br>Desk chair<br>2 side chairs<br>Computer<br>Telephone | B. Filing cabinet(s)<br>Bookcase<br>Computer table |
|---|--|

1. Each office should contain all the items listed in A, with additional multiples of the same items as appropriate if there is more than one occupant. Availability of space may limit the total possible number of side chairs.
2. Items listed in B will be provided as determined necessary by job duties, and upon supervisor approval.
3. Furniture in both the public areas and individual offices should be limited to that provided by WHS. Any personal furnishings must be approved in writing and in advance by the relevant Director. Personal mementos and photographs are to be limited, especially in public and shared office areas.
4. WHS accepts no liability for personal items.
5. Supervisors are responsible to ensure that any fountains and plants are contained and situated to eliminate the potential for water damage to WHS property.
6. Extension cords, potpourri and mug warmers, and open flames are prohibited in offices at all times.
7. All heating devices such as microwaves, toasters and coffee pots, are prohibited except in designated kitchen areas.
8. Space heaters are only allowed for temporary use and must have a functioning auto-shut-off feature. Heaters should never be left unattended and should be kept clear of all combustible materials.
9. Clutter such as empty boxes, stacks of old paper, broken and/or surplus equipment, over-abundant posters and wall coverings, old magazines, collections of nick knacks, an excessive number of personal items, and storage of any kind is prohibited in offices and conference rooms.
10. Radiant heaters and window-sill air returns must be kept clear of materials at all times.
11. Items placed on shelves in storage areas must have ceiling clearance of at least twenty-four (24) inches.

Approved: 04-28-03  
Revised: 08-18-14  
Reviewed:

## Overnight Activities

There will be no overnight activities for Youth or Adult Services clients outside of Weber/Morgan Counties without prior approval by the relevant WHS Director.

Approved: 09-15-03  
Revised: 08-18-14  
Reviewed:

## Petty Cash Funds

Petty cash funds are available so that WHS personnel may be reimbursed in a timely manner for "special purchases" relating to client and administrative costs.

1. Each petty cash fund will be managed by a single person appointed by the Chief Financial Officer.
2. WHS personnel will present a sales receipt countersigned by their supervisor in order to recoup purchase costs.
3. The petty cash fund manager will complete a receipt documenting:
  - a) Total expense

- b) Purpose
  - c) Department and expense account debited
  - d) Signatures of those approving and receiving funds
  - e) Date of transaction
4. The maximum amount for petty cash reimbursements at any one time is twenty five dollars (\$25.00) unless approved in advance by the Executive Director, Chief Financial Officer, or Controller.
  5. Cash advances must be approved in writing.
  6. The original petty cash receipt will be attached to the sales receipt and used for requisitioning. The duplicate copy will be batched, totaled and filed once the requisition to replenish the fund is completed.
  7. The fund will be replenished before the fund balance becomes less than \$100.
  8. The petty cash fund manager will maintain a journal of receipts and cash balances which may be audited on a quarterly basis by the Chief Financial Officer and/or an external auditor.

Approved: 07-01-96  
 Revised: 08-18-14  
 Reviewed:

## Pharmacy Use and Sample Medications

WHS Administrative Rule on Pharmacy Use and Sample Medications was reviewed and deleted on 03/23/09. The Clinical Protocol will be used in its place.

## Pre-Employment Drug Screens

The WHS Administrative Rule on Pre-Employment Drug Screens was reviewed and deleted on 08-18-14. Please refer to the WHS Personnel Policy and Procedure.

## Privacy

The WHS Administrative Rule on Fax Machines was reviewed and deleted on 08-18-14. Please refer to the WHS HIPAA/Privacy Policies and Procedures.

## Property Replacement

WHS will require employees who lose their ID badges and/or their building keys to pay for replacements. A standard replacement cost will be established by the CFO annually in April. The costs until changed by the CFO will be:

ID Badge Replacement:	\$ 3.50
Office Key Replacement:	\$10.00
Vehicle Key Replacement:	Actual Cost

Any exceptions to this rule will be approved in writing in advance by the Executive Director or his/her designee.

Approved: 03-01-01  
 Revised: 08-18-14  
 Reviewed:

## Purchasing

The Administrative Rule on Purchasing was reviewed and deleted on 03-23-09. Refer to the WHS Purchasing and Policy Procedure.

