

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Weber Human Services

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

**Character
Limit/Count**

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

2000

The WHS Executive Management team continues to review all potential financial resources to determine our ability to "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: 1) Anyone who has Medicaid is eligible for all Medicaid covered Mental Health services; 2) 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; 3) 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; 4) 24 hour phone crisis services (in person available during normal business hours) are available to all Weber and Morgan county residents; 5) 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 (actual 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, a few with Medicare only (limited slots), and those who have recently lost Medicaid. These clients continue to be provided with individual and group therapy and medication management services as needed.

1624

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

2000

1. 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. 2. We have initiated discussions with the Morgan County Council to identify other treatment gaps. 3. A limited number of parolees are able to access outpatient Substance Abuse treatment services through PATR. 4. 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. 5. 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.). 6. 24 hour crisis services are available to all Weber and Morgan county residents.

1140

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	A potential client must first meet eligibility criteria for admission (see above). Then the sliding fee schedule is applied.	125
	How is this amount of public subsidy determined?	2000
	Sliding fee schedule.	21
	How is information about eligibility and fees communicated to prospective clients?	2000
	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.	348

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx , or similar structured change model.	2000
	We did the walk through with ARS with three staff for the assessment process using the niatx model. The results/feedback were generally positive about staff, questions getting answered, and approach by clinicians. We did a walk through the year before with different staff who mentioned the waiting room area seemed sterile. We worked on getting that area better seating, a TV, and decorated this past year. The waiting area didn't come up as an item this time except for one person. That person stated she felt it was too quiet and she was uncomfortable hearing other clients talking about "their business." We did not have the TV on that day when she was waiting in the waiting area. Since that time, we have tried to keep the TV going as white noise using music channels or health channels. Suggestions that came up for the walk through this time arounds were related to the time of day that is available such as providing a few evening intake appts. (after 5:00) and the assessment process seemed too long. Questions appeared to be duplicated between the clinical assessment and DUSI questions. Feedback about the assessment included feeling unsure as to why all those questions needed to be answered as some seemed invasive. As far as what is to be done for 2018, we've started to look at the assessment process and forms. As far as evening hours, we are still investigating the possibilities but have found barriers with customer care resources.	1465
	Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.	2000
	No.	3
	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 of each subcontractor. 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.	2000

WHS maintains very few subcontracts for treatment services. The WHS Compliance Supervisor, or designee, is responsible for initiating, maintaining and monitoring all subcontracts for treatment of a mental health or substance use disorder for Medicaid Enrollees. She maintains a log of all contracts to track the contract expiration date (if applicable), the DHS treatment license expiration date (if applicable), and the liability insurance expiration date. 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 Midtown and IHC, a random sample of at least 10% of all claims submitted each year are audited for compliance with Medicaid and DSAMH standards. ATR contracts are monitored by the ATR Care Coordinator. A similar process is followed as described above. 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.

FY18 Mental Health Area Plan & Budget													Local Authority: Weber Human Services			Form A	
State General Fund													County Funds				
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue				
FY2018 Mental Health Revenue by Source	260506	2909500	175898	52101	678449	9508649	190749	150000	1589926	382703	79584	382000	\$16,360,065				
State General Fund													County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served		
Inpatient Care (170)		663806			154789	2169411							\$2,988,006	315	\$9,485.73		
Residential Care (171 & 173)		187768			43785	613653			31203		23625		\$900,034	138	\$6,521.99		
Outpatient Care (22-24 and 30-50)	217809	812400	165000	43562	232220	3275457	86906	102431	430884	317989	10157	276517	\$5,971,332	5894	\$1,013.12		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		30931			7213	101089	16000						\$155,233	1869	\$83.06		
Psychotropic Medication Management (61 & 62)		431270	10898		100565	1409449	36000		15236	57677	3386		\$2,064,481	1712	\$1,205.89		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		219263			51128	716581			763269	7037			\$1,757,278	463	\$3,795.42		
Case Management (120 & 130)		336512			78469	1099766		47569	322417				\$1,884,733	1045	\$1,803.57		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	63819	6372			1486		25578		16000		42416		\$155,671	117	\$1,330.52		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	42697	29627		8539	6909	96826			10917			105483	\$300,998	297	\$1,013.46		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		8083			1885	26417	26265						\$62,650				
Services to persons incarcerated in a county jail or other county correctional facility													\$0		#DIV/0!		
Adult Outplacement (USH Liaison)	119649												\$119,649	11	\$10,877.18		
Other Non-mandated MH Services													\$0		#DIV/0!		
FY2018 Mental Health Expenditures Budget	443974	2726032	175898	52101	678449	9508649	190749	150000	1589926	382703	79584	382000	\$16,360,065				
State General Fund													County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served		
ADULT	119649	2332562	145898		586991	6286828	151334		1104537	350014	77229		\$11,155,042	4461	\$2,500.57		
YOUTH/CHILDREN	324325	393470	30000	52101	91458	3221821	39415	150000	485389	32689	2355	382000	\$5,205,023	1826	\$2,850.51		
Total FY2018 Mental Health Expenditures	443974	2726032	175898	52101	678449	9508649	190749	150000	1589926	382703	79584	382000	\$16,360,065	6287	\$2,602.21		

FY18 Proposed Cost & Clients Served by Population

Local Authority: **Weber Human Services**

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
2217737	ADULT	234	9477.508547
770269	CHILD/YOUTH	81	9509.493827
Residential Care Budget			
868831	ADULT	134	6483.813433
31203	CHILD/YOUTH	4	7800.75
Outpatient Care Budget			
3502543	ADULT	4248	824.5157721
2468789	CHILD/YOUTH	1646	1499.87181
24-Hour Crisis Care Budget			
145643	ADULT	1713	85.0221833
9590	CHILD/YOUTH	156	61.47435897
Psychotropic Medication Management Budget			
1479754	ADULT	1286	1150.664075
584727	CHILD/YOUTH	426	1372.598592
Psychoeducation and Psychosocial Rehabilitation Budget			
921619	ADULT	357	2581.565826
835659	CHILD/YOUTH	106	7883.575472
Case Management Budget			
1637687	ADULT	810	2021.835802
247046	CHILD/YOUTH	235	1051.259574
Community Supports Budget (including Respite)			
91852	ADULT (Housing)	56	1640.214286
63819	CHILD/YOUTH (Respite)	61	1046.213115
Peer Support Services Budget			
133362	ADULT	132	1010.318182
167636	CHILD/YOUTH (includes FRF)	165	1015.975758
Consultation & Education Services Budget			
36365	ADULT		
26285	CHILD/YOUTH		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority: Weber Human Services

Form A2

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source	260506	34878	52101	6975	512842	3727		392917	\$1,263,946		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	41617		8323					109314	\$159,254	165	\$965.18
FRF-ADMIN	1080		216					7086	\$8,382		
School Based Behavioral Health-CLINICAL	206919	33134	41384	6626	487200	3541		262691	\$1,041,495	640	\$1,627.34
School Based Behavioral Health-ADMIN	10890	1744	2178	349	25642	186		13826	\$54,815		
FY2018 Mental Health Expenditures Budget	260506	34878	52101	6975	512842	3727	0	392917	\$1,263,946	805	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Weber Human Services

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	2,217,737	Form A1 - FY18 Projected Clients Served:	234	
Form A1 - Amount Budgeted In FY17 Area Plan	2,468,107	Form A1 - Projected Clients Served In FY17 Area Plan	197	
Form A1 - Actual FY16 Expenditures Reported by Locals	2,217,129	Form A1 - Actual FY16 Clients Served as Reported By Locals	234	Character Limit/Count
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.				2,500
WHS provides inpatient psychiatric care for Medicaid and involuntary clients through a contract with McKay Dee Hospital. The behavioral health unit remains at 33 beds. WHS has a full-time inpatient coordinator who provides consultation and support to McKay Dee providers who provide treatment. The Inpatient coordinator focuses on collaboration, financial responsibility, and clinical expertise. The inpatient coordinator meets daily with McKay-Dee care managers, social workers and psychiatrists, and weekly with WHS to staff hospitalized clients. Clients with significant medical and behavioral health issues are managed through an intensive health home team called Health Connections. the Inpatient coordinator contacts other hospitals, where our clients may be placed, to identify discharge plans. Ten designated examiners are utilized for completion of blue sheets and involuntary treatment hearings for forced medications. A full-time case manager provides support to the unit, helping with discharge planning from the day of admit. This TCM meets with clients and completes an assessment, the follows the client after discharge for 30 days to link to appropriate services. Follow-up from hospitalizations includes an appointment with the assigned clinician. Discharged patients are staffed weekly in an adult team staffing which includes a teleconference with the psychiatrists at McKay Dee.				1,409
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).				1,000

