

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 continue to have 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.

Local Authority: Weber Human Services

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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

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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 Compliance Supervisor, 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). 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 - FY16 Amount Budgeted:\$2,697,074

Form A1 - FY17 Amount Budgeted: \$2,468,107

Form A – FY16 Projected Clients Served: 216

Form A – FY17 Projected Clients Served: 197

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 collaborates 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 works closely with individuals who are filed on for civil commitment, and works to ensure that individuals for whom WHS cannot provide appropriate services do not get committed to WHS.

The Inpatient coordinator focuses on ensuring outstanding care to WHS clients in a spirit of collaboration, 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 has assigned two clinicians who, with case management support, 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 of discharge. Medicaid recipients are offered an intake appointment within 48 hours of discharge. Discharged patients are also staffed weekly in an Adult Team Staffing and may also be referred for High Utilizer services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). WHS will continue to focus on preventative programming to minimize inpatient treatment to provide efficient, coordinated, client-centered care. We have also instituted an Enhanced Residential facility that offers increased support in managing clients with high acuity needs that will help with management of inpatient numbers. This residential facility will include two clinicians, two case managers, a nurse, doctor and aides trained in behavioral interventions.

WHS will also be bringing in a new Evidence Based Practice, Critical Time Interventions, which is expected to impact inpatient numbers, by providing intensive case management services in the community.

Describe any significant programmatic changes from the previous year. A case manager has been located at the McKay-Dee inpatient unit to provide discharge planning from the day of admission. This case manager meets with hospitalized clients at McKay-Dee and completes a full assessment, then follows the client after discharge for 30 days to link to appropriate services. In addition, the inpatient coordinator has begun contacting outside hospitals to provide discharge planning at the time of admission and had provided needed transportation from these hospitals to Residential. Providing transportation has allowed outside hospitals to feel confident in discharging WHS clients sooner and effectively decreasing inpatient costs. A high utilizer team was initiated to provide close follow up after discharge.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

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

Form A1 - FY17 Amount Budgeted: \$731,771

Form A – FY16 Projected Clients Served: 54

Form A – FY17 Projected Clients Served: 102

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

The number of children and youth inpatient beds remains at 10. Weber Mental Health's Youth Team has experienced an increase in the number of clients admitted or diverted to other inpatient providers. Due to this increase in number related costs have increased as well. FY16 projected numbers were unrealistic.

Describe any significant programmatic changes from the previous year.

Due to the increase in in-patient admissions, WHS has introduced a dedicated case manager to assist with a timely discharge and care coordination. They promote client engagement, follow-through, and/or coordinated care. We are also strengthening our relationship with community supports as an alternative to higher cost care (i.e. Archway) for the adolescent population and access to more intensive, in-home opportunities for the younger population.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

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

Form A1 - FY17 Amount Budgeted: \$574,054

Form A – FY16 Projected Clients Served: 84

Form A – FY17 Projected Clients Served: 124

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.

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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. Since last year, an enhanced residential program has been undertaken.

A new residential program offering a comprehensive range of clinical services seven days/week including a psychiatrist, nursing support, individual and family therapists, aides, and case managers focused specifically on these clients in this treatment program, their needs and their next steps toward recovery has been initiated. The staff are still being selected at this time.

Upcoming Changes over next year: Staff to work in residential setting will be selected. Programming supporting recovery and illness stabilization will be further developed. Monitoring outcomes of desired goals will be done. A program for helping those transitioning from residential but still needing intensive services will also be developed.

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.

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 - FY16 Amount Budgeted:\$66,000

Form A1 - FY17 Amount Budgeted: \$36,000

Form A – FY16 Projected Clients Served: 16

Form A – FY17 Projected Clients Served: 6

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

We have seen a decrease this past year in demand for services we pay for but Archway has not seen any significant change.

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 - FY16 Amount Budgeted: \$3,973,838

Form A1 - FY17 Amount Budgeted: \$3,729,528

Form A – FY16 Projected Clients Served: 4500

Form A – FY17 Projected Clients Served: 4562

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.

The Adult Outpatient Team currently provides three evidence based practices—Psycho-educational Multi-Family Group Therapy, Illness Management and Recovery, and Dialectical Behavioral Therapy.

The Adult Mental Health team has continued to provide 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.

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. An assigned clinician provides M-F contact with the Lantern House to provide services to the individuals in those beds.

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. In addition, clinicians and case managers are assigned to each local nursing home to provide on-site services. It is expected that WHS will have a prescriber consult at each of these SNF's within the next few months.

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

WHS is a recipient of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant and is tasked with serving homeless or chronically homeless veterans and other homeless individuals with behavioral health disorders in Weber and Morgan Counties. Weber County is the 4th most populated county in Utah, yet has the second greatest homeless population. This grant started in November 2014. Due to the ongoing need for homeless services in Weber County, the CABHI grant received additional funds this year to provide clinical support services for an additional 14 homeless individuals. This year the CABHI team is required to house a total of 36 individuals—three times the required number for grant year 2015. Halfway through the grant, we have currently housed 20 individuals, with three more individuals scheduled to be housed in April. The CABHI team is a multi-disciplinary Assertive Community Outreach Team consisting of a Psychiatrist, two licensed therapists (one who oversees the program in addition to providing direct services), a master's level Registered Nurse, three Case Managers and a Peer Support Specialist.

Critical Time Interventions is a new Evidence Based Practice that will be brought into WHS in the coming year. This EBP will be administered through our case management team with five individuals to be trained.

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.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: \$2,408,303

Form A1 - FY17 Amount Budgeted: \$2,421,514

Form A – FY16 Projected Clients Served: 1600

Form A – FY17 Projected Clients Served: 1622

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, etc.) 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Our numbers related to the 5% Grant from the Division continue to increase. To date, WHS is serving 20 clients/families in the MFG group; we have completed 26 SIPS; and, we have trained one (1) additional clinician to help facilitate groups.

Describe any significant programmatic changes from the previous year.

We continue to actively explore evidence based programs that have a parent component for our outpatient population. We are in the research review phase at this time.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: \$94,383

Form A1 - FY17 Amount Budgeted: \$101,952

Form A – FY16 Projected Clients Served: 1077

Form A – FY17 Projected Clients Served: 326

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. .

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

WHS after-hours crisis workers will provide support at the enhanced residential on weekends with planned groups and individual and family sessions for residents. Combining crisis services with the Addiction and Recovery Services team is being considered as a way to increase efficiency and effectiveness of daytime crisis services.

Describe any significant programmatic changes from the previous year.

All clinicians have been trained in CSSRS and the Stanley Brown safety plan. Clinicians are required to monitor risk at each session and document in the progress note.

After hours will provide M-F support to residential in addition to a weekend on site treatment presence. Daytime crisis is also looking to pilot a more focused crisis team to triage daytime crises.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: \$13,053

Form A1 - FY17 Amount Budgeted: \$6,713

Form A – FY16 Projected Clients Served: 112

Form A – FY17 Projected Clients Served: 129

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

FY16 cost numbers were high based on FY15 yearend numbers so we adjusted them for this current year.

Describe any significant programmatic changes from the previous year.

The agency continues 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 - FY16 Amount Budgeted: \$1,295,176

Form A1 - FY17 Amount Budgeted: \$1,458,652

Form A – FY16 Projected Clients Served: 1150

Form A – FY17 Projected Clients Served: 1252

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. Evaluation 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). The RNs provides an evaluation of the client and notifies the prescriber of changes in 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Our goal is to continue to strengthen community partnerships in an effort to improve access to psychiatric treatment which will increase the number of clients served but no significant changes in costs. It is not expected that we will have a 15% or greater change without Medicaid expansion.

Describe any significant programmatic changes from the previous year.

WHS has trained and implemented a research supported scheduling program. On February 1, 2016 adult and youth medical teams went to this new scheduling system called “Open Access”. Clients were informed beginning November 2015 about the change. The change was made due to the 30-40% no show rates and longer than desired waits for appointments. Under the new system appointments are scheduled for each provider within 3-5 days of the client’s call. The client is given a “return to clinic” date at the last appointment with a card listing the date to call to schedule that appointment. If the client/parent has not called within 3 days of this call date a customer care worker will call them to schedule the follow-up appointment. No medication refills are given without the client being seen. If a sooner appointment is needed the calls are triaged by the nurse for approval for an early appointment. Walk-in clinics and scheduled appointments are available as are brief “emergency no change” appointments to provide enough medication to make it to the next scheduled appointment. It is estimated that it will take 6 months for the system to be fully functional. WHS is also working to increase medication management services to local nursing facilities and the ICFMD facility in our area. We have assigned one prescriber to attend regular meetings at these facilities to prescribe and/or consult with house doctors in these facilities.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: \$434,063

Form A1 - FY17 Amount Budgeted: \$497,736

Form A – FY16 Projected Clients Served: 422

Form A – FY17 Projected Clients Served: 439

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. . Currently, we have a licensed psychiatrist and an RN available at the site one (1) day a week.

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

Our goal is to continue to strengthen community partnerships in an effort to 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.

WHS has trained and implemented a research supported scheduling program. On February 1, 2016 adult and youth medical teams went to this new scheduling system called "Open Access". Clients were informed beginning November 2015 about the change. The change was made due to the 30-40% no show rates and longer than desired waits for appointments. Under the new system appointments are scheduled for each provider within 3-5 days of the client's call. The client is given a "return to clinic" date at the last appointment with a card listing the date to call to schedule that appointment. If the client/parent has not called within 3 days of this call date a customer care worker will call them to schedule the follow-up appointment. No medication refills are given without the client being seen. If a sooner appointment is needed the calls are triaged by the nurse for approval for an early appointment. Walk-in clinics and scheduled appointments are available as are brief "emergency no change" appointments to provide enough medication to make it to the next scheduled appointment. It is estimated that it will take 6 months for the system to be fully functional.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: \$941,308

Form A1 - FY17 Amount Budgeted: \$911,026

Form A – FY16 Projected Clients Served: 200

Form A – FY17 Projected Clients Served: 264

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 through the STEPS program. 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. A skills group run by student interns occurs each afternoon that focuses on practicing and implementing skills from the morning groups.

Problems Anonymous Action Group (PAAG) moved their drop-in center into the STEPS building in April 2015. The drop-in center provides a venue for clients to engage in leisure and social activities, work approximation (clients are required to complete a cleaning task to gain access to the drop-in center and a second task to earn lunch), access to affordable housing, and access to purchase food orders, cleaning supplies, and personal hygiene items through PAAG's Hern token economy program (additional tasks or work assignments are available for clients to earn additional HERNs), thus helping clients save their money to purchase other necessities. PAAG prepares and provides lunch daily for clients who have completed both their admission and lunch tasks.

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

Since the STEPS and PAAG programs have merged, more WHS clients have gained access to the various services PAAG provides. The merger has also increased interaction between STEPS clients and PAAG members, all of whom are WHS clients. This has made it easier for therapists and case managers to gain access to more of their clients who typically have spent little time on campus. Some of the clients who have primarily been involved with PAAG's drop-in center have begun attending STEPS groups to work on increasing ADL skills. Conversely, some STEPS clients who have increased their daily functioning have been trained to assume responsibilities in the day-to-day operations of the drop-in center. We have implemented a weekly afternoon ASD group at STEPS that PAAG tenants are required to attend which focuses on specific skills to help clients take better care of their apartments, reduce damage to their units, increase their ability to pass inspections, and avoid being charged for repairs caused due to negligence. In addition to the group we provide ISD services in the client's apartments to further assist them to develop and implement the maintenance skills taught in the group. PAAG is assisting us to increase participation in both the ASD group and ISD services as attendance is a requirement of tenancy.

Describe any significant programmatic changes from the previous year.