## Reduced Hours

1. Any full-time employee who is approved to work less than 40 hours a week is considered to be on a reduced workweek schedule.
2. Employees must request a reduced schedule in writing by completing the Reduced Workweek Request available on Business Portal (Human Resources>Forms). The supervisor and relevant Director must approve the request.
3. Employees will accrue sick, vacation, and holiday leave proportionate to their paid time (see Reduced Workweek Accruals and Holiday Leave information on Request document).
4. Employees will choose a standard workweek of either 30, 32, 34, or 36 hours.
5. Health insurance premiums will be based upon the number of hours in the approved scheduled workweek. Dental premiums will remain unchanged. If an employee elects the 401(k) contribution or cash option instead of health insurance, the dollar amount will also be based in proportion to the reduced workweek.
6. If an employee's hours worked are less than the approved reduced workweek he/she must appropriately use sick or vacation time to make up the difference. Otherwise, the employee will be in a leave without pay status. (See Personnel Policy under Leave Without Pay.)
7. An employee will be considered in a leave without pay status if his/her reported hours are less than the established reduced workweek.
8. If an employee chooses to work more hours than his/her established reduced workweek, he/she will not accrue leave at a higher rate nor pay less in insurance premiums.
9. Any requests to change the reduced workweek must be approved and submitted on a new request form.
10. Any exception to this rule must be approved by the WHS Directors.

Approved: 5-23-08  
Revised: 08-18-14  
Reviewed:

## Reporting Absenteeism

Employees who are absent from work unexpectedly must report their absence to their supervisor and take care of their job-related obligations. Employees who have scheduled appointments shall be responsible for canceling their scheduled appointments. Support staff can assist, if available, in canceling and rescheduling appointments.

The following guidelines shall be followed:

1. Employees shall report any unexpected absence from work by talking directly with their supervisor at the beginning of the scheduled workday.
2. The employee with scheduled appointments or the supervisor should notify Customer Care of the absence at the beginning of the scheduled workday to determine how appointments will be handled.
3. Absent employees shall be responsible for giving specific directions regarding whom to notify of their absence and all other information pertinent to meeting their obligations. Salaried employees who have appointments scheduled with clients are encouraged to make extra times available for clients who have immediate needs or have waited for over two weeks for their appointment, even if this requires a flexible schedule.
4. The employee who calls to cancel scheduled appointments shall:
  - a) Express regret for the inconvenience.

- b) Ask the client if they need to be connected with a supervisor or a crisis worker.
5. Employees are encouraged to change their greeting on Audix to convey current information. Audix can be accessed from off-site by calling 399-8050.

Approved: 05-96  
Revised: 08-18-14  
Reviewed:

## Retirement Purchase of Service Credit

Due to changes in the Utah Retirement System (URS), on 1 January 2011, WHS will discontinue participation in the purchase of future retirement service credit for employees.

Approved: 3-24-08  
Revised: 08-30-10  
Reviewed: 08-18-14

## Sliding Fee Scale for Clients

All sliding fee scales will be approved by the WHS Board of Directors. Once approved, the scales will be updated annually by the WHS CFO to reflect federal changes to the poverty scales. Any other changes must be approved by the Board.

Approved: 6/15/2015  
Revised:  
Reviewed:

## Social Networking Policy

The purpose of this protocol is to give Weber Human Services' (WHS) employees direction about the use of social media and social networking websites (Facebook, Twitter, E-mail, etc.) in relation to client interactions. When a WHS staff member maintains a blog or social networking page online, and a WHS client accesses it, this can be looked at as creating a dual relationship between the staff member and the client. While ethics codes of mental health disciplines don't prohibit dual relationships completely, they do specify the situations in which they should be proscribed. In general, the ethics codes state that dual/multiple relationships should be avoided. Potential problems of social network sites include, but are not limited to, the following:

- When a client becomes a "friend" on an employee's site or vice versa, it risks identifying the client as such to other "friends" and thus could violate the client's right to confidentiality.
- If an employee's site depicts the WHS employee acting in an inappropriate manner, it could reduce a therapist's professional effectiveness or, if the employee is not a therapist, the respect the client has for WHS, or the reputation of WHS could be affected.
- If an employee's site or blog stresses strong political, religious, or social opinions, it might make the client feel constrained to agree in order to gain acceptance.

### Protocol

It is WHS' intent to limit the possibility of creating dual/multiple relationships between staff and clients as it relates to the use of social network websites.

Employees of WHS shall not use social networking websites in such a way as to negatively impact either their roles as WHS employees or the reputation or operation of WHS.

Be aware that there is no right to privacy when posting on a social networking site. If it's on a site, it can be read, regardless from where you connected.