		<p>Weber Human Services contracts with Intermountain Health Care (IHC) 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 and have included a case manager to assist patient and family in a smooth transition to on-going treatment, community resources and/or 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 (NDFF).</p>	1,005	
		<p>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).</p>	1,000	
		<p>WHS youth inpatient numbers continue to increase in number and cost. We continue to see patient/s diverted to community inpatient providers outside of our catchment. We are not guaranteed access to beds at McKay-Dee but rather access to beds available therefore we are experiencing more admissions that are diverted to other providers and an increase in expense.</p>	363	
		<p>Describe any significant programmatic changes from the previous year.</p>	500	
		<p>No significant programmatic changes from the previous year. We have continued to monitor inpatient numbers and focus on diverting more to Archway; clinically intervening prior to referral to inpatient; and/or coordinating access to appropriate services post discharge.</p>	271	

1c) Adult Residential Care						
Form A1 - FY18 Amount Budgeted:	868,831	Form A1 - FY18 Projected Clients Served:	134			
Form A1 - Amount Budgeted In FY17 Area Plan	574,054	Form A1 - Projected Clients Served In FY17 Area Plan	124			
Form A1 - Actual FY16 Expenditures Reported by Locals	619,593	Form A1 - Actual FY16 Clients Served as Reported By Locals	134		Character Limit/Count	
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.					3,000	
WHS operates a Men's and Women's combined Residential facility (CTU) for sixteen Seriously and Persistently Mentally Ill SPMI clients (generally 8 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 at the CTU as a diversion from hospital admits as well as a step-down for hospital discharges. Since last year, The CTU has been initiated and continues to be assessed for possible need for increased support including clinical support. The CTU has also initiated a training program which includes job designation of Mental Health Worker. The CTU offers 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. Upcoming Changes over next year: Ongoing assessment of the success of the CTU, and need for further staffing of clinician and licensed staff. The CTU will also be offering an aftercare program for clients at higher risk.					1,429	
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).					1,000	
Increased support resources are being considered for the CTU including having a therapist there until 11 pm 7 days a week. Ongoing assessments of the CTU are being completed; additional resources have been discussed including possibility of having increased nurse support at the CTU and hiring full time Residential aides is being considered to replace part time aids.					371	
Describe any significant programmatic changes from the previous year.					400	

	After hours crisis team provides crisis support to the CTU including spending three hours a day Saturday and Sunday doing groups and assessing clients for safety. Nursing support is being provided 8am to 12pm Saturday and Sunday.				229	
1d) Children/Youth Residential Care						
	Form A1 - FY18 Amount Budgeted:	31,203	Form A1 - FY18 Projected Clients Served:	4		
	Form A1 - Amount Budgeted In FY17 Area Plan	36,000	Form A1 - Projected Clients Served In FY17 Area Plan	6		
	Form A1 - Actual FY16 Expenditures Reported by Locals	12,410	Form A1 - Actual FY16 Clients Served as Reported By Locals	1	Character Limit/Count	
	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.				3,000	

	<p>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, ARTEC, 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. 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.</p> <p>WHS accesses such placements via MOA's.</p>	1,646	
	<p>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).</p>	1,000	
	<p>WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).</p>	154	
	<p>Describe any significant programmatic changes from the previous year.</p>	500	

No significant programmatic changes from the previous year.				59
1e) Adult Outpatient Care				
Form A1 - FY18 Amount Budgeted:	3,559,192	Form A1 - FY18 Projected Clients Served:	4,248	
Form A1 - Amount Budgeted In FY17 Area Plan	3,639,516	Form A1 - Projected Clients Served In FY17 Area Plan	4,562	
Form A1 - Actual FY16 Expenditures Reported by Locals	3,513,938	Form A1 - Actual FY16 Clients Served as Reported By Locals	4,148	Character Limit/Count
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.				5,000

	<p>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 five evidence based practices—Motivational Interviewing, Psycho-educational Multi-Family Group Therapy, Critical Time Interventions, 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. 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.</p> <p style="text-align: right;">AAOT : WHS provides</p> <p>enhanced services to the civilly committed clients under our care. a team of a supervisor, clinician, case manager and peer support specialist provide intensive services to clients under civil commitment who are at risk of re-hospitalization or incarceration</p> <p style="text-align: right;">Homeless Population:</p> <p>CABHI: WHS is a recipient of the Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant and is tasked with identifying homeless veterans and other chronically homeless individuals with behavioral health disorders in Weber and Morgan Counties, collaborating with the housing authorities to provide long-term, stable housing, and provide ongoing, wrap-around support services to ensure stability in the community. The CABHI team is a multi-disciplinary Assertive Community Outreach Team consisting of an APRN, two licensed therapists (one who oversees the program in addition to providing direct services), a master’s level Registered Nurse, two Case Managers who serve as a benefits specialist and an employment specialist respectively and a Peer Support Specialist. WHS currently serves with various community coordination efforts including the local LHCC (Local Homeless Coordinating Committee) and the Coordinated Entry Committee. WHS is currently in the final year of the three-year federal CABHI grant. This year the CABHI team is required to house a total of 26 individuals. At the present time, 16 individuals have been housed with an additional 6 having active housing vouchers and seeking housing.</p> <p>PATH: PATH provides one-time rental and deposit assistance to assist those in imminent risk of homelessness in Weber County and case management to provide ongoing permanent housing support services to formerly homeless individuals. This year, WHS has provided rental and deposit assistance to approximately 75 individuals facing eviction in an effort to prevent unnecessary homelessness. PATH funds have paid for and supported one full-time Case Manager who provides direct services to formerly homeless individuals. PATH dollars also fund one part-time shelter outreach worker who coordinates PATH services through the local homeless shelter (Lantern House). 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 Committee and the local Coordinated Entry Committee. McKay Dee Hospital has contracted with the local homeless shelter for 4 beds for those homeless individuals being discharged</p>	4,516	
	<p>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).</p>	1,000	

	<p>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 (MI), Aggression Replacement Therapy (ART) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).</p> <p>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.</p>	2,025	
	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).	1,000	
	WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).	154	
	Describe any significant programmatic changes from the previous year.	1,000	

No significant programmatic changes from the previous year.				59
1g) Adult 24-Hour Crisis Care				
Form A1 - FY18 Amount Budgeted:	145,643	Form A1 - FY18 Projected Clients Served:	1,713	
Form A1 - Amount Budgeted In FY17 Area Plan	101,952	Form A1 - Projected Clients Served In FY17 Area Plan	1,959	
Form A1 - Actual FY16 Expenditures Reported by Locals	145,643	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,713	Character Limit/Count
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
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 CTU is also considered as receiving centers for crisis placements. Crisis workers have started in the last year to provide weekend coverage at the CTU to prevent hospitalizations while providing the coaching and support the client needs to continue towards recovery. Crisis workers can 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.				1,439
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).				1,000

		<p>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.</p>	1,082	
		<p>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).</p>	1,000	
		<p>WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).</p>	154	
		<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
		<p>No significant programmatic changes from the previous year.</p>	59	

1i) Adult Psychotropic Medication Management						
Form A1 - FY18 Amount Budgeted:	1,479,754	Form A1 - FY18 Projected Clients Served:	1,286			
Form A1 - Amount Budgeted In FY17 Area Plan	1,458,652	Form A1 - Projected Clients Served In FY17 Area Plan	1,252			
Form A1 - Actual FY16 Expenditures Reported by Locals	1,306,646	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,252		Character Limit/Count	
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.					2,000	
Weber Human Services continues to provide medication managements services in-house. Evaluations and ongoing medication management are provided by a team of prescribers (APRNs) and nursing staff. An evaluation and current list of medications is kept in each client's electronic chart. Prescribers and nursing staff communicate and coordinate with othe providers to ensure that both behavioral and physical health needs are considered. Nursing staff provide an evaluation prior to each appointment and notify the prescribers of any concerns. This evaluation may include areas such as blook pressure, waist circumference, and weight. Lab values are also provided to prescribers to monitor impact of medication on client's overall health. Prescribers and nursing staff also provide information to the clients regarding the purpose of medications, expected results, and possible side effects. Weber Human Services also provides service to clients at our in-house pharmacy and integrated health clinic to help clients gain access to medication and medical care.					1,067	
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).					1,000	
Dr. Davidson, former Medical Director, retired from WHS this year. WHS has hired another APRN to provide medication management services and has contracted with Dr. Ben Holt, M.D. to serve as our Medical Director. We will see some minor cost savings as a result of these changes in personnel.					295	
Describe any significant programmatic changes from the previous year.					400	