The STEPS program and PAAG's drop-in center merged in April 2015. Since that time we have worked to address problems that have arisen with the change to help our clients adapt to the additional services PAAG provides. PAAG has helped to monitor the building between 8:00 AM and 3:00 PM allowing STEPS staff to focus more on ISD services in the afternoon. Their drop-in center has provided a safe environment for clients to gather during the day to help decrease idle time when clients may find themselves dealing with problems. Their work approximation program has helped improve the appearance of the STEPS building and provides clients the opportunity for some responsibility in their program. Additionally, PAAG provides evening services in their building at 2748 Adams Avenue that focus on socialization and reducing isolation for clients Monday through Friday from 4:30PM–6:00 PM.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: \$844,024

Form A1 - FY17 Amount Budgeted: \$861,683

Form A – FY16 Projected Clients Served: 114

Form A – FY17 Projected Clients Served: 101

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 Psycho-social 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 psycho-social rehabilitation services.

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

In an effort to increase the number of providers for Psycho-education Services/Psychosocial Rehabilitation Services and the number of clients served, Weber Human Service's has entered into an agreement with Weber State University and their under-graduate program. We currently have two (2) under-graduate students that are providing such services to our school-based population. We will continue 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.

Describe any significant programmatic changes from the previous year.

Partnership with Weber State University and under-graduate population with interest in working with client population around Psych-education Services/Psycho-social Rehabilitation Services.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY16 Amount Budgeted: \$1,070,624

Form A1 - FY17 Amount Budgeted: \$1,454,896

Form A – FY16 Projected Clients Served: 750

Form A – FY17 Projected Clients Served: 521

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 (8) care managers; one (1) registered nurse; (1) peer support specialist and, (1) LCSW. Health Connections currently services (492) clients and has a goal to keep expanding and client services and increase clients served. FY16 client counts were grandiose projections and never materialized. FY17 is more reality.

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. We have merged all the case management focuses including the Health Connections program into one Managed Care department that has (23) case management staff and currently services (562) clients and the following specialties:

- Critical Time Intervention which is an Evidence Based Practice that focuses on high utilizers. This will be the first EBP that WHS has adopted for case management.
- Health Connections which is a voluntary program with specific chronic physical health criteria.
- Inpatient Case Manager which will complete needs assessments with clients while they are inpatient and assist them in coordinating with and linking to WHS services upon discharge of the inpatient unit.
- Residential Case Manager which will complete needs assessments with clients while they are at residential and assist them in coordinating with and linking to needed resources to be moved out of residential and into the community.
- General Case Management which works with clients that need housing or other targeted case management services including rapid access needs.
- Super Caseload which works with chronic clients that need more case management and less therapy services.
- Nursing Homes Case Management which works with clients that reside in nursing homes and helps support the nursing home staff with clients' needs in order to help the client in retaining their nursing home placement.
- Payee Services
- ARS team Case Management

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY16 Amount Budgeted: \$111,737

Form A1 - FY17 Amount Budgeted: \$249,187

Form A – FY16 Projected Clients Served: 102

Form A – FY17 Projected Clients Served: 163

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

The Center has recently hired two (2) case managers and will continue to increase psychosocial rehabilitation and case management services for children and youth as resources become available.

Describe any significant programmatic changes from the previous year.

While the Center has been conservative in its Medicaid interpretation of targeted case management, we have expanded in this area and will continue to provide case management services to more of our treatment population. We also continue to authorize and train 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 services)

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

Form A1 - FY17 Amount Budgeted: \$108,925

Form A – FY16 Projected Clients Served: 32

Form A – FY17 Projected Clients Served: 42

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. A WHS liaison works exclusively with PAAG which has over 100 beds in the community that WHS has been able to use almost exclusively. Weekly housing meetings are held 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, and leisure activities. 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 continues to meet with assess individuals in behavioral health beds at Lantern House Monday through Friday.

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

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

Slight increase due to trickledown effect of residential changes.

Describe any significant programmatic changes from the previous year.

none

Form A – Mental Health Budget Narrative

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

Form A1 - FY16 Amount Budgeted: \$31,725

Form A1 - FY17 Amount Budgeted: \$45,290

Form A – FY16 Projected Clients Served: 22

Form A – FY17 Projected Clients Served: 32

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, recreational, and educational 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 currently maintains four (4) Family Resource Facilitator positions, assisted in training and monitoring such advocates in their work with our local families in clinical settings, community and school-based settings as well as advisory settings. We have a Memorandum of Agreement with 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 has been and continues to be 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Because WHS has experienced difficulty hiring and maintaining enough Respite workers to serve the need, we recently renamed the job title to a Psycho-social Rehabilitation Specialist and made the wage more competitive. We have had better success with recruiting and hiring. As a result, we are serving significantly more families requesting Respite. This process will remain a priority.

Describe any significant programmatic changes from the previous year.

One programmatic change is the inclusion of academic enhancement and support for the child as a part of the Respite opportunity.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: \$104,201

Form A1 - FY17 Amount Budgeted: \$62,170

Form A – FY16 Projected Clients Served: 50

Form A – FY17 Projected Clients Served: 41

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 1 PSS employed through our health Connections program and one through our CABHI program. An additional staff was certified as a PSS due to his recovery history. We succeeded in certifying them as Peer Support Specialists with the help of DSAMH. We now have the capacity and training in place to provide direct Peer Support Services to our clientele. The Health Connections PSS runs weekly groups to promote wellness and health including; a walking group, a Quitting for Life Smoking Cessation group, a WHAM (Whole Health Action Management) group, a WRAP (Wellness Recovery Action Plan) and a work out group at the local community center gym.

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

Last year, CABHI lost one part-time peer support specialist. In response to staff attrition, CABHI hired two additional staff including one full-time Peer Support Specialist and one full-time Targeted Case Manager who is dually certified as a Peer Support Specialist. The augmentation in CABHI positions were funded through additional CABHI funding streams we received for this grant year.

Describe any significant programmatic changes from the previous year.

With additional funding streams, the CABHI team is tasked with housing 36 individuals during the grant year. As such, CABHI hired additional peer support specialists.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY16 Amount Budgeted: \$79,394

Form A1 - FY17 Amount Budgeted: \$154,349

Form A – FY16 Projected Clients Served: 71

Form A – FY17 Projected Clients Served: 120

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 four (4) Family Resource Facilitator positions, assisted in training and monitoring such advocates in their work with our local families in clinical settings, community and school-based settings as well as advisory settings. We have a Memorandum of Agreement with 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. 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, Family Resource Facilitator/s (FRF's) 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Ogden City Schools contracted with us for additional FRF services.

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 - FY16 Amount Budgeted: \$21,830

Form A1 - FY17 Amount Budgeted: \$30,254

Form A – FY16 Projected Clients Served: N/A

Form A – FY17 Projected Clients Served: N/A

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 which are also held in the WHS building. 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. Outreaches have also been made with the police and fire departments to provide outreaches to 911 calls that seem appropriate for behavioral health follow up.

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.

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

WHS is in the planning stages of formulating closer relationships with dispatch and the police and fire departments to provide support and behavioral health follow-up.

Describe any significant programmatic changes from the previous year.

No significant changes expected.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$38,302

Form A1 - FY17 Amount Budgeted: \$38,475

Form A – FY16 Projected Clients Served: N/A

Form A – FY17 Projected Clients Served: N/A

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

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 - FY16 Amount Budgeted: \$256,315

Form A1 - FY17 Amount Budgeted: \$276,753

Form A – FY16 Projected Clients Served: 1618

Form A – FY17 Projected Clients Served: 1819

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: The equivalent of two full-time, licensed mental health therapists. 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. 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 often participate in the inmate management weekly meetings to give feedback to jail staff on difficult cases. The jail therapists also respond to judge's requests from 2nd District and Ogden Justice Courts for mental health evaluations and recommendations for treatment.

An MRT Group continues to be run at the weber county jail. WHS also provides support and training in the CIT program for the Weber County Sherriff's Office. QPR trainings have been done for jail staff and inmates.

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

The WHS contract with WCCF was renegotiated this past year. It still includes the equivalent of 2 full-time mental health therapists. The change has come by training some new part-time therapist to cover the 80 hour time commitment to the jail. A program manager was also put in place to supervise the jail program. The program manager was responsible for coordinating coverage at the jail and training the new part-time therapists. WHS also had two back up therapist that were trained in the last year that could provide coverage when the regular therapist were out for vacation, trainings, or illness.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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

Form A1 - FY17 Amount Budgeted: \$63,000

Form A – FY16 Projected Clients Served: 10

Form A – FY17 Projected Clients Served: 11

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.

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

No changes projected

Describe any significant programmatic changes from the previous year.

None

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

Children's Outplacement dollars continue to play a significant role in funding community placement options and/or wrap-around services for children/youth not otherwise eligible for such services. Weber Human Services has chosen to partner with area stakeholders and typically cost share higher cost placements for children/youth coming out of the State Hospital and transitioning to a community placement, some with and others without supports. Our clients have experienced better outcomes when they transition more slowly rather than a move from the most restrictive clinical setting to home and school. Currently, we have two (2) youth using COP dollars for placement and/or treatment. One non-Medicaid client is receiving access to individual/family treatment and medication management; and, the second is currently in a community placement that is cost shared with DCFS. We also are accessing COP dollars for mileage to and from the Utah State Hospital for those families in need.

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

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 - FY16 Amount Budgeted: \$544,873

Form A1 - FY17 Amount Budgeted: \$321,601

Form A – FY16 Projected Clients Served: 1949

Form A – FY17 Projected Clients Served: 375

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. WHS will also respond to requests by police or fire department personnel for follow-up calls to provide referrals for folks regardless of insurance status. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes. Merely allocation differences. In previous years we showed services in the county jail but since those are shown separately we have removed them this year. Also a decrease based on the decrease in the unfunded appropriation.

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 - FY16 Amount Budgeted: \$56,864

Form A1 - FY17 Amount Budgeted: \$76,311

Form A – FY16 Projected Clients Served: 110

Form A – FY17 Projected Clients Served: 134

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 sixteen (16) schools; 4 new schools added this year and continue to serve Medicaid, unfunded, and under-funded clients. WHS continues to partner 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 on unfunded or those who have recently lost Medicaid. These clients continue to be provided with individual, family 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

WHS provides services to children and youth via the Early Intervention Grant regardless of their ability to pay. This year, WHS and OSD entered into an agreement where the school district is funding one Family Resource Facilitator (FRF) and two (2) licensed clinicians. These additional positions will increase our service population.

Describe any significant programmatic changes from the previous year.

We have expanded our school-based program to sixteen (16) schools between Ogden City Schools, Weber County School District and Morgan and their elementary, Middle, and High School. WHS continues to partner with Mountain Star (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 - FY16 Amount Budgeted: \$134,224

Form A1 - FY17 Amount Budgeted: \$0

Form A – FY16 Projected Clients Served: 250

Form A – FY17 Projected Clients Served: 0

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.

None

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

All expenses previously reported in this category have now been allocated into other service areas.

Describe any significant programmatic changes from the previous year.

None

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.

Weber Human Services Supported Employment Team offers clients assistance with preparing for and obtaining jobs in the competitive market and not in sheltered settings. Our program is different from standard employment services because our specialists go out and build relationships with local businesses in a field the client is interested in. This model has proven to be successful in helping individuals, with mental illness and/or substance use, to find jobs leading to long-term employment. Assistance is given with resume writing, interviewing skills, transportation, obtaining interview clothing and many other services in preparing the clients for work. A study initiated by Johnson & Johnson in conjunction with Dartmouth Community Mental Health Program, found that 60% of clients obtained jobs by following this method as compared to 24% using other services. Since beginning this program in January 2015, we have served a total of 162 clients, including 80 we currently are working with, and have been successful with assisting 59 individuals to obtain jobs. By the end of June 2017, our goal is to serve an additional 50 individuals and work to increase our number of clients employed to 84.

• Collaborative efforts involving other community partners

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 working in the lunch program.