#### Procedure

1. WHS employees are prohibited from inviting clients to be their online friends or accept similar offers from clients. WHS employees don't volunteer information about their online blogs or similar public statements.
2. If a WHS employee discovers that a client has accessed the employee's site or blog, the employee will assess the impact of this disclosure on the client, making sure that the client does not feel constrained by the information or otherwise negatively impacted. When these situations arise, the employee must discuss this with his/her supervisor.
3. If a WHS employee feels that, because personal online information was accessed, they cannot be objective about the client and/or they cannot deliver competent services, the employee will make alternate arrangements for services to be delivered to the client. These situations should also be reviewed with the employee's supervisor.
4. Employees are prohibited from posting any materials (images, comments, etc.) that harass, threaten, disparage, or discriminate against employees or anyone associated with WHS. Such actions would be considered grounds for discipline, up to and including termination.
5. Unless specifically authorized, employees are not authorized and therefore restricted to post/blog on behalf of WHS. If authorized, employees must comply with WHS confidentiality and disclosure of proprietary information policies.
6. Personal blogs should never represent the views of WHS.
7. Employees are prohibited from using their WHS email address in their personal profile on social networking sites.
8. When participating on social networking sites it is expected that employees will be respectful to WHS, other employees, clients, community partners and competitors.
9. Social networking activities should not interfere with work responsibilities.
10. The WHS logo may only be used on approved sites or blogs.
11. WHS reserves the right to monitor WHS-related content and take whatever action it feels is appropriate regarding harmful content.
12. When no procedures or guidelines exist, employees should use professional judgment and take the most prudent action possible. In these cases employees should consult with their immediate supervisor who should consult with superiors as necessary.

Approved: 03-08-10

Revised:

Reviewed: 08-18-14

## **Temporary Employment Agencies**

Anyone requesting to hire a person from a temporary employment agency shall get written approval in advance from his/her supervisor and the Executive Director.

Approved: 02-01

Revised:

Reviewed: 08-18-14

## Tobacco-Free Environment

Please note: This policy supersedes all agency policies referencing tobacco or smoking.

### I. PURPOSE

Medical evidence clearly shows smoking, either mainstream or side-stream (second-hand smoke), is harmful to the health of smokers and nonsmokers alike. As a health care provider, Weber Human Services (WHS) is committed to the health and safety of our employees, clients, physicians, visitors, and business associates and is taking a leading role in addressing the issues related to tobacco use.

### II. DEFINITIONS

Tobacco Products – Includes but is not limited to cigarettes, pipes, pipe tobacco, tobacco substitutes (e.g., clove cigarettes), chewing tobacco, cigars, e-cigarettes, any non-FDA approved nicotine product.

Nicotine Replacement Therapy-- Any FDA approved nicotine replacement product.

Tobacco Paraphernalia –Means any equipment, product, or material used, or intended for use to package, repack, store, contain, conceal, ingest, inhale, or otherwise introduce a cigar, cigarette, or tobacco in any form into the human body.

Workplace –Facilities or properties including, but not limited to, client housing properties, clinics, facilities, office buildings, parking lots, WHS owned vehicles, or property leased or rented to other entities. Any facility/property that is excluded from this policy must be approved by the WHS Recovery Plus Committee and the WHS Agency Directors.

### III. EDUCATION and NOTIFICATION

Each employee and client will be educated about the new policy and potential harmful effects of smoking. WHS will offer both employees and clients the opportunity to participate in a smoking cessation program on site. Resources, such as Nicotine Replacement Therapy (NRT) and education materials may be provided.

Signs declaring the property “tobacco free” shall be posted at entrances and other conspicuous places. WHS current and future employees, clients and other contracted workers will be advised of this policy. Job announcements for positions on WHS property will display a notice stating WHS has a tobacco-free work environment policy.

### IV. ACCOUNTABILITY

It is the responsibility of WHS employees to enforce the organization’s Tobacco-Free Environment Policy by encouraging colleagues, clients, visitors and others to comply with the policy.

### V. PROCEDURE

#### General Policy Provisions

Absolutely no use of tobacco products will be permitted on properties or in vehicles owned or operated by WHS.

- A. Employees, Volunteers, Medical Staff, Students, Vendors, Lessees and Contract Workers

1. Respectful enforcement of this policy is the responsibility of all WHS employees.
2. Employees who fail to adhere to this policy may be subject to progressive discipline culminating in corrective or disciplinary action as defined in WHS Human Resources and Employee policies.
3. Employees who encounter staff or visitors who are violating the tobacco policy are encouraged to politely explain the policy to the staff/visitor and/or report the violation to the person's supervisor or security.
4. Tobacco use and all non-medical nicotine products are prohibited. Employees may not use tobacco and/or non-medical nicotine products in their private vehicles while the vehicle is on WHS property.
5. No tobacco products or related paraphernalia shall be used, sold, or bartered anywhere on WHS property.
6. Tobacco products and paraphernalia must remain in personal vehicles or remain out of sight at all times when on WHS property.
7. A ban on tobacco use does not take away an individual's right to smoke. WHS does not require employees or visitors to stop using tobacco; however, it does prohibit them from smoking or using tobacco products while on WHS property.