	WHS continues to work on Just in Time Scheduling to reduce no shows and increase access to the clinic. No other significant programmatic changes are planned for the upcoming year.				182
1j) Children/Youth Psychotropic Medication Management					
	Form A1 - FY18 Amount Budgeted:	584,727	Form A1 - FY18 Projected Clients Served:	426	
	Form A1 - Amount Budgeted In FY17 Area Plan	497,736	Form A1 - Projected Clients Served In FY17 Area Plan	439	
	Form A1 - Actual FY16 Expenditures Reported by Locals	576,239	Form A1 - Actual FY16 Clients Served as Reported By Locals	426	Character Limit/Count
	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.				2,500
	<p>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.</p> <p>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 an APRN and an RN available at the site one (1) day a week.</p>				1,241
	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).				1,000

	WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).				154	
	Describe any significant programmatic changes from the previous year.				1,000	
	No significant programmatic changes from the previous year.				59	
1k) Adult Psychoeducation Services & Psychosocial Rehabilitation						
	Form A1 - FY18 Amount Budgeted:	921,619	Form A1 - FY18 Projected Clients Served:	357		
	Form A1 - Amount Budgeted In FY17 Area Plan	911,026	Form A1 - Projected Clients Served In FY17 Area Plan	264		
	Form A1 - Actual FY16 Expenditures Reported by Locals	800,841	Form A1 - Actual FY16 Clients Served as Reported By Locals	357	Character Limit/Count	
	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.				2,500	

	<p>Psychosocial rehabilitation services are provided Monday through Friday through the STEPS program. We offer a group each morning that runs from 8:30 AM to 12:00 PM, with a focus on Recovery Model principles. The groups focus on returning clients' to their maximum functioning through improving skills to assist with wellness concerns, personal development, independent living, communication, anger management, problem solving, and basic daily living activities. We also provide individual skills development to clients in their place of residence or in the community. 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.</p>	1,333	
	<p>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).</p>	1,000	
	<p>With the continued merger between PAAG/STEPS 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. 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. We are also increasing our ISD services in clients residences and group ASD in other community housing areas.</p>	775	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	
	<p>Our 2 STEPS groups merged into 1 group. We have increased ISD/ASD services in the evening in clients' residences and in our group homes.</p>	136	

1I) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation						
Form A1 - FY18 Amount Budgeted:	835,659	Form A1 - FY18 Projected Clients Served:	106			
Form A1 - Amount Budgeted In FY17 Area Plan	861,683	Form A1 - Projected Clients Served In FY17 Area Plan	101			
Form A1 - Actual FY16 Expenditures Reported by Locals	763,656	Form A1 - Actual FY16 Clients Served as Reported By Locals	106		Character Limit/Count	
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.					2,500	
<p>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. We partner with Weber State University and provide eligible students the opportunity to work directly with our client/s in the school and/or community setting.</p>					606	
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).					1,000	
WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).					154	
Describe any significant programmatic changes from the previous year.					1,000	

No significant programmatic changes from the previous year.				59
1m) Adult Case Management				
Form A1 - FY18 Amount Budgeted:	1,637,687	Form A1 - FY18 Projected Clients Served:	810	
Form A1 - Amount Budgeted In FY17 Area Plan	1,454,896	Form A1 - Projected Clients Served In FY17 Area Plan	521	
Form A1 - Actual FY16 Expenditures Reported by Locals	1,335,468	Form A1 - Actual FY16 Clients Served as Reported By Locals	738	Character Limit/Count
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.				2,500
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. WHS has also adopted and implemented an evidence-based practice in the case management field. Critical Time Intervention (CTI) is a limited time case management model proven to help adults diagnosed with severe persistent mental illnesses (SPMI) during times of transition in their lives by strengthening their network of support within the community. Health Connections (HC) is our Health Home model. Care managers create Care Plans that have been developed with the patient's primary care provider/s input.				1,450
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).				1,000

		<p>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.</p>	556	
		<p>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).</p>	1,000	
		<p>Based on our 2016 actuals, it is anticipated that we will serve approximately 30% more clients in case management in 2018 than projected in 2017.</p>	145	
		<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
		<p>In an effort to reduce inpatient admissions, facilitate more timely discharges, and coordinate treatment and care, we have a designated case manager that works hand in hand with our inpatient therapist/liaison. She works to link our patients to an outpatient provider and prompts follow-up and compliance to scheduled appointments.</p>	334	

1o) Adult Community Supports (housing services)						
Form A1 - FY18 Amount Budgeted:	91,852	Form A1 - FY18 Projected Clients Served:	56			
Form A1 - Amount Budgeted In FY17 Area Plan	108,925	Form A1 - Projected Clients Served In FY17 Area Plan	42			
Form A1 - Actual FY16 Expenditures Reported by Locals	132,903	Form A1 - Actual FY16 Clients Served as Reported By Locals	56		Character Limit/Count	
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.					2,000	
WHS have staff working closely with clients and landlords 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. A WHS liaison works exclusively with PAAG which has over 100 beds in the community that WHS has been able to access. We also lease 20+ beds directly from PAAG for our clients. WHS provides services 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. The group homes each have a therapist and a case manager who monitor clients several times per week and holds twice weekly groups. WHS provides in-home 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. WHS continues to meet with assess individuals in behavioral health beds at Lantern House Monday through Friday.					1,160	
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).					1,000	
To enhance services we provide at the group homes and in the community we have hired 3 PEER supports. These PEER supports will do both PEER support services and are trained to provide psychosocial education services and psychosocial rehabilitation services.					258	
Describe any significant programmatic changes from the previous year.					400	

	PSS have been hired to provide in-home ISD services targeting development of skills that will help to maintain current housing. These services occur in private residents and in WHS group homes.				196	
1p) Children/Youth Community Supports (respite services)						
	Form A1 - FY18 Amount Budgeted:	38,246	Form A1 - FY18 Projected Clients Served:	61		
	Form A1 - Amount Budgeted In FY17 Area Plan	45,290	Form A1 - Projected Clients Served In FY17 Area Plan	32		
	Form A1 - Actual FY16 Expenditures Reported by Locals	23,995	Form A1 - Actual FY16 Clients Served as Reported By Locals	43	Character Limit/Count	
	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.				2,500	

	<p>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 Youth Team currently maintains five (5) Family Resource Facilitator positions, assisting 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 (MOA) with Allies for Families to screen, hire and 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 they have been certified in the Wraparound Facilitation Model and Peer Support Services (PSS). 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, and families to the table to engage in a discussion that identifies client needs/available resources/ and, an appropriate treatment plan and level of care.</p>	2,499	
	<p>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).</p>	1,000	
	<p>WHS is expecting an increase in the number of individuals served by approximately 30% in fiscal year 2018. We do not have actual numbers back yet from fiscal year 2017. This increase was calculated based on the budget in fiscal year 2016 and actual numbers reported.</p>	268	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000	

No significant programmatic changes from the previous year.				59
1q) Adult Peer Support Services				
Form A1 - FY18 Amount Budgeted:	133,362	Form A1 - FY18 Projected Clients Served:	132	
Form A1 - Amount Budgeted In FY17 Area Plan	62,170	Form A1 - Projected Clients Served In FY17 Area Plan	41	
Form A1 - Actual FY16 Expenditures Reported by Locals	49,444	Form A1 - Actual FY16 Clients Served as Reported By Locals	55	Character Limit/Count
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.				2,000
WHS Adult Mental Health has 1 PSS employed through our Health Connections program, one through the AOT GRANT, one through our CABHI program and two have been hired through our STEPS program. 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. The PSS working with STEPS will primarily be working with clients in the community during the afternoon, evening and weekend. They will provide both individual and group services.				663
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).				1,000

	<p>The CABHI grant is scheduled to discontinue in September of this year. We will absorb the PSS funded by this grant into the STEPS program. WE have also moved from one full-time SSW at the STEPS program, to replacing this position with three PSS. These PSS will work daily with those who have higher needs in the community, principally those in our group homes and annexes. The number of clients served will increase some, but encounters will increase substantially for those served.</p>	487	
	<p>How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>Adult PSS supervision is provided by the program supervisor.</p>	62	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	
	<p>Hired one PSS through the AOT GRANT and two through our STEPS program</p>	69	
<p>1r) Children/Youth Peer Support Services</p>			

	Form A1 - FY18 Amount Budgeted:	167,636	Form A1 - FY18 Projected Clients Served:	165			
	Form A1 - Amount Budgeted In FY17 Area Plan	154,349	Form A1 - Projected Clients Served In FY17 Area Plan	120			
	Form A1 - Actual FY16 Expenditures Reported by Locals	107,770	Form A1 - Actual FY16 Clients Served as Reported By Locals	135		Character Limit/Count	
	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.					2,500	
	<p>The Youth Team currently maintains five (5) Family Resource Facilitator positions. We assist and support training and monitoring the FRF's 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 (MOA) with Allies for Families to provide hiring, 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, and Family Resource Facilitator/s (FRF's) to the table and engaging in a discussion that identifies client needs/available resources/ and, an appropriate treatment plan and level of care. We are also invested in the statewide System of Care (SOC) process and currently have agency/family voices at the MACC level and the regional level.</p>					1,703	
	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).					1,000	
	WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).					154	
	How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?					1,000	