2. Client Employment (cont.)

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

The CABHI team has two state-certified Peer Support Specialists. These specialists interface with the clients daily promoting client growth and development through advocacy, mentoring and coaching through a combination of both lived-experience and ongoing education and training. Peer Support Specialists work alongside the clients to achieve stability in their housing, gain access to basic life resources such as food and clothing, employment and community treatment and recovery resources. The Peer Support Specialists have access to valuable recovery-based resources for CABHI clients, and collaborate with the clients to access these services as directed by the clients according to their individual goals.

• 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 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

WHS continues to provide clients access to several evidence-based practices. For adults these include Psycho-education Multi-family Groups, Dialectical Behavior Therapy, and Illness Management Recovery. In FY 2017 Critical Time Intervention will be offered. The models Trauma-Focused CBT and Aggression Replacement Training are currently being offered to children and youth clients. The model Incredible Years parenting program will likely be added in FY 2017. Additionally all clinicians are trained in the use of Motivational Interviewing. WHS maintains the highest standards of fidelity expectations in the use of these EBPs. Supervisors spend a significant amount of time developing expertise in the models, conducting routine fidelity monitoring through direct observation practices, ongoing coaching through individual and group supervision in the EBPs, and improvement cycles to increase client access and dosage received. All clinicians are required to participate in the training and clinical quality expectations are built into their twice-annual performance evaluations.

• Outcome Based Practices

WHS continues to administer the OQ/YOQ at all individual client sessions. Clinicians are provided ongoing training in the use of the OQ/YOQ with clients. WHS recently had one supervisor certified as a train-the-trainer in using the OQ/YOQ. Further, all clinicians are expected to audio record one session per month in which the OQ/YOQ was discussed during the session for fidelity monitoring purposes.

• Increased service capacity

WHS has increased service capacity in the areas of case management, residential, first episode psychosis, and substance use. Several new case managers have been hired and are providing more services to our clients. We have also enhanced our residential services to provide more supervision, monitoring, and clinical treatment specific to those in this setting. Due to an increase in funding through Intermountain, WHS has also increased service capacity for those who are using opiates. This service includes the provision/payment for MAT as needed. WHS also anticipates an increase in funding for those who have experienced their first episode of psychosis. This funding may be utilized to hire an occupational therapist and an additional case manager.

• Increased access for Medicaid and Non-Medicaid funded individuals

The intake process for both you and adult has been modified to provide rapid access to clinical services rather than just crisis services. The school based programs in the Youth area have also provided much greater access to services for those with and without Medicaid. The first episode psychosis funding has also increased access to services for that population.

• Efforts to respond to community input/need

Efforts are made regularly to respond to community input and need. WHS has provided crisis workers for community situations requiring grief or trauma counseling. We are beginning to partner with local police and fire departments to coordinate efforts with crises in the community.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements (cont.)

• Coalition development

Weber Human Services continues to participate in several community coalitions/committees. Representatives from WHS participate in the Weber Coalition for a Healthy Community and several subcommittees from that coalition. WHS has also worked to develop a coalition/committee with representatives from law enforcement, the court system, and CCJJ to improve the services offered with the JRI funding.

• 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 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.

• Describe plan to address mental health concerns for people on Medicaid in nursing facilities.

WHS recently introduced our new Nursing Home Partnership Program to community providers. These services include:

- A case manager to contact regarding all issues and concerns for WHS clients
- Monthly outreach to nursing facilities
- Outreach and coordination with a nursing home resident is admitted to inpatient psychiatry
- Increased support upon discharge from the hospital
- Mental health training for nursing home staff
- A prescriber assigned to visit local nursing facilities and prescribe/consult related to medication management

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

Form A – Mental Health Budget Narrative

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?

Weber Human Services has implemented a care coordination model with funding received from the legislature. 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.

WHS continues 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 (8) care managers; one (1) registered nurse; (1) peer support specialist and, (1) LCSW. Health Connections currently services (492) clients and has a goal to keep expanding and client services and increase clients 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.

Form A – Mental Health Budget Narrative

4. Integrated Care (cont.)

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

Each new client at WHS goes through an assessment process which includes an assessment of their physical mental health, and substance treatment needs. Each existing client has an annual review of these needs. If physical health needs are identified in addition to behavioral health concerns, the primary service coordinator can refer to our care coordination team and/or our integrated Wellness Clinic.

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 regarding the negative effects of tobacco use. WHS also has staff trained in the cessation programs and plans to implement these groups in the new enhanced residential setting. The clients in our Tranquility Home have incentives in place to encourage cessation of smoking. WHS continues to have a Recovery Plus committee, with representation from all areas of WHS, that meets quarterly to help our facility to remain tobacco free and provide resources to clients and staff who are wanting to quit.

Form A – Mental Health Budget Narrative

5a) Children/Youth Mental Health Early Intervention

Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.

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. We partner with our Prevention Team and offer 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. As far as funding allows, we are accessible and available to serve any child in need regardless of their ability to pay, including those without insurance. 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 over 15%.

WHS and OSD have entered into an agreement where OSD will pay WHS for one (1) FRF and two (2) licensed clinicians. The additional staff will increase the number of schools partnering with WHS and the Early Intervention Grant.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year

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.

N/A

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

Describe any significant programmatic changes from the previous year.

Describe outcomes that you will gather and report on.

Form A – Mental Health Budget Narrative

5c) Children/Youth Mental Health Early Intervention

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

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 sixteen (16) schools; 4 new schools added this year and continue to serve Medicaid, unfunded, and under-funded clients. WHS continues to partner with Mountain Star (Physical Health Clinic) in Morgan and expanded our service population to include adults and children.

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

This year, WHS and OSD entered into an agreement where the school district is funding one Family Resource Facilitator (FRF) and two (2) licensed clinicians. These additional positions will increase our service population.

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 previous year.

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%.

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 continues the partnership with the State Suicide Coalition coordinator in the Zero Suicide Initiative. Five WHS supervisors went and participated in the Zero Suicide Academy in February 2016. WHS has begun utilizing the 7 elements of Zero suicide in our agency and to direct our suicide prevention policies. WHS continue to work on the PIP. We got a baseline in 2015 of how many C-SSRSs and Safety Plans are being done by the WHS clinical staff. The C-SSRS was added to the electronic chart in January 2016 and training was given to the clinical staff in their team meetings and in a more general setting as well. Trainings will be given to all clinical staff on using the Stanley Brown Safety Plan in 2016. WHS has continued using the C-SSRS in the Weber County Jail. We continue to collect data on the C-SSRS and safety plan being done consistently on our Adult Mental Health team. We will now be able to generate reports from the electronic chart. The PIP committee has a monthly meeting to continually measure our progress. 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 we continue to provide prevention services to the community through NUHOPE and partnering with the Weber Morgan county health department. WHS has plans to train 2 non clinical staff in QPR so they can train other staff in our agency. WHS also continues to provide postvention services as needed to community members. We continue to provide a brief suicide prevention training to new employees on a monthly basis. 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. We have developed a version of an ACT Team to work with our highest risk population to provide regular intervention and support. We continue to maintain a therapist and a case manager at the McKay Dee Inpatient Unit to develop relationships with clients in the hospital and facilitate discharge planning.

Describe 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 three times and some policies have already been approved and implemented. Training is being done with teams so they understand the policies.

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 developed a high utilizer team to better track clients at high risk. WHS has also developed a new residential program that began in March 2016 to be a partial hospitalization program for those at high risk, but that can be managed outside the hospital. The after-hours crisis team will provide Monday through Friday support to residential program in addition to a weekend on-site treatment presence. Daytime crisis is also looking to pilot a more focused crisis team to triage daytime crises.

WHS continues to have open communication 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. WHS looks for opportunities to more closely partner with emergency departments.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

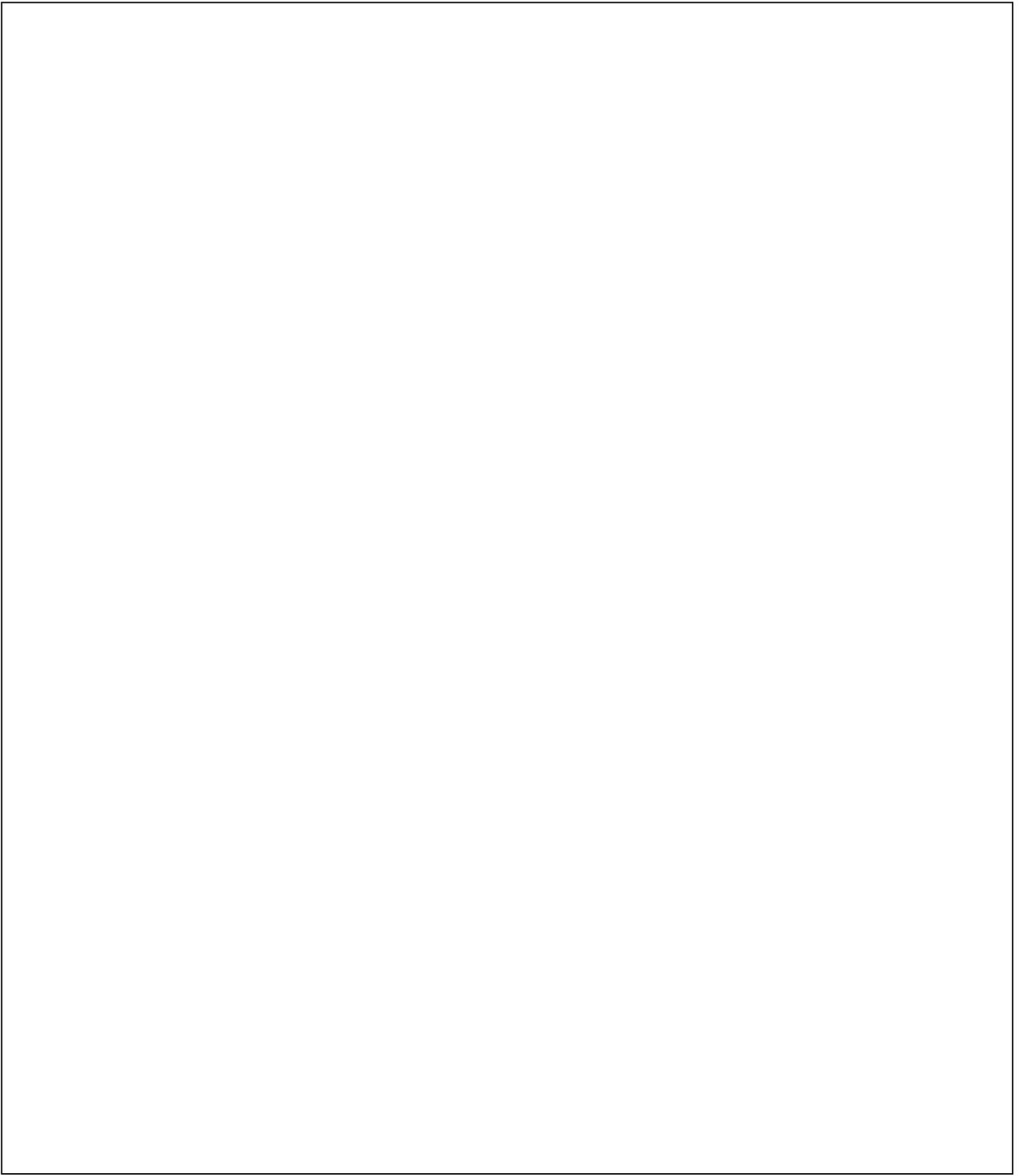
The Weber County JRI implementation team is comprised of 4 senior staff at WHS, including the prevention supervisor; the Weber County Sheriff and one other member from the sheriff's office; the Weber County Attorney and two other county attorneys; a member of the legal defenders association, one 2nd District Court Judge, and one other community provider.