Enforcement Guidelines (The supervisor must have verifiable reports, submitted in writing, and/or have witnessed the infraction directly)

- First Offense: Supervisor will review policy, give verbal warning and offer smoking cessation education and/or NRT resources.
- Second Offense: Supervisor will document expectations clearly and will review first offense guidelines. Employee will sign the documentation of the offense.
- Third Offense: Supervisor will document offense in the Employee Performance Review (EPR) and will clearly state expectations and consequences if the policy is violated again. It will be explained that continued behavior will affect EPR rating and may result in further corrective or disciplinary action.
- Fourth Offense: Supervisor will document the new infraction and forward any prior documentation to the Human Resource Department. A meeting will be scheduled with the employee to consider corrective or disciplinary action.

#### B. Clients (or Patients)

1. Clients are prohibited from using tobacco and all non-medical nicotine products on WHS property.
2. All clients admitted to WHS will be assessed for history of tobacco use. If the client has a need for further intervention then NRT and smoking cessation education may be offered.
3. Client's tobacco products and paraphernalia may be possessed only in personal vehicles or remain out of sight at all times when on WHS property.
4. Employees who encounter clients who are violating the tobacco policy are encouraged to politely explain the policy to the client and/or report the violation to the client's therapist/treatment team or security.
5. No tobacco related paraphernalia such as lighters, matches or rolling papers shall be used, sold or bartered anywhere on WHS property.
6. A ban on tobacco use does not take away an individual's right to smoke. WHS does not require clients to stop using tobacco; however, it does prohibit them from smoking or using tobacco products while on WHS property.

Enforcement Guidelines (Therapist or security must have verifiable reports in writing and/or have someone who witnessed the infraction directly)

- First Offense: Therapist and/or security will review policy and give verbal warning. The therapist or security will offer smoking cessations education and/or NRT resources.
- Second Offense: Therapist and/or security will document expectations clearly and will review first offense guidelines. Client will sign the documentation of the offense.
- Third Offense: Therapist and/or security will document the offense and review prior offenses. A fine of up to \$25 may be issued which would be collected by security.

#### C. Visitors

1. Signs will be posted at entrances and in selected locations inside and outside of the facility informing visitors of the Tobacco Free Policy.
2. Employees who encounter a visitor who is violating the tobacco policy are encouraged to politely explain the policy to the visitor or report the offense to security.
3. Visitors who become agitated, unruly, or repeatedly refuse to comply when informed of the tobacco-free campus policy, may be reported to security.

#### D. Outside Groups

Outside groups who use WHS facilities for meetings or trainings will be advised of this policy. Violation of the policy will result in rescinding approval for the group to meet on this property.

Approved: 07-01-12  
 Revised:  
 Reviewed: 08-18-14

## Training and Health Standards

1. These standards apply to job classifications identified in the matrix published by Human Resources.
2. All WHS staff identified will receive training annually. Training will be administered on a pass/fail basis by a certified instructor.
3. First aid, CPR and behavior management are considered to be basic training areas.
4. No residential staff or security officer will be left alone with any client until he/she has successfully completed behavior management training.
5. Staff will begin training within 30 days of hire and complete training within 60 days of hire unless granted an extension in writing by the relevant Director.
6. All new staff in classifications identified on the HR matrix will be tested for tuberculosis and hepatitis A and B prior to their first day of work.
7. All staff in these classifications will be tested annually for tuberculosis. Anyone with a positive TB test result will be placed on leave immediately, referred for necessary treatment, and will not be permitted to return to work until medically cleared.
8. All staff in the identified classifications will receive a full course of hepatitis A and B vaccinations at the expense of WHS. Vaccinations may be waived if:
  - a. The employee provides proof of previous vaccination.
  - b. The employee waives in writing his/her right to receive vaccination.
 Employees will provide their supervisors with documentation upon completing the series of injections.
9. New staff in the jobs identified will begin the three injection course of Hepatitis A and B vaccination within 30 days of hire and will provide his/her supervisor with documentation upon completion of the series.

10. It is each employee's responsibility to complete the required training and health protection measures in order for his/her employment to remain in good standing with WHS.
11. It is the supervisor or his/her designee's responsibility to review each employee's progress towards training and health standards compliance and institute corrective action as necessary.
12. Training records will be maintained on SharePoint by each supervisor or his/her designee so that the documentation is readily accessible for agency and auditing purposes.

Approved: 02-01-10  
Revised:  
Reviewed:

## Vehicle Parking

After working hours, all WHS vehicles parked at the Main Building will be parked in the South East parking lot directly east of the 2695 Childs Avenue, Residential Facility.

The only exceptions to this rule are vehicles customarily parked at the Nutrition Kitchen, or in the Community Services area next to the West Entrance.

Approved: 05-22-07  
Revised:  
Reviewed: 08-18-14

## Vending Soliciting Rules

Staff members are prohibited from vending, soliciting, or collecting payment for profit from other staff members during work time or on work premises. Fundraisers for non-profit charitable organizations are permitted through email and General Staff Meetings by the approval of the Executive Director.