	<p>WHS begins to educate consumers and their families at the time of the initial assessment, giving 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 is 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. Clients are encouraged to sign a disclosure so that treatment information can be coordinated with family members. The Adult Team encourages family involvement and coordination. 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. Clinicians have provided at several community events where difficult circumstances (primarily suicides) are being processed.</p>	1,982	
	<p>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).</p>	1,000	
	<p>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. We are looking to hire a mobile crisis outreach worker to accompany police and EMS on their rounds during high usage hours.</p>	292	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	

	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).	1,000
	WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).	154
	Describe any significant programmatic changes from the previous year.	1,000
	No significant programmatic changes from the previous year.	59
1u) Services to Incarcerated Persons		
	Form A1 - FY18 Amount Budgeted:	Form A1 - FY18 Projected Clients Served:
	Form A1 - Amount Budgeted In FY17 Area Plan	Form A1 - Projected Clients Served In FY17 Area Plan
	276,753	1,819
	Form A1 - Actual FY16 Expenditures Reported by Locals	Form A1 - Actual FY16 Clients Served as Reported By Locals
	236,867	1,434
	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.	Character Limit/Count 2,000

	<p>Mental Health services are available for all county inmates at the Weber County Jail, contracted currently from Weber County (not Weber Human Services) to Alpha counseling. Current mental health clients, and Medicaid recipients with behavioral health needs are referred to WHS for ongoing services when discharged from the county jail. Those appropriate for Mental Health Court are assessed and those qualified may be placed in the WHS residential facility and offered supportive services upon release.</p>	506	
	<p>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).</p>	1,000	
	<p>none from present level</p>	23	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	
	<p>see above</p>	9	

1v) Adult Outplacement						
Form A1 - FY18 Amount Budgeted:	63,000	Form A1 - FY18 Projected Clients Served:	11			
Form A1 - Amount Budgeted In FY17 Area Plan	63,000	Form A1 - Projected Clients Served In FY17 Area Plan	11			
Form A1 - Actual FY16 Expenditures Reported by Locals	9,914	Form A1 - Actual FY16 Clients Served as Reported By Locals	5		Character Limit/Count	
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.					1,000	
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 discharges in the community.					602	
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).					1,000	
None					4	
Describe any significant programmatic changes from the previous year.					400	

	None planned	12
	1w) Children/Youth Outplacement	Character Limit/Count
	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.	2,000
	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 six (6) youth using COP dollars for placement and/or treatment. One non-Medicaid client is receiving access to residential treatment and costs are shared with COP, WHS, and DCFS (post adopt). We also are accessing COP dollars for mileage to and from the Utah State Hospital for those families in need.	928
	Describe any significant programmatic changes from the previous year.	1,000

No significant programmatic changes from the previous year.				61
1x) Unfunded Adult Clients				
Form A1 - FY18 Amount Budgeted:	378,188	Form A1 - FY18 Projected Clients Served:	455	
Form A1 - Amount Budgeted In FY17 Area Plan	321,601	Form A1 - Projected Clients Served In FY17 Area Plan	375	
Form A1 - Actual FY16 Expenditures Reported by Locals	413,844	Form A1 - Actual FY16 Clients Served as Reported By Locals	455	Character Limit/Count
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.				2,000
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.				1,079
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).				1,000

		<p>Weber Human Services provides direct services to the unfunded/underfunded of our community. 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.</p>	766	
		<p>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).</p>	1,000	
		<p>With additional federal funds (TANF) this fiscal year, we are expecting an increase in the number of individuals served as we have expanded the school-based program to include four (4) additional schools and three (3) additional licensed clinicians and one (1) additional FRF.</p>	278	
		<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
		<p>With additional federal funds (TANF) this fiscal year, we are expecting an increase in the number of individuals served as we have expanded the school-based program to include four (4) additional schools and three (3) additional licensed clinicians and one (1) additional FRF.</p>	278	

1z) Other non-mandated Services					
Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:			
Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan			
Form A1 - Actual FY16 Expenditures Reported by Locals	235,270	Form A1 - Actual FY16 Clients Served as Reported By Locals	279		Character Limit/Count
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.					3,000
All services provided are listed above.					39
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).					1,000
none					4
Describe any significant programmatic changes from the previous year.					400

	none		4
	2) Client Employment		
	<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2</p>	Character Limit/Count	
	Competitive employment in the community (include both adults and transition aged youth).		2,000
	<p>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 304 clients, including 86 we currently are working with, and have been successful with assisting 111 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 125. In addition, integrated MH/SA meetings occur weekly with employment specialists, clinicians, prescribers and case managers.</p>		1,338
	Collaborative efforts involving other community partners.		1,500

	<p>WHS has worked to collaborate with community partners--Deseret Industries, Vocational Rehabilitation, Your Community Connection, Cottages of Hope, Episcopal church of Good Shepard, and Focus Telemarketing. WHS also works closely with PAAG to provide clients job-training opportunities.</p>	286	
	<p>Employment of people with lived experience as staff.</p>	1,500	
	<p>WHS has one full-time worker employed on the SEP team with lived experience.</p>	79	
	<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500	
	<p>PSS are listed above with three positions-one each on the CABHI, AOT and SEP programs. 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 clients, and collaborate with the clients to access these services as directed by the clients according to their individual goals.</p>	730	
	<p>Evidence-Based Supported Employment.</p>	1,500	

	<p>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.</p>	283	
	<p>3) Quality & Access Improvements</p>		
	<p>Identify process improvement activities including implementation and training of:</p>	Character Limit/Count	
	<p>Describe access and quality improvements</p>	1,500	
	<p>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. Critical Time Intervention is offered as an evidence-based case management model, with emphasis on decreasing hospitalizations. The models Trauma-Focused CBT and Aggression Replacement Training are currently being offered to children and youth clients. An EBP parenting model will be added for the children's MH team in FY 2018. 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.</p>	1,161	
	<p>Identify process improvement activities - Implementation</p>	1,500	

	<p>WHS currently has sytematic process for improving the dosage of EBPs received by adult and youth MH clients. In order to improve the crisis services that we offer, we moved to a four person crisis team who provides all crisis services for both the mental health and substance use areas. these workers meet regularly for training. they monitor clients who have been identified as higher risk to ensure that twice weekly appointments have been kept. we have also initiated a suicide pathway to alert all those working with a high risk client of the acute need for increased contact.</p>	583	
	Identify process improvement activities - Training of Evidence Based Practices	1,000	
	<p>Weber Human Services will continue to utilize the current model of supervision for training and monitoring evidence based practices. A bigger emphasis will be placed on educating all clinical staff members about evidence based practices offered throughout the agency with the hope of increasing client referrals to these practices. This will be accomplished through ongoing training in individual team meetings, development of information cards for the EBPs, and on-line videos that can be presented to clients to educate more thoroughly on specific EBPs. The agency also has plans to display information related to evidence based practices in lobbies and waiting areas.</p>	675	
	Identify process improvement activities - Outcome Based Practices	1,000	
	<p>Weber Human Services does not have an identified evidence based practice for every client. We will continue to work on motivational interviewing as an engagement tool for all clients in the clinical area. Once engaged in services, we hope to utilize tools such as the OQ, DLA, and the DUSI to monitor outcomes of those practices that are not yet recognized as evidence based.</p>	379	
	Identify process improvement activities - Increased service capacity	1,000	

	<p>WHS determined that our contacts were not as frequent as needed to provide sufficient dosage of treatment to benefit our clients. we moved to a Supercaseload, which consists of those individuals that need little individual therapy, but that do need intensive case management. the clinician over the Supercaseload is able to maintain a large caseload, which frees up space for other clinicians to see additional clients and increase frequency of appointments.</p>	460	
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000	
	Please see those items listed above.	36	
	Identify process improvement activities - Efforts to respond to community input/need	1,000	
	<p>WHS has continued to respond to multiple community needs--process of suicides in community businesses and organizations, representation at fairs and mental health awareness activities, and participation on several local committees. WHS is also working with the local police and fire departments, and local hospitals to address the needs of our clients.</p>	353	
	Identify process improvement activities - Coalition Development	1,000	