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

WHS will work collaboratively with Adult Probation and Parole, as well as the Weber County Jail to obtain copies of the LSI-SV and the LSI R & R on all clients where available. Both are validated criminogenic risk/needs assessments. Further WHS will continue to screen using the OQ/YOQ and the Drug Use Screening Inventory – Revised (DUSI-R). The WHS assessment tool is comprehensive and will help identify responsibility areas associated with mental illness among offenders, motivational levels, and any client deficits that might impede progress in the criminogenic risk reducing activities offered.

Identify your proposed outcome measures.

- The DUSI and OQ/YOQ outcome data will be collected on clients based on their primary presenting needs.
- A quasi-experimental study will be conducted on participants in the Women's Improvement Network program to measure recidivism reduction.
- WHS will participate in Correctional Program Checklist evaluations offered by the Division.



Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

Form B - FY16 Amount Budgeted: \$43,111

Form B - FY17 Amount Budgeted: \$42,003

Form B – FY16 Projected Clients Served: 142

Form B – FY17 Projected Clients Served: 145

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 6 question screening for pregnancy, active IV use, a woman with dependent children, and opiate use. The screening leads to a clinical assessment with a licensed clinician. 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. Collaborative information is gathered as much as possible including LSI information if available from clients involved in the criminal justice system. 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 (15% or greater change).

It is expected with the Justice Reinvestment Initiative funding, there will be an increase in the number of individuals served in that area while other areas received less funding such as drug courts.

Describe any significant programmatic changes from the previous year.

Since 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.

Due to a vacancy in clinical positions, same day assessment services have been impacted. For the past 3 months, appointments have shifted from same day to within 5 working days. We will be reviewing how this change impacts retention and completion rate outcomes.

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted: 0

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 0

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.

WHS has access to a limited amount of diversion beds at Lantern House. These diversion beds can be used to divert stabilized clients from the hospital to a monitored environment for a short period of time. WHS Case Managers assist clients with accessing treatment services while at Lantern House. WHS continues to explore options for social detox services in Weber County. Limits in funding and resources continue to be the primary barriers.

Using grant funding separate from state funds, we are currently exploring contractual services for medical detox. This possible expansion of services will be allocated in the Area Plan budget.

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

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)

Form B - FY16 Amount Budgeted: \$888,315

Form B - FY17 Amount Budgeted: \$750,009

Form B – FY16 Projected Clients Served: 71

Form B – FY17 Projected Clients Served: 77

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 is a 15 bed facility for women and children. 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 off site 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.

WHS currently does not have residential services available for men. Limits in funding and resources continue to be the primary barriers. WHS provides the next level of care available according to ASAM criteria: intensive outpatient services along with case management and peer support services. Safe and sober housing resources are also accessed as housing units become available.

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

It was expected that a men and women's residential center would be opening in FY 2015-2016. Discussions were held with the private provider regarding contracting services once the center opened. As of the time the area plan is written, the center remains unopened.

Describe any significant programmatic changes from the previous year.

There continues to be a need for residential services for men and women in Weber County. WHS will continue to seek 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. This past year, there have been less children residing with their mothers in residential services. Many women come to services after their child has been removed from their care and are seeking reunification with their children. Women can have their children reunify with them while residing in Tranquility Home through coordinated efforts with their clinician, case manager, DCFS worker, GAL, and presiding judge.

WHS has provided on-site day care for children ages 0-5 until March 2016. Due to the lack of children referred as their parent seeks treatment services, on-site day care is no longer available. WHS has contracted with a private provider to provide day care off site. Day care slots are available as needed.

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted: \$24,839

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 15

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, Naltrexone, and Vivitrol are evaluated onsite with a medication evaluation or referred to private physicians based upon screening, funding, and client engagement.

As of March 2016, WHS has contracted with Metamorphosis to provide MAT services for up to 75 clients at any given time. Funding for these services are provided by grant funds separate from state funding.

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

WHS is involved in a 2-year project with IHC and Davis Behavioral Health addressing opioid dependence and treatment interventions for prescription drug abuse. The Opioid Community Collaborative (OCC) project provides funding for two years with a possible expansion of funding after the second year. The funds cover medication, prescriber visits, counseling services, and case management. The project began July 2015. There has been an increase in referrals for medication assisted treatment within the past 6 months when this funding became available. Other funding sources will continue to be explored including private insurance and self-payment plans. When Medicaid extends to the unfunded, underserved population seeking substance use treatment for opioid dependence, it is expected that there will be an increase in the need of MAT services.

A part time case manager provides coordination of services with the MAT provider, clinician, and client. WHS is seeking to expand services by hiring a part time medical prescriber who is certified to prescribe Suboxone as well as other forms of MAT, excluding Methadone. These positions are funded through a private grant and are separate from state funding. The positions are not allocated in 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 resources that could provide sustainable funding to the unfunded that may benefit from MAT.

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: \$3,302,472

Form B - FY17 Amount Budgeted: \$3,363,310

Form B – FY16 Projected Clients Served: 1366

Form B – FY17 Projected Clients Served: 1533

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, developmental skills building, and family activities. WHS provides a multidisciplinary treatment team approach which includes an array of clinical services from case management to residential treatment services including peer support services. Collaboration with community partners/referral sources increases the overall effectiveness of our programs. WHS makes referrals to and/or collaborates with many organizations and various resources including ATR, Vocational Rehabilitation, Health Department, UA monitoring, housing, Ogden City Schools (GED), Workforce Services, AP&P, DCFS, city/county court systems, psychiatric/medical, community treatment providers, and transportation. Case management assists with linking clients to community resources and ancillary supports such as housing, employment, child care, medical, and education. We continue to attempt to separate clients based on risk and needs. 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 (15% or greater change).

It is expected with the Justice Reinvestment Initiative funding, there will be an increase in the number of individuals served in that area while other areas received less funding such as drug courts.

Describe any significant programmatic changes from the previous year.

As well as separating clients in groups based on risk and need, we began to separate high risk MRT groups into men and women only groups. With the separation of gender, the group dynamics have changed. Group leaders have been able to be more responsive to the varying needs of the clients.

This past year, we have focused on including family and other support systems in treatment as identified by the client. Family therapy with a Marriage and Family Therapist (MFT) has become more available. The Matrix Family Group has expanded to include day and evening hours. 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.

WHS has provided on-site day care for children ages 0-5 until March 2016. Due to the lack of children referred as their parent seeks treatment services, on-site day care is no longer available.

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$602,720

Form B – FY16 Projected Clients Served: 164

Form B - FY17 Amount Budgeted: \$558,399

Form B – FY17 Projected Clients Served: 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.

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, developmental skills building, and family activities. 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 including peer to peer groups and individual services are available. 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 (15% or greater change).

It is expected with the Justice Reinvestment Initiative funding, there will be an increase in the number of individuals served in that area while other areas received less funding such as drug courts.

Describe any significant programmatic changes from the previous year.

As well as separating clients in groups based on risk and need, we began to separate high risk MRT groups into men and women only groups. With the separation of gender, the group dynamics have changed. Group leaders have been able to be more responsive to the varying needs of the clients. This past year, we have focused on including family and other support systems in treatment as identified by the client. Family therapy with a Marriage and Family Therapist (MFT) has become more available. The Matrix Family Group has expanded to include day and evening hours. 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. WHS has provided on-site day care for children ages 0-5 until March 2016. Due to the lack of children referred as their parent seeks treatment services, on-site day care is no longer available.

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

Form B - FY16 Amount Budgeted: \$116,867

Form B - FY17 Amount Budgeted: \$180,170

Form B – FY16 Projected Clients Served: 107

Form B – FY17 Projected Clients Served: 126

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, peer to peer 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. Case management and peer support work closely with medical providers, housing, employers, training facilities, day care providers, 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.

House of Hope Safe and Sober Living for Women closed during the end of fiscal year 2015. WHS is pursuing contracts with sober living facilities such as Women's Retreat and North Wasatch Recovery (pending opening). Good Landlord Second Chance Housing has expanded to include 25 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. With recent changes in legislation in regards to the Good Landlord Program, we are working with Ogden City regarding variances in current policy and upcoming modifications.

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

Peer Support Services and case management services were added and increased this past year to include 2 full time peer support specialists and two full time case managers. It is expected that those services will continue and serve more individuals across the spectrum of SUD services as part of JRI. Peer Support Services have increased in to include Peer to Peer Groups, Peer Lead Smoking Cessation Groups, SMART Recovery Groups, and WHAM besides the initial individual peer services.

Without ATR funding, recovery support services have decreased. We continue to build community partnerships and refer to community resources that assist with client with funding.

Additional P-ATR funds and the ATR Coordinator position account for the increase in budget.

Describe any significant programmatic changes from the previous year.

None.

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: \$560,471

Form B - FY17 Amount Budgeted: \$440,210

Form B – FY16 Projected Clients Served: 792

Form B – FY17 Projected Clients Served: 1040

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 2x 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 (15% or greater change).

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.

**Client counts have increased as a result of incorrect projections in FY16 not because of actual increases. When putting together FY17 projections it became apparent that all FY16 client counts are understated. Last year's numbers were based on a report that only looked at admissions and discharges for the current year and not total client counts. We have actually decreased client counts and decreased budgeted amounts as well.

Describe any significant programmatic changes from the previous year.

There is now the ability to test for other specialty drugs such as Kratom and various forms of Spice. We continue to work with Redwood Toxicology regarding types of drug testing available as the types of drug used for illicit drug use changes.

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

WHS has invested extensively in building an infrastructure within the agency to support the effective implementation of EBP models and to ensure 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 continues to use 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.

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 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), Aggression Replacement Training (youth), Adolescent Substance Abuse Skills Effectiveness Training – ASSET (youth), and Seeking Safety (adult). 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.

For each of the evidence-based practice models, on-going training and supervision is provided. Training is provided through in-house certified trainers in the model or trainers are brought in to provide ongoing training in the model as needed. Monitoring to fidelity of the model is provided by weekly supervision. Supervision is provided through audio recordings and feedback of individual sessions as agreed with clinician and client as well as observed groups by supervisors.

WHS is currently in the process of becoming certified through the Matrix Institute as a Matrix provider. As part of the fidelity of the Seeking Safety Model, WHS has a supervisor who will be certified to provide fidelity evaluations. It should also be noted that WHS hosted an independent MRT training within the last 6 months. 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

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 2nd District Court sentencing. Upon release, clients can then immediately access treatment services.

WHS coordinates treatment services with the County Jail Work Release Program. Clients may attend treatment while in the work release program. Jail staff and WHS 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 (15% or greater change).

No increases or decreases are expected.

Describe any significant programmatic changes from the previous year.

With recent grant funding separate from state funding, WHS is partnering with the jail and Midtown Community Health Center to begin screening inmates prior to release that may benefit from medication assisted treatment in the form of Vivitrol. This screening and referral process will begin in the jail with the first Vivitrol shot given prior to release. The client will be assigned to a case manager for follow up medication, medical care, and treatment services with Midtown Community Health Center and WHS.

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.

Individuals with sex offenses or prior convictions for violent crimes are considered for treatment on a case by case basis.

WHS will no longer be providing domestic violence treatment services for offenders, victims, or children due to lack of funding and resources.

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, 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

Form B - FY16 Amount Budgeted: \$2,094,444

Form B - FY17 Amount Budgeted: \$2,901,694

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 and peer support 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. 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 offsite for children ages 0-school-age.

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 excluding contracted day care services that are off site.

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

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. 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. Trauma informed training occurs with residential staff on a monthly basis.

WHS has provided on-site day care for children ages 0-5 until March 2016. Due to the lack of children referred as their parent seeks treatment services, on-site day care is no longer available. Services are available off-site.

Due to lack of children referred for domestic violence intervention services, the DV: KIDS Safe at Home program ended in September 2015. Due to a decrease in funding and resources, domestic violence intervention services for offenders and victims will be discontinued July 1, 2016.

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: \$1,001,496

Form B - FY17 Amount Budgeted: \$811,565

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 (15% or greater change).

In the last year we haven't had any major changes in individuals served or funding streams.