1. Work time means the working time of both the employee doing the soliciting or the distributing and an employee to whom the soliciting or distribution is directed.
2. Distributing advertising materials or literature in work premises is not permitted at any time.

*A User may not use IT resources to run a private business or engage in conduct related to the User's personal enterprises or commercial activities, including the preparation or transmittal of any correspondence, records, billings, advertisements or solicitations related to such activities.*

For purposes of this rule, work premises do not include the parking lot.

3. An employee's own time is during meal periods, scheduled breaks, and before and after work hours.

Examples of activities that may be approved include:

- a) Selling items as a fund raiser for little league teams, school or civic organizations

Examples of activities that are not approved include:

- a) Selling crafts
- b) Taking orders and distributing goods such as, jewelry, household items, cosmetics, candles, etc.

Failure to comply with this policy may lead to disciplinary action.

Approved: 05-95  
Revised:  
Reviewed: 08-18-14

## Voluntary Leave Transfer Program

To give employees an opportunity to assist their coworkers in times of need the following administrative rule has been established.

*Eligibility requirements to become a leave recipient:*

1. The applicant must be on an approved FMLA leave status.
2. Applicant must have exhausted all vacation and sick leave balances and is on an unpaid FMLA leave status.
3. Applicants will be notified indicating the amount of time donated anonymously from Weber Human Services employees.

*Eligibility requirements to voluntarily transfer leave:*

Full-Time employees may donate up to 80 hours of vacation but, must have at least 80 hours of vacation remaining after the time is donated. Employees cannot donate sick leave.

Employees are discouraged from soliciting donations of leave from other employees.

Approved: 9-21-09

Revised: 08-11-14

Reviewed:

## Weapons Policy

1. No weapons, including concealed weapons, may be carried into any Weber Human Services (WHS) owned building except by law enforcement in the course of duty or by authorized WHS employees.
2. All unauthorized weapons brought into a WHS facility must be secured in a WHS furnished locker or the weapon carrier must leave the WHS premises.
3. All weapons voluntarily surrendered to any employee of WHS will be released immediately to the Weber County Sheriff's Office for safe-keeping. This will be documented on the "Release of Weapon(s)" form available from the Building Security Officer.

Approved: 6-01

Revised: 04-14-14

Reviewed:

## Weber Human Services Reorganization Plan

When the WHS Directors determine that there is a need for a reorganization, the following plan will be implemented:

First Phase:

1. Programs which have experienced a reduction in funding will be identified.
2. Classifications of employees affected within each program will be identified.
3. Employees will be prioritized by the aggregate of the following factors:
  - (a) performance (including whether or not they have a current corrective action plan)

- (b) the needs of WHS
- (c) length of service at WHS

Second Phase:

1. During a reorganization, current staff will be given first consideration in filling any open positions.
2. An applicant for transfer must meet the knowledge, skills, and abilities, required of the new position and the needs of the hiring team.
3. An employee whose position has been eliminated will be offered a choice between EITHER:
  - (a) a severance package comprised of eight weeks' salary and three months' health and dental premiums
  - OR
  - (b) the option to compete for any open position for which they qualify.