	<p>WHS continues to participate in several community coalitions/committees. representatives from WHS participate in the Weber Coalition for Healthy Community and several subcommittees from that coalition. We are also represented at the local homeless shelter (Lantern House) and the Weber County Behavioral Health coalition.</p>	325	
	<p>Describe how mental health needs for people in Nursing Facilities are being met in your area</p>	1,000	
	<p>WHS has assigned a clinician to each of the many nursing facilities in the Weber County area. Clinicians meet each week with clients in the nursing facilities (depending on need). they also coordinate case management services and medication management services. An APRN is provided for medication management consultations. In addition outreach and coordination with the nursing homes is provided when an inpatient psychiatric need is identified. Mental health training is also provided for nursing home staff.</p>	513	
	<p>Other Quality and Access Improvements (not included above)</p>	1,000	
		0	

4) Integrated Care	Character Limit/Count	
Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	1,500	
WHS continues to partner with Midtown Community HEalth Center with an in-house health clinic to serve the physical health needs of all WHS clients. We currently offer a full-service laboratory, pharmacy and physical/mental health treatment in our main facility at WHS.	270	
Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	1,500	
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 the behavioral health concerns, the primary service coordinator can refer to our care coordination team and/or our integrated Wellness Clinic.	411	
Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	1,500	

	<p>Weber Human Service's Early Intervention/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.</p> <p>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.</p> <p>The school-based services related to our Early Intervention Grant; MOA with Ogden City Schools, and TANF are provided directly by WHS. We contract with Allies for Families via an MOA for the FRF's and required training and monitoring.</p>	2,017	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
	With additional federal funds this fiscal year, we are expecting an increase in the number of individuals served as we have expanded the school-based program to include four (4) additional schools and three (3) additional licensed clinicians and one (1) additional FRF.	270	
	Describe any significant programmatic changes from the previous year.	1,000	

	No significant programmatic changes from the previous year.	59	
	Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO	[1]	
	5b) Children/Youth Mental Health Early Intervention	Character Limit/Count	
	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.	5,000	
	N/A	3	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	

		Character Limit/Count	
	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.	5,000	
	<p>Children/Youth Mental Health Early Intervention: 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, state and federal, and have expanded this program to more than twenty (20) schools; 4 new schools added this year with additional TANF funds and we 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.</p> <p>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.</p>	1,819	
	Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000	

	<p>With additional federal funds (TANF) this fiscal year, we are expecting an increase in the number of individuals served as we have expanded the school-based program to include four (4) additional schools and three (3) additional licensed clinicians and one (1) additional FRF.</p>	276	
	<p>Describe any significant programmatic changes from the previous year, including TANF. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)</p>	1,500	
	<p>With additional federal funds (TANF) this fiscal year, we are expecting an increase in the number of individuals served as we have expanded the school-based program to include four (4) additional schools and three (3) additional licensed clinicians and one (1) additional FRF.</p>	276	
	<p>Describe outcomes that you will gather and report on.</p>	1,500	

	<p>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 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. 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: The number of office referrals; Capturing GPA changes in Middle and High School/s; and, 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: 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, Upon completion of treatment, clients will increase their scores on the Daily Living Activities (DLA) to a 55 or higher. The percentage of students registered to receive Medicaid services will increase 40%.</p>	1,487	
		Character Limit/Count	
	6) Suicide Prevention, Intervention & Postvention		
	Describe the current services in place in suicide prevention, intervention and postvention.	3,000	
	<p>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. The PIP committee meets monthly to monitor WHS progress with implements the C-SSRS and Stanley Brown Safety Plan. 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. At the end of 2016, we noted improvement in our use of the C-SSRS and safety plan form our baseline. 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 form the electronic chart. The goal is to increase our use of the C-SSRS and Stanley Brown Safety Plan in 2017 over our implementation in 2016. 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. 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 had two employees trained in QPR in 2016. They have done QPR training to our non-clinical staff at WHS. 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.</p>	2,507	

	<p>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.</p>	364	
	<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	1,500	
	<p>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. 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.</p>	491	
	<p>Identify your proposed outcome measures.</p>	1,000	
	<p>We will continue to utilize the Outcome Questionnaire, which is the only outcome tool that is currently utilized in the mental health area. We can also measure the increase in numbers served in the Mental Health Court.</p>	220	

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Weber Human Services		Form B	
FY2018 Substance Use Disorder Treatment 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	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 FY2018 Revenue				
Drug Court	787102	40524	58497	8104	111612	104479		99817	9291	30025		\$1,249,451				
Drug Offender Reform Act	359156	14791		2958	51574			66545	2475	26289		\$523,788				
JRI	482022		77937	18467	34574							\$613,000				
Local Treatment Services	512186	189915	66909	37981	507129	706336	192927	40000	30828	90670	956599	\$3,331,480				
Total FY2018 Substance Use Disorder Treatment Revenue	\$2,140,466	\$245,230	\$203,343	\$67,510	\$704,889	\$810,815	\$192,927	\$206,362	\$42,594	\$146,984	\$956,599	\$5,717,719				
FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
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)	121488	15574	12913	4287	44765	50645	12252				431550	\$693,474	79	\$8,778		
Outpatient (Methadone: ASAM I)											132000	\$132,000	45	\$2,933		
Outpatient (Non-Methadone: ASAM I)	1302120	168627	139825	46422	484701	561702	132662		31275	107924	170599	\$3,145,857	1575	\$1,997		
Intensive Outpatient (ASAM II.5 or II.1)	277639	35590	29511	9798	102301	115740	28000		6601	22779	60912	\$688,871	245	\$2,812		
Recovery Support (includes housing, peer support, case management and other non-clinical)	276766	4614	3826	1270	13263	15005	3630	40000	856	2953	7897	\$370,080	258	\$1,434		
Other (Screening & Assessment, Drug testing, MAT)	162453	20825	17268	5733	59859	67723	16383	166362	3862	13328	153641	\$687,437	785	\$876		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$2,140,466	\$245,230	\$203,343	\$67,510	\$704,889	\$810,815	\$192,927	\$206,362	\$42,594	\$146,984	\$956,599	\$5,717,719	2987	\$1,914		
FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	1189066	91060	123321	28494	317847	387848	177661	90369	12342	60966	565170	\$3,044,144				
All Other Women (18+)	98262	11733	9815	3230	27311	33326	15266	33960	1061	5239	48563	\$287,766				
Men (18+)	657394	96945	61286	26688	225657	275355		82033	8762	43283	174566	\$1,651,969				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	195744	45492	8921	9098	134074	114286			20429	37496	168300	\$733,840				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$2,140,466	\$245,230	\$203,343	\$67,510	\$704,889	\$810,815	\$192,927	\$206,362	\$42,594	\$146,984	\$956,599	\$5,717,719				

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Weber Human Services	Form B1
FY2018 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 FY2018 Expenditures		
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)	16831	23784	65508		\$106,123		
Outpatient (Methadone: ASAM I)					\$0		
Outpatient (Non-Methadone: ASAM I)	327215	415027	94845	205582	\$1,042,669		
Intensive Outpatient (ASAM II.5 or II.1)	40573	15596	46629	53366	\$156,164		
Recovery Support (includes housing, peer support, case management and other non-clinical)		21473	13133	13299	\$47,905		
Other (Screening & Assessment, Drug testing, MAT)	72624	102768	62976	15648	\$254,016		
FY2018 DORA and Drug Court Expenditures Budget	\$457,243	\$578,648	\$283,091	\$287,895	\$1,606,877		

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Weber Human Services

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:			
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000
<p>Clients are screened and evaluated by a Weber Human Services licensed clinician. Clients needing detox services are referred to local medical units such as Mckay Dee Hospital and Ogden Regional ACT 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 crisis worker coordinates with case management services, peer support, 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 a person is a current client with Weber Human Services and needing detox services, treatment episode 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 Shelter. 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 client is residing at Lantern House. Using grant funding that is separate from state funding, WHS has some limited funds to contract for medical detox. Through the grant funding, WHS has been able to contract with Ogden Regional ACT for detox services and it is anticipated that this contract will continue for the next fiscal year.</p>					1657
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).					2000