Current budgeted amounts are in line with previous yearend amounts. FY16 included some programs in error that should have been shown on the Mental Health Area Plan. Early Psychosis Intervention staff were initially budgeted on the youth substance team because that is where they worked previously.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: \$1,228,952

Form B - FY17 Amount Budgeted: Felony\$573,518

Form B - FY17 Amount Budgeted: Family Dep. \$265,106

Form B - FY17 Amount Budgeted: Juvenile\$239,071

Form B1 - FY16 Recovery Support Budgeted: \$45,500 Form B1 - FY17 Recovery Support Budgeted: \$43,993

Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).

Eligibility for each court is based upon a screening and assessment completed prior to being admitted in the program. The RANT is used to determine risk and needs level for both the Felony and Family Drug Courts. Individuals who are determined to have a substance use disorder and meet a HR/HN level are eligible for Felony and Family Drug Courts. For Family Drug Court, the individual also has lost custody of a child and are seeking reunification services with DCFS and Juvenile Court. In Juvenile Drug Court, the DUSI and CASI tools are used to assist in determining the risk and need level of a juvenile. There are a limited amount of drug court slots per court. To be eligible for the Juvenile Drug Court, an individual is determined to have substance use issues and are at high risk/high need level. Ineligible criteria include violent offenses, current sex offenses, and charges pending in other courts.

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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).

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 when available. A community partnership with Ogden City and WHS 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served. Please answer for each type of court (Felony, Family Dep. and Juvenile).

There are an additional 15 treatment slots available for Felony Drug Court with the additional JRI funding. As overall funding levels are cut we are cutting back specifically on drug court programs because they have specific allocations and we are trying to hold our programs to the amount appropriated for that purpose.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).

Treatment fees are assessed on a sliding scale and are a weekly fee for non-Medicaid recipients. For clients with no income, a zero fee is set and re-determined upon stable employment. Beyond the zero fee, the next minimum amount of \$5 weekly covers all treatment (group, individual, and UA's) during that week. For youth, it is \$ 10 per week unless it is determined that the client has a zero fee. 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.

Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile). For each court, we continue to identify high risk individuals and seek to match them to services that will address not only the substance use but also recidivism. WHS has also agreed with the various drug court judges in the programs regarding accountability for payment of treatment fees will come from the judge. The judges have agreed to address fees from the bench as being a part of treatment adherence. Clients will not be turned away from services for non-payment but will be held accountable in court for this issue.

Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile). RSS are available for Felony and Family Drug Court programs. Services include limited assistance with housing, medication, employment needs, bus tokens/passes, gas cards, and extended care support services.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: \$613,078

Form B - FY17 Amount Budgeted: \$596,063

Identify the members of your local JRI Implementation Team.

The Weber County JRI implementation team is comprised of 4 senior staff at WHS, including the prevention supervisor; the Weber County Sheriff and one other member from the sheriff's office; the Weber County Attorney and two other county attorneys; a member of the legal defenders association, one 2nd District Court Judge, and one other community provider.

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

WHS will work collaboratively with Adult Probation and Parole, as well as the Weber County Jail to obtain copies of the LSI-SV and the LSI R & R on all clients where available. Both are validated criminogenic risk/needs assessments. Further WHS will continue to screen using the Drug Use Screening Inventory – Revised (DUSI-R). The WHS assessment tool is comprehensive and will help identify responsibility areas associated with mental illness among offenders, motivational levels, and any client deficits that might impede progress in the criminogenic risk reducing activities offered.

WHS in conjunction with Adult Probation & Parole has developed the WIN program. This program is designed specifically for women involved in the criminal justice system through probation or parole and are considered a high risk for recidivism. Treatment services are provided that are gender-specific and geared towards reducing recidivism. Case management and peer support services are offered to assist with increasing access to recovery support systems.

WHS has also partnered with the Weber County Attorney's Office to offer a limited amount of slots for treatment services to those involved in the criminal justice system with current misdemeanor offenses. Eligible participants for those treatment slots would include individuals considered to be high risk for recidivism and have a substance use disorder. Case management and peer support services are offered to assist with increasing access to recovery support systems.

Identify training and/or technical assistance needs.

Ongoing support in training local law enforcement and judicial entities in the importance of JRI and evidence-based components of its implementation.

Train-the-trainer implementation strategies that create sustainability of the use of EBPs.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: \$497,145

Form B - FY17 Amount Budgeted: \$449,415

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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 Brock Treseder, County Attorney Teral Tree, LSAA Program Director Wendi Davis-Cox, WHS Supervisor Craig Anderson.

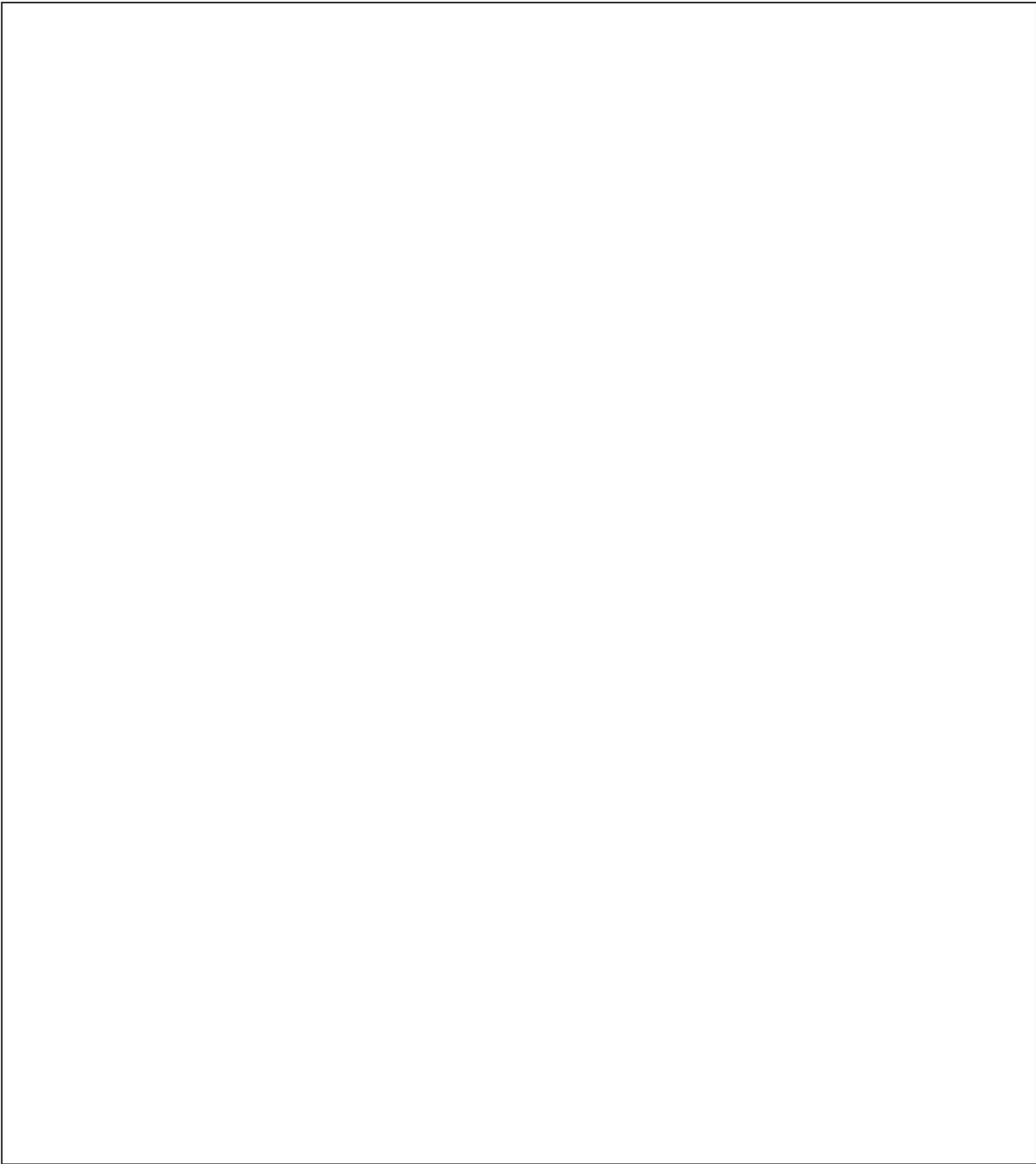
- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2017? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2016)?

The DORA program has approximately 100 treatment slots at any given time. We continue to be low in referrals this past year. We expect to carry 44 current clients into this next fiscal year. We would like to serve and retain at least 75 new clients in the next fiscal year. Due to the JRI legislation, we plan to contact the DORA Oversight Committee to discuss DORA criteria and DORA inclusion with JRI. With the recent legislation changes, the referrals could potentially include Class A misdemeanors with clients scoring a moderate to high on the LS-RNR tool.

- 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 case plan including the LSI or WRNA is also received from AP&P and used to determine treatment needs and criminogenic risk factors to be addressed in treatment. 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.

Local Authority: Weber Human Services



16) Drug Offender Reform Act (Cont.)

Services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by DSM TR-IV, DUSI, ASAM criteria, DLA scale, LSI/WRNA, and AP&P case plan. 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. Peer Support Services are available. Case management assists with linking clients to community resources and ancillary supports such as housing, employment, child care, medical, and education.

- 4. 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 as well as focus upon interventions to address criminogenic risk factors. 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 risks, 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.

- 5. 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.

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)**

Personnel	
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.	
Total Personnel Costs	\$288,144

(Provide budget detail and narrative here)

Craig Anderson	Clinical Supervisor 2	50%	\$50,819
Jed Burton	Clinical Director	2%	\$2,691
Darin Carver	Clinical Practice Admin	2%	\$2,479
Wendi Davis-Cox	Clinical Supervisor 3	8%	\$10,495
Tammy Bodine	CMHC Therapist	100%	\$67,155
Andrew Hanley	LCSW Therapist	65%	\$60,709
Kelsey Bailey	Support Specialist	20%	\$7,360
Richard Tucker	LCSW Therapist	100%	\$86,436

Contract Services	
Briefly describe the Contract Services you will pay for with DORA funding.	
Total Contract Costs	\$140,734

(Provide budget detail and narrative here)

Urinalysis Testing and Collection	\$47,023
General Agency Administration	\$46,242
Customer Support and Reception	\$47,469

Equipment, Supplies and Operating (ESO)	
Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.	
Total ESO Costs	\$16,937

(Provide budget detail and narrative here)

Cell phone reimbursement	\$474
Office Expense and Supplies	\$100
Printing and Copying	\$500
Liability Insurance	\$3,160
Building Costs and Maintenance	\$3,892
Telephone Expense	\$1,500
Curriculum Expense	\$3,811
Pharmacy – Medications	\$3,500

Local Authority: Weber Human Services

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.

Total Travel/Training Costs	\$3,600
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(Provide budget detail and narrative here)

Local Travel	\$100
Instate Training (SA Conference)	\$750
Out of State Training (National Conf)	\$2,000
Training Supplies	\$750

Total Grant	\$449,415
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Application for Facilities
Seeking a Provisional
Mental Health/Substance Use Disorder Justice Certification

Please note that only treatment sites identified in this application will be certified

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

Provisional MH/SUD Justice Certification Application Continued†

SITE 1:

Site Name: Weber Human Services

Site Administrator's Name: Kevin Eastman

Address: 237 26th Street Ogden, UT 84401

Phone Number: 801-625-3709 Administrator's Email Address: kevine@weberhs.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 2:

Site Name: Tranquility Home – Women & Children's Residential

Site Administrator's Name: Kevin Eastman

Address: 2765 Madison Avenue, Ogden, UT 84401

Phone Number: 801-625-3709 Administrator's Email Address: kevine@weberhs.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 3:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

† Please copy this page and complete for additional sites being submitted in this request

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: Weber Human Services

Agency Director's Name: Kevin Eastman

Agency Director's Email Address: kevine@weberhs.org

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified;
- b. Accreditations;
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low,
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)



Signature of Authorizing Officer

4/29/16

Date

4/

Form C – Substance Abuse Prevention Narrative

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Bonneville CTC	Parental Att. Fav to ASB Academic Failure Low Commitment to School Depressive Symptoms Early Initiation of Anti-Social Behavior	Rewards for Pro-Social Involvement- Family Rewards for Pro-Social Involvement- Community Opportunities for Pro-Social Involvement – School Opportunities for Pro-Social Involvement- Peer/Ind Belief in a Moral Order Family Attachment	http://www.bonnevillectc.org/
Weber County	Parental Att. Fav to ASB Academic Failure Depressive Symptoms	Rewards for Pro-Social Behavior – Family Rewards for Pro-Social Behavior - Community	http://www.weberhs.org/home/

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

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.