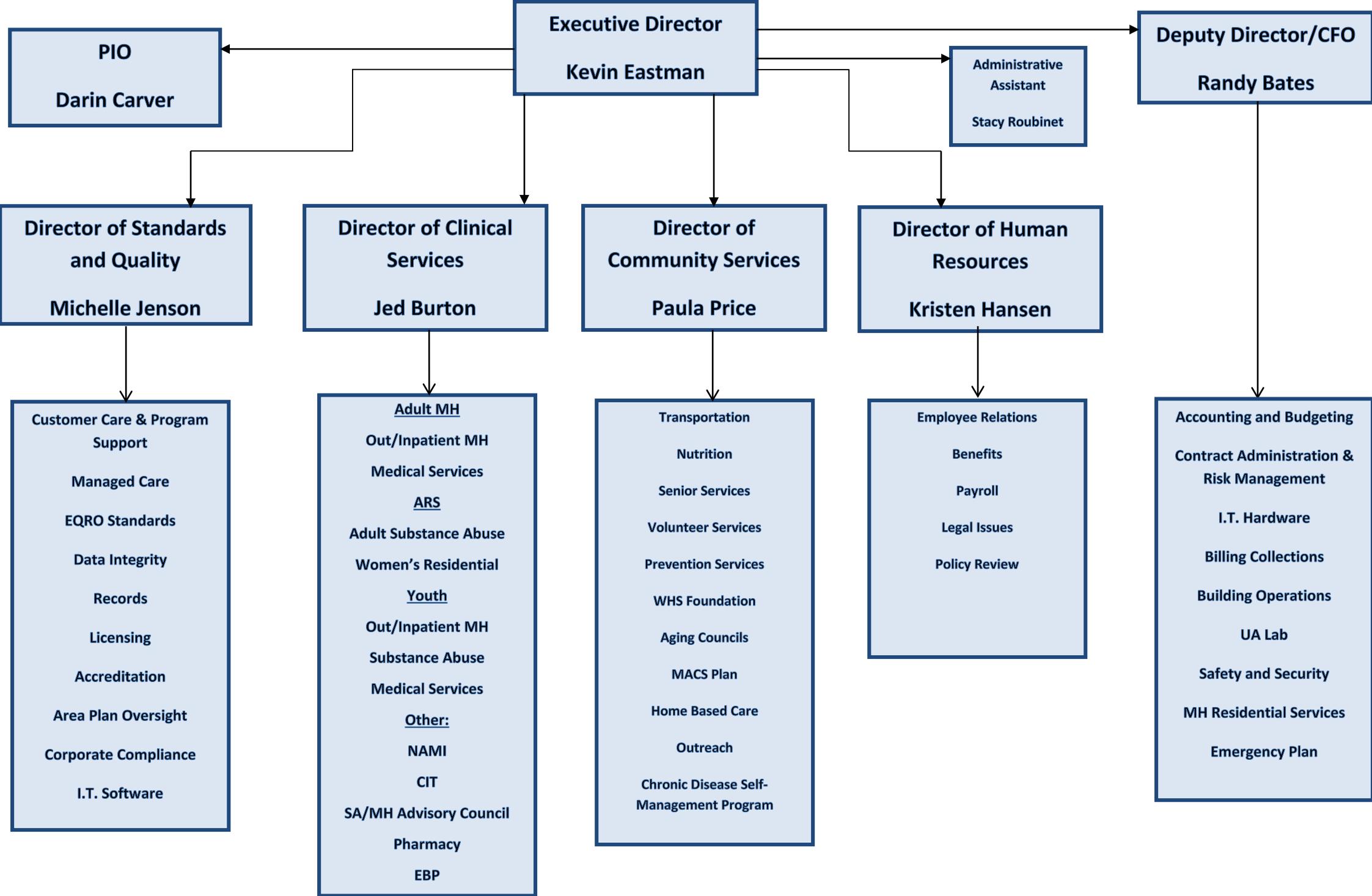
The employee must notify the HR Director of his or her decision within five (5) working days of receiving notice that his or her position has been eliminated.

An employee who chooses option 3 (b) and is not selected for another job will be offered an adjusted severance package and will be terminated no later than the date specified by the WHS Directors.

(c)

Approved: 06-01-11  
Revised: 08-18-14  
Reviewed:

**Administrative Organizational Chart**



**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 122400, and 122403, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

By: Robert A. Hunter  
*(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)*

***PLEASE PRINT:***

Name: Robert A. Hunter  
Title: Vice Chair Weber Human Services Board  
Date: 17 April 2015

FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 45,739	\$ 2,731,714		\$ 211,554	\$ 42,311	\$ 811,220	\$ 9,380,998	\$ 192,344	\$ 143,928	\$ 1,353,696	\$ 291,381	\$ 90,441	\$ 720,405	\$ 16,015,731

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		507,634				101,527	2,806,692				124			\$ 3,415,977	270
Residential Care (171 & 173)		83,169				16,634	221,998	36,000		66,000		23,625		\$ 447,426	100
Outpatient Care (22-24 and 30-50)	39,580	1,287,407		211,554	42,311	257,487	4,067,663	27,204		186,956	239,536	22,443		\$ 6,382,141	6,100
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		26,716				5,343	75,377							\$ 107,436	1,189
Psychotropic Medication Management (61 & 62)		383,338				76,686	941,183	12,000		138,165	47,626	1,371	128,870	\$ 1,729,239	1,572
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		245,919				49,195	672,473			813,064	4,095	586		\$ 1,785,332	314
Case Management (120 & 130)		186,841				46,072	530,736			76,276			342,436	\$ 1,182,361	852
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		7,846				1,961	30,831	21,571				42,416	20,000	\$ 124,625	54
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	6,159	2,844					6,482		143,928	73,235			94,875	\$ 327,523	121
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information							27,563	32,569						\$ 60,132	
Services to persons incarcerated in a county jail or other county correctional facility						256,315								\$ 256,315	1,618
Adult Outplacement (USH Liaison)								63,000						\$ 63,000	10
Other Non-mandated MH Services													134,224	\$ 134,224	250
FY2016 Mental Health Expenditures Budget	\$ 45,739	\$ 2,731,714	\$ -	\$ 211,554	\$ 42,311	\$ 811,220	\$ 9,380,998	\$ 192,344	\$ 143,928	\$ 1,353,696	\$ 291,381	\$ 90,441	\$ 720,405	\$ 16,015,731	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT		2,191,413		181,554	36,311	694,012	6,045,195	152,600		771,192	247,009	86,608	720,405	\$ 11,126,299	4,253
YOUTH/CHILDREN	45,739	540,301		30,000	6,000	117,208	3,335,803	39,744	143,928	582,504	44,372	3,833		\$ 4,889,432	1,639
Total FY2016 Mental Health Expenditures	\$ 45,739	\$ 2,731,714	\$ -	\$ 211,554	\$ 42,311	\$ 811,220	\$ 9,380,998	\$ 192,344	\$ 143,928	\$ 1,353,696	\$ 291,381	\$ 90,441	\$ 720,405	\$ 16,015,731	5,892