	WHS will be seeking some funding allocated for detox services with the JRI application.				87
	Describe any significant programmatic changes from the previous year.				2000
	No programmatic changes.				24
	2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)				
	Form B - FY18 Amount Budgeted:	\$693,474	Form B - FY18 Projected Clients Served:	79	
	Form B - Amount Budgeted In FY17 Area Plan	750,009	Form B - Projected Clients Served In FY17 Area Plan	77	
	Form B - Actual FY16 Expenditures Reported by Locals	704,347	Form B - Actual FY16 Clients Served as Reported By Locals	79	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>Tranquility Home is a 13 bed facility for women and children. Clients receive treatment services directly through Weber Human Services. Structure is provided within the residential services to prevent relapse, promote monitoring of relapse prevention, and supportive services. Residential is staffed 24 hours per day. Women have the opportunity to have their children, ages 0-10 (male) or ages 0-12 (female), with them while in residential services. The clients are responsible to care for their children's needs. Case managers are available to assist clients in accessing treatment and resources for their children. Child care is provided off site while women are engaged in treatment groups and individual sessions. WHS has contracted with a private provider to provide day care off site. Day care slots are available as needed. 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 for men. 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.</p>	1548
	<p>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).</p>	2000
	<p>Weber Human Services has contracted with First Step House in Salt Lake City to provide residential services for men. It is anticipated that WHS will contract with other providers for residential services as they become available in Weber County.</p>	246
	<p>Describe any significant programmatic changes from the previous year.</p>	2000

		<p>Treatment services have been provided on the Weber Human Services main campus for residents in Tranquility Home. In April 2016, treatment services were moved to Tranquility Home. This program change separated clients in outpatient and residential treatments. Previously, clients in residential and outpatient attended the same women's day treatment groups. The intent with moving the treatment services back to the residential home is to reduce risk of residential clients being given access to items that are banned from Tranquility Home such as e-cigarettes, cigarettes, and cell phones. Treatment services will focus on areas specific to clients in a residential program. Treatment services and activities are provided on-site at Tranquility Home. Residents are transported and supervised by Tranquility Home staff for community activities. Community partners such as Utah State Food Extension, Planned Parenthood, and a private yoga instructor provide classes on nutrition, health, exercise, and stress reduction. These services are provided at no cost to WHS or the client. Children's day care remains off-site during scheduled treatment hours.</p>				1161
3) Outpatient (Methadone - ASAM I)						
		Form B - FY18 Amount Budgeted:	\$132,000	Form B - FY18 Projected Clients Served:	45	
		Form B - Amount Budgeted In FY17 Area Plan	24,839	Form B - Projected Clients Served In FY17 Area Plan	15	
		Form B - Actual FY16 Expenditures Reported by Locals	0	Form B - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count
		<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.</p>				2000
		<p>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 and accept Medicaid are also accessed for Suboxone MAT referrals. Other forms of medication assisted therapy such as Antabuse, Naltrexone, and Vivitrol are evaluated on-site with a medication evaluation or referred to private physicians based upon screening, funding, and client engagement. WHS also refers to Midtown Community Health Center who screens and provides MAT, specifically Naltrexone and Vivitrol. 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. This grant will end June 2018.</p>				834
		<p>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).</p>				2000

	<p>Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by clinical assessment, DSM, 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 Treatment, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, Nurturing Parenting, trauma groups for men and women, and Gender-Responsive Services. There is access to Peer to Peer groups and Peer Support 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 by providing evening appointments, developmental skills, and family activities. WHS provides a multi-disciplinary treatment team approach. 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 Vocational Rehabilitation, Health Department, UA monitoring, Housing, Ogden City Schools (GED), Weber State University, 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.</p>	1991
	<p>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).</p>	2000
	<p>It is expected with the Justice Reinvestment Initiative funding, there will be an increase in the number of individuals served in the high and moderate risk/need level.</p>	168
	<p>Describe any significant programmatic changes from the previous year.</p>	2000

	<p>As well as separating clients in groups based on risk/need, we have separated high risk MRT groups into men and women only groups, respectively. 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. In anticipation of the additional clients with JRI funding, we will be expanding the Matrix CBT program to include groups using the criminal justice curriculum from Matrix Institute. Clinicians are also being trained in using the SUD specific CBT model for individual counseling sessions. This model introduces a set of skills where the clinician and client have an opportunity to practice life skills and follow up on implementing the skills outside of treatment. We continue to focus on including family and other support systems in treatment as identified by the client. Family therapy including couples counseling with a licensed Marriage and Family Therapist (MFT) continues to be available. The Matrix program provides a component specific to family members and support systems that provides education about addiction and supportive services for the client and family. The Matrix Family Group is available during daytime 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.</p>	1436			
5) Intensive Outpatient (ASAM II.5 or II.1)					
	Form B - FY18 Amount Budgeted:	\$688,871	Form B - FY18 Projected Clients Served:	245	
	Form B - Amount Budgeted In FY17 Area Plan	558,399	Form B - Projected Clients Served In FY17 Area Plan	224	
	Form B - Actual FY16 Expenditures Reported by Locals	543,086	Form B - Actual FY16 Clients Served as Reported By Locals	245	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
	<p>ASAM II.1: Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by clinical assessment, DSM, 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, recovery focused, and based upon risk and needs of the client. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence-based practices include the following: Motivational Interviewing, Cognitive Behavioral Treatment, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, Nurturing Parenting, trauma groups for men and women, and Gender-Responsive Services. There is access to Peer to Peer groups and Peer Support 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. We try to accommodate our clients' needs by providing evening appointments, developmental skills, 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. Case management assists with linking clients to community resources and ancillary supports such as housing, employment, child care, medical, and education.</p> <p>ASAM II.5: Women's Day Treatment Program is available for women residing in Tranquility Home residential and is further described in Section 12, Women's Services.</p>				1985

	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).	2000
	It is expected with the Justice Reinvestment Initiative funding, there will be an increase in the number of individuals served in the high and moderate risk/need level.	168
	Describe any significant programmatic changes from the previous year.	2000
	As well as separating clients in groups based on risk/need, we have separated high risk MRT groups into men and women only groups, respectively. 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. In anticipation of the additional clients with JRI funding, we will be expanding the Matrix CBT program to include groups using the criminal justice curriculum from Matrix Institute. Clinicians are also being trained in using the SUD specific CBT model for individual counseling sessions. This model introduces a set of skills where the clinician and client have an opportunity to practice life skills and follow up on implementing the skills outside of treatment. We continue to focus on including family and other support systems in treatment as identified by the client. Family therapy including couples counseling with a licensed Marriage and Family Therapist (MFT) continues to be available. The Matrix program provides a component specific to family members and support systems that provides education about addiction and supportive services for the client and family. The Matrix Family Group is available during daytime 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.	1436
6) Recovery Support Services		
	Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.	
	Form B - FY18 Amount Budgeted: \$370,080	Form B - FY18 Projected Clients Served: 258
	Form B - Amount Budgeted In FY17 Area Plan 180,170	Form B - Projected Clients Served In FY17 Area Plan 126
	Form B - Actual FY16 Expenditures Reported by Locals 129,400	Form B - Actual FY16 Clients Served as Reported By Locals 0
		Character Limit/Count

	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	<p>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.</p>	1891
	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).	2000
	It is anticipated to have an increase in recovery support services with allocated funding from JRI application for funding.	122
	Describe any significant programmatic changes from the previous year.	2000

		<p>The Good Landlord Second Chance Program was discontinued in March 2016. The Good Landlord Second Chance Program was created in response to the Good Landlord Program that had excluded those with felonies from accessing safe and affordable housing. With continued changes to state legislation and city ordinances regarding Good Landlord statutes, we continue to work with Ogden City and local landlords regarding variances in housing.</p>				434	
		7) Peer Support Services					
		Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:			
		Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan			
		Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count	
		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.					2,000
		Peer Support Services are directly provided by two full time Peer Support Specialists. The Peer Support Specialists are part of the treatment team and work closely with clinicians and case managers to provide support and resources for clients. Peer Support Services include individual and group services. Groups include Peer to Peer Groups, Peer Lead Smoking Cessation Groups, SMART Recovery Groups, WHAM, and Alumni Groups. Peer Support Specialists also provide outreach services to individuals who may not be engaged in formal treatment services. Peer Support Specialists are involved in the Prevention & Recovery Day events held each year. They also coordinate with staff from USARA regarding statewide resources, advocacy for clients, and support.					759
		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).					1,000

	<p>It is anticipated to have an increase in peer support services with allocated funding from JRI application for funding.</p>	<p>118</p>
	<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	<p>1,000</p>
	<p>Peer Support Specialists are supervised by licensed clinicians who have LCSW licensure. Each Peer Support Specialist has an assigned supervisor. Individual supervision is held weekly. Documentation is reviewed and co-signed by the supervisor. Peer Support Specialists also attend team meetings held twice monthly and any in-house training regarding preferred practices. Supervisors have attended the Peer Support Specialist certification training provided by the DSAMH. They also attended the Supervisor's training for Peer Support Specialists that was held this past year at the DSAMH.</p>	<p>592</p>
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>400</p>
	<p>No significant programmatic changes have occurred.</p>	<p>50</p>