We are currently working with community partners to identify programs appropriate to address depressive symptoms and suicide in our county. The community partners we are working with are: the Weber Morgan Health Department, NuHope Coalition, Weber School District, Ogden School District, and Hannah’s Hope. We are in the process of identifying evidenced based programs that address depressive symptoms and drugs and alcohol or drug and alcohol risk factors. We are also looking at resources in the community to sustain these programs.

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.

We also recently received notification that we were awarded a prescription drug grant from the State Depart-

ment of Health. We have not heard the amount we have been awarded yet. Our proposal included the following:

- Overdose education to the public
- Harms of opioids to the public
- Proper prescribing practices training for prescribers
- Naloxone Training with pharmacists, physicians, treatment providers, and the public
- Good Samaritan Law Education with pharmacists, physicians, treatment providers, and the public
- Proper disposal and storage education for pharmacists, physicians, treatment providers, and the public

Improving organizational resources.

We have moved to a model of community based prevention. Our staff primarily work on increasing capacity and community based prevention. We have established a Communities That Care (CTC) Coalition that include four cities, Riverdale, Washington Terrace, South Ogden, and Uintah. This is the Bonneville CTC as it covers Bonneville High Cone. Another CTC Coalition is in the beginning stages over Weber High Cone, involving Pleasant View, North Ogden, and Harrisville Cities.

Part of our prevention capacity building and planning for next year is to increase the number of coalitions we have in our area and encourage them to use Communities That Care Coalitions model. 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

Downtown Ogden

Ben Lomond Area

These communities were chosen based on the success of Bonneville CTC and the readiness of Weber School District.

We also will work with the Morgan community to increase their willingness to implement the SHARP survey, community coalitions and evidenced based prevention. Staff will meet with key leaders to increase relationships and have prevention booths at community events as requested to educate the community.

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.

If funding allows send Prevention staff and coalition members to CADCA or NPN or other national Prevention conferences for further prevention training.

3. Attach Logic Models for each program or strategy.

Program Name: Growing Up Strong (Gus & Gussie)				Cost: \$21,940		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level: 2				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Maintain 30 day alcohol 30 day marijuana will not increase by more than 20%	Interaction with pro-social peers Students negative behaviors Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety	128 1st grade students in the following elementary schools who the school as identified as at risk: Shadow Valley, Gramercy, West Weber, Washington Terrace, Plain City, Midland, North Park, OPA			Growing Up Strong Program held once per week x 1 hours x 10 weeks. Facilitated by school counselors. Small group facilitation on topics such as: self-esteem, family, peer pressure, diversity, feelings, coping skills, anger management, personal safety, and working together.	Interactions with pro-social peers for 6 th graders will increase from 50.7% in 2015 to 53.7% in 2021. Students will show a decrease in negative behaviors from pre to post test. Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety will increase from pre to post test.	30 day alcohol use among 6th grade students will decrease from 1.7% in 2015 to 0.7% (state average) in 2025. 30 day marijuana use among 6th grade students will not increase by more than 20% from 0.3% in 2015 to 1.32% in 2025
Measures & Sources	2015 SHARP 2013 SHARP	2015 SHARP 2013 SHARP	Attendance records			Attendance Records	SHARP 2021 SHARP 2017 Pre & Post Tests	SHARP 2025 SHARP 2023

Program Name: Parents Empowered				Cost: \$19,140.00		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 drug use.</p> <p>Community Laws and norms 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>Parental attitudes favorable to drug use will decrease from 11.4% in 2015 to 8.4% in 2021.</p> <p>Laws and norms favorable to drug use will decrease from 20.7% in 2015 to 17.7% in 2021.</p>	<p>30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023.</p>
Measures & Sources	2013 SHARP	2015 SHARP	Prevention service delivery rosters			Collateral distributed Amount of media placed in LSAA	SHARP 2021	SHARP 2023

Program Name: Parent and Teen Alternative Program				Cost: \$24,635		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 th grade students will decrease from 27.8% in 2013 to 25.8% in 2019. Poor family management will decrease among 8 th grade students from 32.9% in 2013 to 30.9% in 2019. Family attachment for 8 th grade students will increase from 67.8% in 2015 to 70.8% in 2021. Family conflict will decrease among 8 th grade students from 29.4% in 2013 to 27.4% in 2019. Perceived risk associated with drug use among 10 th grade students will decrease from 37.3% in 2013 to 35.3% in 2019. Poor family management will decrease among 10 th grade students from 24.9% in 2015 to 21.9% in 2021. Family attachment for 10 th grade students will increase from 68.1% in 2015 to 71.1% in 2021. Family conflict will decrease among 10 th grade students from 33.2% in 2015 to 30.2% in 2021. Perceived risk associated with drug use among 12 th grade students will decrease from 34.0% in 2013 to 32.0% in 2019.	30 day alcohol use among 8 th grade students will decrease from 7.2% in 2013 to 5.2% in 2023. 30 day marijuana use among 8 th grade students will not increase by more than 20% from 5.3% in 2013 to 6.36% in 2023. 30 day alcohol use among 10 th grade students will decrease from 9.4% in 2015 to 6.4% in 2023. 30 day marijuana use among 10 th grade students will not increase by more than 20% from 12.1% in 2013 to 14.52% in 2023. 30 day alcohol use among 12 th grade students will decrease from 18.3% in 2015 to 15.3% in 2023. 30 day marijuana use among 12 th grade students will not increase by more than 20% from

					<p>Poor family management will decrease among 12th grade students from 26.8% in 2015 to 23.8% in 2021.</p> <p>Family attachment for 12th grade students will increase from 70.3% in 2013 to 72.3% in 2019.</p> <p>Family conflict will decrease among 12th grade students from 29.2% in 2015 to 26.2% in 2021.</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>	14.4% in 2013 to 17.28% in 2023.
Measures & Sources	SHARP 2013	2013 & 2015 SHARP Program Pre-Post test	Referral forms Attendance rosters	Attendance rosters	SHARP 2019 SHARP 2021 Program Pre and Post Tests.	SHARP 2023

Program Name: Communities That Care				Cost: \$143,140.00		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 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>Downtown Ogden</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 20.7% in 2015 to 17.7% in 2021.</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 8.4% in 2015 to 6.4% (state average) in 2023.</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 prescription drug use for all grades will decrease from 2.9% in 2013 to 2.0% in 2023.</p>		
Measures & Sources	2013 & 2015 SHARP	SHARP 2013 & 2015	<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: \$41,877.00		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 Rx Drug use</p>	<p>Parental Attitudes Favorable to Drug Use</p> <p>Laws and Norms favorable to drug use.</p>	28,000 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>Public Awareness Campaign on the pros and cons in regards to Prevention on Medical Marijuana.</p>	<p>Parental Attitudes of drug use will decrease from 11.4% in 2015 to 8.4% in 2021.</p> <p>Laws and Norms favorable to drug use will decrease from 20.7% in 2015 to 17.7% by 2021.</p> <p>Weber County Residents will report having knowledge of the pros and cons of medical marijuana on polls/surveys</p>	<p>30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023.</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 rx drug use for all grades will decrease from 2.9% in 2015 to 2.0% (state average) in 2023</p>
Measures & Sources	SHARP 2013 & 2015	SHARP 2015	Prevention service delivery rosters			<p>Material distributed</p> <p>Participant Feedback Forms</p> <p>Prevention service delivery rosters</p>	<p>SHARP 2015</p> <p>Polls/Surveys of Residents</p>	<p>SHARP 2019</p> <p>SHARP 2023</p>

Program Name: Guiding Good Choices				Cost: \$34,726		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 prescription</p>	<p>Parental attitudes favorable to antisocial behaviors.</p> <p>Poor family management</p>	32 Parents and guardians of children ages 9-14 in Weber County			<p>Participants attend 2 hour x 1 per week x 5 weeks.</p>	<p>Parental attitudes favorable to antisocial behavior will decrease for 6th from 23.3% in 2013 to 21.3 % 2017.</p> <p>Parental attitudes favorable to antisocial behavior will decrease for 8th grade from 32.0% in 2013 to 30.0 % 2017.</p> <p>Family management for 6th grade will decrease from 41.3% in 2013 to 39.3% in 2017.</p> <p>Family management for 8th 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 8.4% in 2015 to 6.4% (state average) in 2023.</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 rx drug use for all grades will decrease from 2.9% in 2015 to 2.0% (state average) in 2023.</p>
Measures & Sources	<p>SHARP 2013</p> <p>SHARP 2015</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: Systematic Training for Effective Parenting				Cost: \$39,755.00		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			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 prescription</p>	<p>Parental attitudes favorable to antisocial behaviors.</p> <p>Poor family management</p> <p>Parental knowledge of positive parenting skills</p>	<p>40 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 2 hours x 1 per week x 6 weeks.</p>	<p>Parental attitudes favorable to antisocial behavior will decrease for 6th from 23.3% in 2013 to 21.3 % 2017.</p> <p>Parental attitudes favorable to antisocial behavior will decrease for 8th grade from 32.0% in 2013 to 30.0 % 2017.</p> <p>Family management for 6th grade will decrease from 41.3% in 2013 to 39.3% in 2017.</p> <p>Family management for 8th 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 8.4% in 2015 to 6.4% (state average) in 2023.</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 rx drug use for all grades will decrease from 2.9% in 2015 to 2.0% (state average) in 2023.</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: \$18,099.00		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	Academic Failure Attitudes favorable towards anti-social behavior	60 New school teachers in the Ogden and Weber School Districts			Teachers will be trained in prevention concepts and how to effectively implement the state wide Prevention Dimensions Curriculum. Teachers will implement PD curriculum in their classrooms to their students. Students' knowledge of prevention and life skills will increase.	Academic failure will decrease from 33.1% in 2015 to 30.1% in 2021. Attitudes favorable toward anti-social behavior will decrease from 30.3% in 2015 to 27.3% in 2021.	30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023.
Measures & Sources	SHARP 2015	SHARP 2013 & 2015	Attendance rosters			Attendance rosters Pre-Post tests PD use reports	SHARP 2021	SHARP 2023

Program Name: Trio Talent Search				Cost: \$30,100.00		Evidence Based: Yes		
Agency: Weber Human Services				Tier Level: 1				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	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.	Academic failure will decrease from 33.1% in 2015 to 30.1% in 2021.	30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023.
Measures & Sources	SHARP 2015	SHARP 2013 & 2015	Attendance rosters			Program advisors records	SHARP 2021 School reports	SHARP 2023

Program Name: Big Brother Big Sisters				Cost: \$35,431.00		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	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	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	Academic failure will decrease from 33.1% in 2015 to 30.1% in 2021.	30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023.
Measures & Sources	SHARP 2013 & 2015	SHARP 2015	Attendance rosters			Program advisors records	SHARP 2021 School reports	SHARP 2023

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source		\$ 2,743,365	\$ 176,817		\$ 818,296	\$ 9,858,274	\$ 191,420	\$ 150,000	\$ 1,605,737	\$ 382,703	\$ 79,584	\$ 210,893	\$ 16,217,089