Local Authority

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source	\$ 45,739	\$ 240,604	\$ 9,148	\$ 48,121	\$ 306,614	\$ 3,400		\$ 73,235	\$ 726,861

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 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	5,851							69,573	\$ 75,424		#DIV/0!
FRF-ADMIN	308							3,662	\$ 3,970		
School Based Behavioral Health-CLINICAL	33,393	202,998	7,718	40,600	258,691	2,869			\$ 546,269	405	\$ 1,349
School Based Behavioral Health-ADMIN	6,187	37,606	1,430	7,521	47,923	531			\$ 101,198		
FY2016 Mental Health Expenditures Budget	\$ 45,739	\$ 240,604	\$ 9,148	\$ 48,121	\$ 306,614	\$ 3,400	\$ -	\$ 73,235	\$ 726,861	405	\$ 1,795

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

**FY2016 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	FY2016 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$ 2,697,074	ADULT	216	\$ 12,486
\$ 718,903	CHILD/YOUTH	54	\$ 13,313
<b>Residential Care Budget</b>			
\$ 381,426	ADULT	84	\$ 4,541
\$ 66,000	CHILD/YOUTH	16	\$ 4,125
<b>Outpatient Care Budget</b>			
\$ 3,973,838	ADULT	4,500	\$ 883
\$ 2,408,303	CHILD/YOUTH	1,600	\$ 1,505
<b>24-Hour Crisis Care Budget</b>			
\$ 94,383	ADULT	1,077	\$ 88
\$ 13,053	CHILD/YOUTH	112	\$ 117
<b>Psychotropic Medication Management Budget</b>			
\$ 1,295,176	ADULT	1,150	\$ 1,126
\$ 434,063	CHILD/YOUTH	422	\$ 1,029
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 941,308	ADULT	200	\$ 4,707
\$ 844,024	CHILD/YOUTH	114	\$ 7,404
<b>Case Management Budget</b>			
\$ 1,070,624	ADULT	750	\$ 1,427
\$ 111,737	CHILD/YOUTH	102	\$ 1,095
<b>Community Supports Budget (including Respite)</b>			
\$ 92,900	ADULT (Housing)	32	\$ 2,903
\$ 31,725	CHILD/YOUTH (Respite)	22	\$ 1,442
<b>Peer Support Services Budget</b>			
\$ 104,201	ADULT	50	\$ 2,084
\$ 79,394	CHILD/YOUTH (includes FRF)	71	\$ 1,118
<b>Consultation &amp; Education Services Budget</b>			
\$ 21,830	ADULT		
\$ 38,302	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 256,315	ADULT Jail Services	1,618	\$ 158
<b>Outplacement Budget</b>			
\$ 63,000	ADULT	10	\$ 6,300
<b>Other Non-mandated Services Budget</b>			
\$ 134,224	ADULT	\$ 250	\$ 537
	CHILD/YOUTH		#DIV/0!

Summary

<b>Totals</b>	
\$ 11,126,299	Total Adult
\$ 4,745,504	Total Children/Youth

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

<b>Unfunded (\$2.7 million)</b>		
\$ 181,554	ADULT	\$ 865
\$ 30,000	CHILD/YOUTH	\$ 500
<b>Unfunded (all other)</b>		
\$ 363,319	ADULT	\$ 209
\$ 26,864	CHILD/YOUTH	\$ 537

FY2016 Substance Use Disorder Treatment Area Plan and Budget

WEBER HUMAN SERVICES

Form B

Local Authority

FY2016 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	850,325	46,167			9,233	126,240			117,709	25,815	53,463		\$1,228,952
Drug Offender Reform Act	419,194	13,031			2,172	29,693				460	32,595		\$497,145
Local Treatment Services	339,849	219,344	510,898	245,981	44,303	554,824	701,224	192,927		12,940	103,789	807,852	\$3,733,931
<b>Total FY2016 Substance Use Disorder Treatment Revenue</b>	<b>\$1,609,368</b>	<b>\$278,542</b>	<b>\$510,898</b>	<b>\$245,981</b>	<b>\$55,708</b>	<b>\$710,757</b>	<b>\$701,224</b>	<b>\$192,927</b>	<b>\$117,709</b>	<b>\$39,215</b>	<b>\$189,847</b>	<b>\$807,852</b>	<b>\$5,460,028</b>