	8) Opioid Treatment and Recovery Support Formula Funds	
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> 1. Contract with Opioid Treatment Programs (OTP); 2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT); 3. Provision of evidence based-behavioral therapies for individuals with OUD; 4. Support innovative telehealth in rural and underserved areas; 5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD; 6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings; 7. Enhance or support the provision of peer and other recovery supports. 	Character Limit/Count
	Describe the activities you propose and identify where services will be provided.	2000
	<p>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 and accept Medicaid are also accessed for Suboxone MAT referrals. Other forms of medication assisted therapy such as Antabuse, Naltrexone, and Vivitrol are evaluated on-site with a medication evaluation or referred to private physicians based upon screening, funding, and client engagement. WHS also refers to Midtown Community Health Center who screens and provides MAT, specifically Naltrexone and Vivitrol. 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. With the Opioid Treatment and Recovery Funds, WHS will seek to contract with OTP's in the Weber County area. Solicitations for contracted services will be through an RFP process. Contracts will be awarded based on RFP submissions and ability to follow outlined, contracted services. Funds will also be used for clients who are unable to afford medication. Case managers will work closely with clients regarding Medicaid eligibility and seeking other funding sources for longer-term financial sustainability. Clients will receive outpatient or residential services based on needs alongside receiving medication assisted treatment. Peer Support Services will continue to be available to provide outreach and support. Through other grant funds available, Naloxone Rescue Kits will be made available at no cost to individuals at risk of overdose.</p>	1654
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000
	<p>Motivational Interviewing is an EBP that has been shown to improve engagement with clients who may be ambivalent about treatment or seeking treatment for OUD. Other EBP models as described in other areas of this Apea Plan, are available to address a client's individual needs. Through a coordinated care approach, clients will have a treatment team that consists of a case manager, peer support specialist, clinician, prescriber, and pharmacist. Outreach efforts will be made with clients who are struggling in the early stages of clinical and MAT services. Outreach efforts will continue throughout a treatment episode as needed to increase stability and resources for clients. Case managers are available to link clients to employment and housing resources.</p>	765
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000

		Funding has continued to be an overall issue for a client to afford MAT. By contracting with OTP's in the Weber County area, accessibility to services increases. By providing financial assistance to clients with funding for medication, it allows a client to gain some stability and engage in treatment. With a coordinated care team approach, the client is provided wrap-around services which can improve overall outcomes of decreased substance use, improved living situations, and access to employment opportunities.	518
		For each service, identify whether you will provide services directly or through a contracted provider.	2000
		Services will be provided both from WHS as well as contracted services through an RFP.	86
		9) Quality & Access Improvements	
		Identify process improvement activities including implementation and training of:	Character Limit/Count
		Describe access and quality improvements.	2000

	<p>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.</p>	477
	Identify process improvement activities - implementation.	2000
	<p>WHS uses an implementation framework developed by the National Implementation Research Network. The framework guides all aspects of effective implementation from hiring, to training, to coaching, to employee evaluation. The framework continues to improve the quality of services delivered by WHS.</p>	298
	Identify process improvement activities - Training of Evidence Based Practices.	2000
	<p>WHS has a sustainable process for ongoing training in the MATRIX model, MRT, Seeking Safety, and Skills training model. WHS has also entered into a training agreement with Brian Kiluk of Yale University for training in CBT for Substance Abusers, a manualized EBP with extensive research in effectiveness. WHS will also be able to sustain this training going forward as new clinicians are hired.</p>	396
	Identify process improvement activities - Outcome Based Practices.	2000

	<p>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.</p>	327
	Identify process improvement activities - Increased Service Capacity.	2000
	<p>WHS continues to seek improvement to increase service capacity. Clinicians keep an open schedule in order for Customer Care to schedule individual appointments. Groups are available during peek daytime and evening hours to accommodate client schedules. In the past year, WHS has increased slots for clients who receive treatment and MAT services.</p>	349
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000
	<p>WHS continues to seek improvement with increasing access to treatment. WHS completed a walk-through using the NIATX Model. Using the feedback received from the walk-through, we are exploring options for various times of intake/assessment slots for both Medicaid and Non-Medicaid funded individuals.</p>	300
	Identify process improvement activities - Efforts to respond to community input/need.	2000

		In the past year, WHS has expanded the ability to provide MAT services in-house, contracts with providers, and referrals to prescribers who provide MAT. Clients receive medication and clinical treatment services. Outreach efforts continue through peer support specialists and case managers to clients who aren't formally engaged in treatment services. With funds from a grant through the Health Department, WHS provides education of the use of Naloxone and Naloxone Rescue Kits at no cost to the person requesting the kit.	525
		Identify process improvement activities - Coalition Development	2000
		WHS is involved in coalitions for JRI, DORA, MAT, Syringe Exchange, and RENU (a local coalition of treatment providers).	122
		Other Quality and Access Improvements (not included above)	2000
		None.	5

	10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	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.	667
	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).	2000
	It is anticipated to have an increase in services in the jail with allocated funding from the JRI application for funding. We are proposing to use some JRI funding for a re-entry program with the County Jail called the Freedom Project. Treatment to clients deemed high risk would begin in jail along with case management services to assist in developing a transition plan in the community. Individuals who are sentenced to jail prior to beginning various programs such as DORA, WIN, Felony Drug Court, Felony DUI Court, as well as individuals with Adult Probation and Parole would be eligible. Providing treatment prior to release may assist in engagement and retention rates for clients who are high risk and more susceptible to dropping out of treatment prematurely. With increased retention in treatment, clients may receive an acceptable dose of treatment which can affect reduction of risk for new legal offenses.	924
	Describe any significant programmatic changes from the previous year.	2000

	<p>WHS currently partners with Midtown Community and IHC agencies. Midtown Community Health is co-located at Weber Human Services. Weber Human Services also partners with Weber County Health Department for screenings and referrals for infectious disease testing and treatment. WHS has a Wellness Clinic that provides case management services to assist clients with accessing physical health providers based on insurance and funding of client.</p>	442
	<p>Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.</p>	2000
	<p>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.</p>	770
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000

	<p>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-specific 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, Skills Group, Matrix, Seeking Safety, and Nurturing Parenting. Relapse prevention and recovery focus upon family and women's issues, housing, and employment issues.</p>	1192
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000
	<p>In Tranquility Home, supervised family activities are available for parents and children to participate in on a weekly basis. Client'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. Collaborative efforts with DCFS include clinicians attending Family Team Meetings with clients and DCFS for both outpatient and residential programs. Clinicians, case managers, and peer support specialists work closely with DCFS caseworkers to assist client in being successful in treatment and achieving goals with DCFS service plan. Weber County also has a Family Drug Court where WHS clinicians, DCFS caseworkers, community partners, judges, attorneys, and court personnel are part of a collaborative team with an overall goal of promoting stability and reunification of parents and children.</p>	1599
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000

	<p>The WHS youth substance abuse outpatient program provides individual, group, and family counseling services to adolescents self-referred, referred by the juvenile court, and referred by the local school districts. Clients are screened using the Drug Use Screening Inventory (DUSI) and then assessed via the Comprehensive Adolescent Substance-abuse Inventory (CASI). The WHS Specialized Family Services Team delivers empirically supported interventions derived from evidence-based models shown to reduce substance abuse and improve client functioning. These include: Aggression Replacement Training, Moral Reconation Therapy, Motivational Interviewing and ACRA Adolescent Community Reinforcement Approach. 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.</p>	1452
	<p>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).</p>	2000
	<p>We continue to serve the same number of youth as in the year past and funding streams with contracts have remained intact. With some of the recent changes in juvenile justice referrals for the JDC have been lower than in years pass and it is a current concern in how to effectively maintain that programming. Likewise with passage of new law related to juvenile justice the probation state supervision sentencing guideline will be removed and programming will undergo some changes..</p>	484
	<p>Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.</p>	2000

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 responsivity areas associated with mental illness among offenders, motivational levels, and any client deficits that might impede progress in the criminogenic risk reducing activities offered.

At this time there have been no significant programmatic changes but as mentioned above with changes that were recently made in juvenile justice sentencing the Juvenile Drug Court and Project Empower (Probation State Supervision programming will be made in coming year.

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14) Drug Court

Form B - FY17 Amount Budgeted: Felony	573,518	Form B - FY18 Amount Budgeted: Felony	\$578,648
Form B - FY17 Amount Budgeted: Family Dep.	265,106	Form B - FY18 Amount Budgeted: Family Dep.	283,091.00
Form B - FY17 Amount Budgeted: Juvenile	239,071	Form B - FY18 Amount Budgeted: Juvenile	\$287,895
Form B - FY17 Recovery Support Budgeted	43,993	Form B - FY18 Recovery Support Budgeted	\$47,905

Character Limit/Count

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

2000

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.