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		825,836			165,166	2,208,876							\$ 3,199,878	299	\$ 10,702
Residential Care (171 & 173)		142,068			28,414	379,947			36,000		23,625		\$ 610,054	130	\$ 4,693
Outpatient Care (22-24 and 30-50)		806,618	176,817		110,126	4,087,361	89,604	103,227	223,866	317,989	12,319	158,169	\$ 6,086,096	6,184	\$ 984
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		28,045			5,609	75,011							\$ 108,665	326	\$ 333
Psychotropic Medication Management (61 & 62)		461,133			92,222	1,233,391	12,560		85,146	57,677	748	13,511	\$ 1,956,388	1,691	\$ 1,157
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		258,583			51,714	691,630			763,269	7,037	476		\$ 1,772,709	365	\$ 4,857
Case Management (120 & 130)		166,754			77,427	1,035,521		40,948	368,586			14,847	\$ 1,704,083	684	\$ 2,491
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		24,724			4,945	66,130			16,000		42,416		\$ 154,215	74	\$ 2,084
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		19,337			3,867	56,079			112,870			24,366	\$ 216,519	161	\$ 1,345
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		10,267			2,053	24,328	26,256	5,825					\$ 68,729		
Services to persons incarcerated in a county jail or other county correctional facility					276,753								\$ 276,753	1,819	\$ 152
Adult Outplacement (USH Liaison)							63,000						\$ 63,000	11	\$ 5,727
Other Non-mandated MH Services													\$ -	250	\$ -
FY2017 Mental Health Expenditures Budget	\$ -	\$ 2,743,365	\$ 176,817	\$ -	\$ 818,296	\$ 9,858,274	\$ 191,420	\$ 150,000	\$ 1,605,737	\$ 382,703	\$ 79,584	\$ 210,893	\$ 16,217,089		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		2,070,750	146,817		688,786	6,611,826	151,866		1,053,233	350,014	76,013		\$ 11,149,305	4,625	\$ 2,411
YOUTH/CHILDREN		672,615	30,000		129,510	3,246,448	39,554	150,000	552,504	32,689	3,571	210,893	\$ 5,067,784	1,692	\$ 2,995
Total FY2017 Mental Health Expenditures	\$ -	\$ 2,743,365	\$ 176,817	\$ -	\$ 818,296	\$ 9,858,274	\$ 191,420	\$ 150,000	\$ 1,605,737	\$ 382,703	\$ 79,584	\$ 210,893	\$ 16,217,089	6,317	\$ 2,567

Local Authority

FY2017 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue by Source	\$ 29,000	\$ 257,461	\$ 5,801	\$ 46,478	\$ 449,698	\$ 3,727		\$ 224,128	\$ 1,016,293

FY2017 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 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	2,038	16,332	408	3,266	31,605	262		92,721	\$ 146,632	132	\$ 1,111
FRF-ADMIN	107	860	21	172	1,663	14		4,880	\$ 7,717		
School Based Behavioral Health-CLINICAL	23,447	212,959	4,690	37,578	363,583	3,013		126,527	\$ 771,797	556	\$ 1,388
School Based Behavioral Health-ADMIN	3,408	27,310	682	5,462	52,847	438			\$ 90,147		
FY2017 Mental Health Expenditures Budget	\$ 29,000	\$ 257,461	\$ 5,801	\$ 46,478	\$ 449,698	\$ 3,727	\$ -	\$ 224,128	\$ 1,016,293	688	\$ 1,477

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

FY2017 Form A (1) - Proposed Cost and Clients Served by Population

Local Authority _____

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2017 Expected Cost/Client Served
Inpatient Care Budget			
\$ 2,468,107	ADULT	197	\$ 12,528
\$ 731,771	CHILD/YOUTH	102	\$ 7,174
Residential Care Budget			
\$ 574,054	ADULT	124	\$ 4,629
\$ 36,000	CHILD/YOUTH	6	\$ 6,000
Outpatient Care Budget			
\$ 3,639,516	ADULT	4,562	\$ 798
\$ 2,446,580	CHILD/YOUTH	1,622	\$ 1,508
24-Hour Crisis Care Budget			
\$ 101,952	ADULT	1,959	\$ 52
\$ 6,713	CHILD/YOUTH	129	\$ 52
Psychotropic Medication Management Budget			
\$ 1,458,652	ADULT	1,252	\$ 1,165
\$ 497,736	CHILD/YOUTH	439	\$ 1,134
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 911,026	ADULT	264	\$ 3,451
\$ 861,683	CHILD/YOUTH	101	\$ 8,532
Case Management Budget			
\$ 1,454,896	ADULT	521	\$ 2,793
\$ 249,187	CHILD/YOUTH	163	\$ 1,529
Community Supports Budget (including Respite)			
\$ 108,925	ADULT (Housing)	42	\$ 2,593
\$ 45,290	CHILD/YOUTH (Respite)	32	\$ 1,415
Peer Support Services Budget			
\$ 62,170	ADULT	41	\$ 1,516
\$ 154,349	CHILD/YOUTH (includes FRF)	120	\$ 1,286
Consultation & Education Services Budget			
\$ 30,254	ADULT		
\$ 38,475	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 276,753	ADULT Jail Services	1,819	\$ 152
Outplacement Budget			
\$ 63,000	ADULT	11	\$ 5,727
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$ 11,149,305	Total Adult
\$ 5,067,784	Total Children/Youth

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

Unfunded (\$2.7 million)			
\$ 146,817	ADULT	171	\$ 859
\$ 30,000	CHILD/YOUTH	53	\$ 566
Unfunded (all other)			
\$ 174,784	ADULT	204	\$ 857
\$ 46,311	CHILD/YOUTH	81	\$ 572

FY2017 Substance Use Disorder Treatment Revenue	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other 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 FY2017 Revenue
Drug Court	541,692	40,634	13,859	8,127	108,684	220,569	36,000	68,814	9,291	30,025		\$1,077,695
Drug Offender Reform Act	366,405	14,638		2,928	39,155					26,289		\$449,415
JRI	481,058	17,232			97,773							\$596,063
Local Treatment Services	542,020	219,861	217,376	43,971	490,333	564,487	156,927		33,303	90,670	966,831	\$3,325,779
Total FY2017 Substance Use Disorder Treatment Revenue	\$1,931,175	\$292,365	\$231,235	\$55,026	\$735,945	\$785,056	\$192,927	\$68,814	\$42,594	\$146,984	\$966,831	\$5,448,952

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority											Total FY2017 Client Served	Total FY2017 Cost/ Client Served	
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue			TOTAL FY2017 Expenditures
Assessment Only	16,796	2,719	1,238	544	7,274	6,213	1,692		421	1,162	3,944	\$42,003	145	\$290
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)	127,346	20,617	9,389	4,123	55,147	47,102	12,826		3,192	8,811	461,456	\$750,009	77	\$9,740
Outpatient (Methadone: ASAM I)	9,933	1,608	732	322	4,301	3,674	1,000		249	687	2,333	\$24,839	15	\$1,656
Outpatient (Non-Methadone: ASAM I)	1,228,281	231,271	187,487	42,807	572,526	565,579	133,161	57,114	33,136	91,478	310,482	\$3,453,322	1,533	\$2,253
Intensive Outpatient (ASAM II.5 or II.1)	223,293	36,150	16,463	7,230	96,697	82,591	22,490		5,596	15,450	52,439	\$558,399	224	\$2,493
Recovery Support (includes housing, peer support, case management and other non-clinical)	43,993										136,177	\$180,170	126	\$1,430
Drug testing	281,533		15,926			79,897	21,758	11,700		29,396		\$440,210	1,040	\$423
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$1,931,175	\$292,365	\$231,235	\$55,026	\$735,945	\$785,056	\$192,927	\$68,814	\$42,594	\$146,984	\$966,831	\$5,448,952	3,160	\$1,724

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority											
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	577,694	109,631	89,771	18,478	247,155	280,677	129,494	28,726	9,253	45,705	448,626	\$1,985,210
All Other Women (18+)	291,428	45,262	43,975	9,052	121,070	137,491	63,433	14,071	4,532	22,389	219,761	\$972,464
Men (18+)	813,986	83,686	81,308	16,736	223,851	254,211		26,017	8,380	41,394	130,144	\$1,679,713
Youth (12- 17) (Not Including pregnant women or women with dependent children)	248,067	53,786	16,181	10,760	143,869	112,677			20,429	37,496	168,300	\$811,565
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$1,931,175	\$292,365	\$231,235	\$55,026	\$735,945	\$785,056	\$192,927	\$68,814	\$42,594	\$146,984	\$966,831	\$5,448,952

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Weber Human Services

Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only	3,549	4,016	1,948	1,888	11,401
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)	33,309	2,933	82,037		118,279
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	336,886	408,412	81,808	213,177	1,040,283
Intensive Outpatient (ASAM II.5 or II.1)	28,648	10,210	23,674	1,738	64,270
Recovery Support (includes housing, peer support, case management and other non-clinical)		25,545	18,448		43,993
Drug testing	47,023	122,402	57,191	22,268	248,884
FY2017 DORA and Drug Court Expenditures Budget	449,415	573,518	265,106	239,071	1,527,110

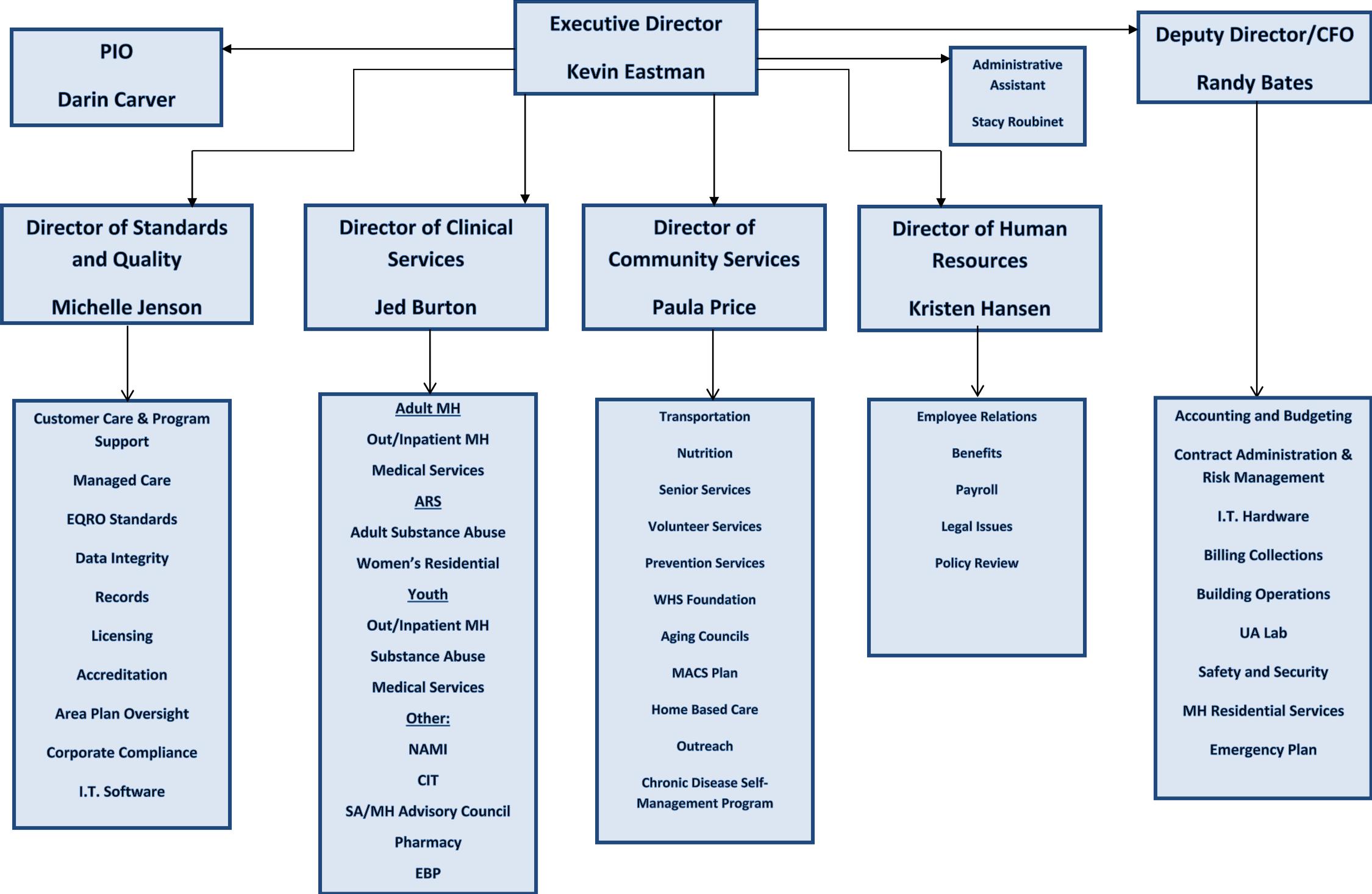
Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue	\$ 46,573		\$ 9,314			\$ 386,321	\$ 57,019				\$ 10,000	\$ 509,227