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	Total FY2016 Client Served	Total FY2016 Cost/ Client Served
Assessment Only	10,889	2,483	3,457	1,186	497	6,336	6,251	1,720	1,049	350	1,692	7,201	\$43,111	142	\$304
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)													\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	158,523	25,401	50,323	28,548	5,080	64,816	53,805	14,803	6,428	3,576	14,567	462,445	\$888,315	71	\$12,511
Outpatient (Methadone: ASAM I)													\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	959,819	211,972	304,697	153,364	42,394	540,889	449,007	123,535	53,642	29,843	121,563	257,819	\$3,248,544	1,366	\$2,378
Intensive Outpatient (ASAM II.5 or II.1)	182,643	38,686	57,981	27,989	7,737	98,716	81,947	22,546	9,790	5,446	22,186	47,053	\$602,720	164	\$3,675
Recovery Support (includes housing, peer support, case management and other non-clinical )	61,573		19,546	2,414								33,334	\$116,867	107	\$1,092
Drug testing	235,921		74,894	32,480			110,214	30,323	46,800		29,839		\$560,471	792	\$708
<b>FY2016 Substance Use Disorder Treatment Expenditures Budget</b>	<b>\$1,609,368</b>	<b>\$278,542</b>	<b>\$510,898</b>	<b>\$245,981</b>	<b>\$55,708</b>	<b>\$710,757</b>	<b>\$701,224</b>	<b>\$192,927</b>	<b>\$117,709</b>	<b>\$39,215</b>	<b>\$189,847</b>	<b>\$807,852</b>	<b>\$5,460,028</b>	<b>2,642</b>	<b>\$2,067</b>

FY2016 Substance Use Disorder Treatment Expenditures Budget by Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	344,941	51,153	130,985	58,647	10,231	127,398	117,106	192,927	28,857	3,487	41,266	156,788	\$1,263,786
All Other Women (18+)	252,631	39,772	95,932	41,180	7,954	99,052	91,050		22,436	2,712	32,084	121,903	\$806,706
Men (18+)	747,846	117,734	283,981	121,901	23,547	293,219	269,530		66,416	8,027	94,978	360,861	\$2,388,040
Youth (12- 17) (Not Including pregnant women or women with dependent children)	263,950	69,883	0	24,253	13,976	191,088	223,538			24,989	21,519	168,300	\$1,001,496
<b>Total FY2016 Substance Use Disorder Expenditures Budget by Population Served</b>	<b>\$1,609,368</b>	<b>\$278,542</b>	<b>\$510,898</b>	<b>\$245,981</b>	<b>\$55,708</b>	<b>\$710,757</b>	<b>\$701,224</b>	<b>\$192,927</b>	<b>\$117,709</b>	<b>\$39,215</b>	<b>\$189,847</b>	<b>\$807,852</b>	<b>\$5,460,028</b>

FY2016 Drug Offender Reform Act and Drug Court Expenditures

WEBER HUMAN SERVICES

Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act( DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only	4,560	608			5,168
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	74,110	25,294	96,262	1,150	196,816
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	321,051	468,825	79,370	263,282	1,132,528
Intensive Outpatient (ASAM II.5 or II.1)	30,324	65,312	27,579	7,450	130,665
Recovery Support (includes housing, peer support, case management and other non-clinical )		26,420	19,080		45,500
Drug testing	67,100	75,020	44,860	28,440	215,420
<b>FY2016 DORA and Drug Court Expenditures Budget</b>	<b>497,145</b>	<b>661,479</b>	<b>267,151</b>	<b>300,322</b>	<b>1,726,097</b>

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue	\$ 58,084			\$ 11,617			\$ 383,208	\$ 66,309			\$ 1,000	\$ 10,000	\$ 530,218

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	43,400			8,680			226,617	61,309				10,000	219,429	\$ 350,005	\$ 288,696
Universal Indirect	3,800			760			54,025						12,000	\$ 58,585	\$ 58,585
Selective Services	8,000			1,600			61,079						757	\$ 70,679	\$ 70,679
Indicated Services	2,884			577			41,488	5,000			1,000		40	\$ 50,949	\$ 45,949
FY2016 Substance Abuse Prevention Expenditures Budget	\$ 58,084	\$ -	\$ -	\$ 11,617	\$ -	\$ -	\$ 383,208	\$ 66,309	\$ -	\$ -	\$ 1,000	\$ 10,000	\$ 232,226	\$ 530,218	\$ 463,909

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 25,866	\$ 263,127			\$ 40,190	\$ 54,025	\$ 383,208