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	34,209		6,842			281,118	57,019				10,000	70,163	\$ 389,187	\$ 348,094
Universal Indirect	4,467		893			38,005						500	\$ 43,365	
Selective Services	5,360		1,072			45,608						645	\$ 52,040	\$ 52,040
Indicated Services	2,537		507			21,500						40	\$ 24,635	\$ 24,635
FY2017 Substance Abuse Prevention Expenditures Budget	\$ 46,573	\$ -	\$ 9,314	\$ -	\$ -	\$ 386,321	\$ 57,019	\$ -	\$ -	\$ -	\$ 10,000	\$ 71,348	\$ 509,227	\$ 424,769

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 53,475	\$ 169,387			\$ 163,459		\$ 386,321

Administrative Organizational Chart



PIO
Darin Carver

Executive Director
Kevin Eastman

Administrative Assistant
Stacy Roubinet

Deputy Director/CFO
Randy Bates

Director of Standards and Quality
Michelle Jenson

Director of Clinical Services
Jed Burton

Director of Community Services
Paula Price

Director of Human Resources
Kristen Hansen

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

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

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

Employee Relations
Benefits
Payroll
Legal Issues
Policy Review

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

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.

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 know 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
Desk chair
2 side chairs
Computer
Telephone | B. Filing cabinet(s)
Bookcase
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:

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 payment fees (see “Color Coded Payment System” flyers attached).

As of 1/6/2016, the ARS program (Adult Substance Abuse Treatment) is using the approved \$0 minimum weekly fee scale. The Youth Substance Abuse Treatment program is also using the approved \$0 minimum weekly fee scale.

- a. Juvenile Drug Court Exception—approved 3/2014: The clients in the Juvenile Drug Court program will be assessed a weekly fee of \$10 (not based on income).
 - b. Private Insurance Exception—approved 9/28/2015: Any SUD clients that have private insurance will initially have a weekly fee established based on household income, with a maximum weekly fee of \$50. The client/parent or guardian should be told that this fee may be changed based on the following conditions:
 1. If their insurance starts to pay for services at WHS, their weekly fee will be adjusted to reflect required co-payments if that amount is lower than the income based weekly fee amount.
 2. If their insurance denies payment for services at WHS, their weekly fee will be adjusted to the actual fee in the weekly fee scale (if this isn't already the case) based on income (it may go significantly above the \$50 max at this point). Clients should be notified of what this will be so that they can take appropriate action, such as getting pre-authorization from their insurance so that services will be reimbursed.
2. **Medicaid Clients**
All active Medicaid clients will have a \$0 (Zero) weekly fee established. They will not incur separate charges for regular UA tests (they will be charged for Specialty UAs—see Specialty UA Charges protocol) despite the fact that the UA's are not a Medicaid covered service with WHS.
 3. **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 appropriate “WHS Hardship Agreement” form (see attachment) to the appropriate Customer Care Supervisor or designee.

Approved: 2/29/2016
By: Directors

- 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.
4. Admitting Clients With Previous Balances Owing in "Color" Tracking
- a. NO clients will be admitted to services for a substance use disorder 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 a client has a past balance and cannot pay it in full, Customer Care will contact a Supervisor (over program) who can then negotiate with the client the fees. The client then will need to pay the negotiated fee before entering treatment.
 - d. Any exceptions to this pay off requirement must be approved by the appropriate Program Director or designee. The Program Director will ensure that no client will be denied services due to the inability to pay.
 - e. If a PATR client has a prior balance, Customer Care will notify the Program Supervisor of this balance.
 - f. 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.
5. 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.

Color Coded Payment System Specialty Court Programs



- **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 the Court will be notified that you are in the **YELLOW** status. 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. The Court will be notified that you are in the **RED** status. This may impact your ability to successfully complete your treatment program.

WHS Hardship Agreement

I, _____, am in the _____ program
and in need of my _____ (#) 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 time 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 Hardship Agreement
Specialty Court Programs

I, _____, am in the _____ program
and in need of my _____ (#) 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 time the court will be notified of my status.**

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

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	1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$401 - \$500	2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$501 - \$600	3	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$601 - \$700	4	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$701 - \$800	5	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$801 - \$900	6	\$10	\$5	\$0	\$0	\$0	\$0	\$0	\$0
\$901 - \$1000	7	\$15	\$5	\$5	\$0	\$0	\$0	\$0	\$0
\$1001 - \$1100	8	\$17	\$10	\$5	\$5	\$5	\$0	\$0	\$0
\$1101 - \$1200	9	\$20	\$10	\$10	\$5	\$5	\$5	\$0	\$0
\$1201 - \$1300	10	\$23	\$15	\$10	\$10	\$5	\$5	\$5	\$5
\$1301 - \$1400	11	\$26	\$16	\$10	\$10	\$5	\$5	\$5	\$5
\$1401 - \$1500	12	\$30	\$18	\$15	\$10	\$10	\$5	\$5	\$5
\$1501 - \$1600	13	\$33	\$20	\$15	\$15	\$10	\$10	\$5	\$5
\$1601 - \$1700	14	\$37	\$22	\$17	\$15	\$10	\$10	\$10	\$10
\$1701 - \$1800	15	\$41	\$25	\$19	\$16	\$15	\$10	\$10	\$10
\$1801 - \$1900	16	\$45	\$27	\$21	\$17	\$15	\$15	\$10	\$10
\$1901 - \$2000	17	\$50	\$30	\$23	\$19	\$17	\$15	\$15	\$15
\$2001 - \$2100	18	\$54	\$33	\$25	\$21	\$18	\$16	\$15	\$15
\$2101 - \$2200	19	\$59	\$36	\$27	\$23	\$20	\$18	\$16	\$15
\$2201 - \$2300	20	\$63	\$39	\$30	\$25	\$21	\$19	\$18	\$16
\$2301 - \$2400	21	\$68	\$42	\$32	\$27	\$23	\$21	\$19	\$18
\$2401 - \$2500	22	\$73	\$45	\$34	\$29	\$25	\$23	\$21	\$19
\$2501 - \$2600	23	\$77	\$48	\$37	\$31	\$27	\$24	\$22	\$21
\$2601 - \$2700	24	\$82	\$51	\$39	\$33	\$29	\$26	\$24	\$22
\$2701 - \$2800	25	\$87	\$55	\$42	\$35	\$31	\$28	\$25	\$24
\$2801 - \$2900	26	\$92	\$58	\$45	\$37	\$33	\$30	\$27	\$25
\$2901 - \$3000	27	\$125	\$62	\$47	\$40	\$35	\$31	\$29	\$27
\$3001 - \$3100	28	\$125	\$65	\$50	\$42	\$37	\$33	\$31	\$29
\$3101 - \$3200	29	\$125	\$69	\$53	\$45	\$39	\$35	\$33	\$30
\$3201 - \$3300	30	\$125	\$72	\$56	\$47	\$41	\$37	\$34	\$32
\$3301 - \$3400	31	\$125	\$76	\$59	\$50	\$44	\$39	\$36	\$34
\$3401 - \$3500	32	\$125	\$80	\$62	\$52	\$46	\$42	\$38	\$36
\$3501 - \$3600	33	\$125	\$83	\$65	\$55	\$48	\$44	\$40	\$37
\$3601 - \$3700	34	\$125	\$87	\$68	\$57	\$51	\$46	\$42	\$39
\$3701 - \$3800	35	\$125	\$91	\$71	\$60	\$53	\$48	\$44	\$41
\$3801 - \$3900	36	\$125	\$95	\$74	\$63	\$55	\$50	\$46	\$43
\$3901 - \$4000	37	\$125	\$125	\$77	\$66	\$58	\$52	\$48	\$45
\$4001 - \$5900	38	\$125	\$125	\$81	\$68	\$60	\$55	\$51	\$47
\$5901 - \$4200	39	\$125	\$125	\$84	\$71	\$63	\$57	\$53	\$49
\$4201 - \$4300	40	\$125	\$125	\$87	\$74	\$65	\$59	\$55	\$51
\$4301 - \$4400	41	\$125	\$125	\$90	\$77	\$68	\$62	\$57	\$53
\$4401 - \$4500	42	\$125	\$125	\$94	\$80	\$71	\$64	\$59	\$55
\$4501 - \$4600	43	\$125	\$125	\$125	\$83	\$73	\$67	\$62	\$58
\$4601 - \$4700	44	\$125	\$125	\$125	\$86	\$76	\$69	\$64	\$60
\$4701 - \$4800	45	\$125	\$125	\$125	\$88	\$79	\$72	\$66	\$62
\$4801 - \$4900	46	\$125	\$125	\$125	\$91	\$81	\$74	\$68	\$64
\$4901 - \$5000	47	\$125	\$125	\$125	\$94	\$84	\$77	\$71	\$66
\$5001 - \$5100	48	\$125	\$125	\$125	\$125	\$87	\$79	\$73	\$69
\$5101 - \$5200	49	\$125	\$125	\$125	\$125	\$89	\$82	\$76	\$71
\$5201 - \$5300	50	\$125	\$125	\$125	\$125	\$92	\$84	\$78	\$73
\$5301 - \$5400	51	\$125	\$125	\$125	\$125	\$95	\$87	\$80	\$75

FAMILY GROSS INCOME		1	2	3	4	5	6	7	8
\$5401 - \$5500	52	\$125	\$125	\$125	\$125	\$125	\$89	\$83	\$78
\$5501 - \$5600	53	\$125	\$125	\$125	\$125	\$125	\$92	\$85	\$80
\$5601 - \$5700	54	\$125	\$125	\$125	\$125	\$125	\$95	\$88	\$82
\$5701 - \$5800	55	\$125	\$125	\$125	\$125	\$125	\$125	\$90	\$85
\$5801 - \$5900	56	\$125	\$125	\$125	\$125	\$125	\$125	\$93	\$87
\$5901 - \$6000	57	\$125	\$125	\$125	\$125	\$125	\$125	\$95	\$89
\$6001 - \$6100	58	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$92
\$6101 - \$6200	59	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$94
\$6201 - \$6300	60	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6301 - \$6400	61	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6401 - \$6500	62	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6501 - \$6600	63	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6601 - \$6700	64	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6701 - \$6800	65	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6801 - \$6900	66	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$6901 - \$7000	67	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7001 - \$7100	68	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7101 - \$7200	69	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7201 - \$7300	70	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7301 - \$7400	71	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7401 - \$7500	72	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7501 - \$7600	73	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7601 - \$7700	74	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7701 - \$7800	75	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7801 - \$7900	76	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
\$7901 - \$8000	77	\$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

FAMILY GROSS INCOME	1	2	3	4	5	6	7	8
\$5401 - \$5500	FULL	FULL	\$114	\$93	\$80	\$72	\$65	\$60
\$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)