920

	Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).	2000
	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. Clients have access to case management, peer support, recovery support services, deotox, MAT, outpatient, and residential services as outlined in previous areas of this Area Plan. The juvenile delinquency drug court treatment services are described in Section 13. Contracted services include safe and sober housing when available. Based on the RANT screening and clinical assessment, adult clients involved in the various drug court programs enter treatment at WHS.	710
	Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).	2000
	MAT sevices are available to Drug Court participants. Services are provided dirrectly by WHS for clients who are prescribed Naltrexone, Vivitrol, or Antabuse and have Medicaid funding. Services for clients without Medcaid funding are contracted through providers such as Metamorphosis (through a non-state funded grant) and Midtown Community Health Center (through a federal grant). 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 and accept Medicaid are also accessed for Suboxone MAT referrals. Other forms of medication assisted therapy such as Antabuse, Naltrexone, and Vivitrol are evaluated on-site with a medication evaluation or referred to private physicians based upon screening, funding, and client engagement. WHS also refers to Midtown Community Health Center who screens and provides MAT, specifically Naltrexone and Vivitrol. 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. This grant will end June 2018.	1218
	Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)	2000

	<p>Drug Testing Services are provided directly with Weber Human Services for Adult, Family, and Juvenile Drug Courts. 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. 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 and LC/MS technology. ETG testing is available if deemed necessary for additional testing. The twelve 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.</p>	1980
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>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. 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.</p>	1536
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	2000

	No significant programmatic changes have occurred in Adult or Family Drug Courts. Referrals for both of these courts have increased this past year. Referrals for Juvenile Drug Court have decreased.				200
	Describe the Recovery Support Services you will provide with Drug Court RSS funding.				2000
	RSS are available for Felony and Family Drug Court programs. Services include limited assistance with housing, medication, employment needs, bus tokens/passes, gas cards, child care, and extended care support services.				219
	15) Justice Reinvestment Initiative				
	Form B - FY17 Amount Budgeted:	596,063	Form B - FY18 Amount Budgeted:	\$613,000	Character Limit/Count
	Identify the members of your local JRI Implementation Team.				2000

	<p>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.</p>	356
	<p>Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	2000
	<p>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 responsivity 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.</p>	1521
	<p>Identify training and/or technical assistance needs.</p>	2000

	<p>The local DORA Planning and Implementation Team is as follows: Presiding Judge Brent West, AP&P Designee Brock Treseder, County Attorney Teral Tree, LSAA Program Director Wendi Davis-Cox, WHS Supervisor Craig Anderson.</p>	<p>243</p>
	<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?</p>	<p>2000</p>

	<p>The DORA program has approximately 90 treatment slots at any given time. We continue to be low in referrals this past year. We expect to carry 60 current clients into this next fiscal year. We would like to serve and retain at least 75 new clients in the next fiscal year. We will continue to work with Adult Probation & Parole along with District Court regarding increasing referrals and retaining referrals for this next fiscal year.</p>	441
	<p>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 2018, 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.</p>	2000
	<p>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, ASAM Criteria, and DLA. The case plan including the LSI 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 monthly throughout treatment. Individual and group sessions are based upon individual treatment plans supported by DSM, DUSI, ASAM criteria, DLA scale, LSI, and AP&P case plan. Treatment is individualized, recovery focused, and based upon risk and needs of the client. 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. 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.</p>	1994
	<p>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.</p>	2000

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), Life Skills, 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.

FY18 Substance Abuse Prevention Area Plan & Budget													Local Authority: Weber Human Services		Form C	
		State Funds		County Funds												
FY2018 Substance Abuse Prevention 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	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 FY2018 Revenue				
FY2018 Substance Abuse Prevention Revenue	\$46,372		\$9,274			\$385,398	57019					\$498,063				
		State Funds		County Funds												
FY2018 Substance Abuse Prevention Expenditures Budget	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 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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures		
Universal Direct	\$31,989		\$5,984			\$270,908	36000						\$344,881	\$367,920		
Universal Indirect	\$10,054		\$2,335			\$80,028	21019						\$113,436	\$4,329		
Selective Services	\$962		\$212			\$7,658							\$8,832	\$9,621		
Indicated Services	\$3,367		\$743			\$26,804							\$30,914	\$33,673		
FY2018 Substance Abuse Prevention Expenditures Budget	\$46,372	\$0	\$9,274	\$0	\$0	\$385,398	\$57,019	\$0	\$0	\$0	\$0	\$0	\$498,063	\$415,543		
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total									
Primary Prevention Expenditures	\$19,146	\$91,899			\$255,590	\$18,763	\$385,398									

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

Local Authority: Weber Human Services

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

**Character
Limit/Count**

In this section, **please write an overview or executive summary of the entire plan**. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

3,500

Executive Summary: This plan outlines the comprehensive strategic plan for Weber Human Services (WHS). The Prevention Advisory Council (PAC) assisted in the development of this plan over the past 6 months. WHS and PAC utilized the Strategic Prevention Framework to identify key issues for Weber/Morgan County. The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of PAC, the following risk and protective factors were prioritized: Laws & Norms Favorable to Drug Use (Community Domain), Family Conflict (Family Domain), Family Management (Family Domain), Depressive Symptoms (Peer and Individual Domain), Early Initiation of Drug Use (Peer and Individual Domain). The problem behaviors prioritized are Underage Drinking, Marijuana and E-Cigs In order to address the risk and protective factors and the overall problem behaviors, PAC highlighted some training needs and program gaps. The plan will detail how WHS will support the capacity building during FY2018-2020. The plan was written by Jennifer Hogge, chair of the PAC. The contributors included School District, Weber Morgan Health Dept., Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed. Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Big Brother's Big Sisters, Learning 2 Breathe, Prevention Dimensions, Love & Logic, Guiding Good Choices, Emotion Coaching, Communities That Care, Parent Teen Alternative, Parents Empowered, Growing Up Strong, Project Northland and Second Step. WHS will provide direct service for all services except for Growing Up Strong, Second Step and Big Brother's Big Sisters which will be contracted with other providers. Although we will be addressing e-cigarettes by addressing the prioritized risk and protective factors, we will also collaborate with the Weber Morgan Health Department as they have programs specific to e-cigarettes. Evaluation is key to knowing if programs and strategies are successful. The WHS and PAC will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier. WHS is assisting the Bonneville CTC Coalition in conducting their needs assessment currently. They are using the CTC process to conduct their assessment. They have prioritized the following risk and protective factors: Academic failure (School Domain), Laws and Norms Favorable to Drug Use (Community Domain), Depressive Symptoms (Peer/Individual Domain), Opportunities for pro-social involvement (School and Peer/Individual Domain) and Rewards for pro-social involvement (School, Community and Peer/Individual Domain).

2907

1) Assessment

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character
Limit/Count**

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?
 Who was involved in looking at data?
 How did you come up with the prioritization?
 Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAA's did for this fiscal year.

1,000,000

	<p>ASSESSMENT: Dr. Hawkins and Dr. Catalano have identified risk factors that predict problem behaviors in youth, and protective factors that help protect young people from those risks. By addressing risk and protective factors, communities can help prevent adolescent problem behaviors and promote positive youth development. A key goal of WHS is to develop a profile of the risk factors, protective factors and problem behaviors in their community, and to develop a plan for addressing the risk factors that are most elevated while enhancing protective factors. This report represents the first step in that process. PAC has collected data on risk factors, protective factors and problem behaviors in Weber/Morgan. With input from the community, the work group has identified our community's strengths and the priority risk factors to address in the prevention plan. Data collection methods: PAC reviewed the SHARP survey as well as other archival data available, such as hospital records, school violations, DCFS reports, IBIS, highway safety, health department's assessment, treatment admissions, McKay Dee's assessment, etc. All members of the PAC data subcommittee were involved in gathering and analyzing the data. WHS Prevention also evaluated SHARP data by high school cones (that is all the schools that feed into a high school). WHS looked at Bonneville Cone, Weber Cone, Fremont Cone, Roy Cone, Ben Lomond Cone, and Ogden Cone. We identified the risk and protective factors that are elevated for each area in order to determine if there are specific areas within the county we should focus our services. This was not evaluated by the PAC committee as we have been asked by the school districts not to share the cone SHARP data. How the priorities were identified: The PAC analyzed the data to identify which risk factors are most elevated in Weber/Morgan. This initial short list of priorities was discussed as well as other considerations, such as the community's ability to have an impact on certain risk factors at this time. By consensus, the PAC then selected the final priorities for prevention action in Weber/Morgan. WHS identified specific schools within each cone that we will be targeting those neighborhoods with programs depending on their specific risk and protective factors. Resource Assessment: The PAC then focused their attention on identifying resources in the community. Members of the committee contacted other agencies providing services to assess what was still being offered and how we can collaborate. The following gaps were identified: lack of services for mental health prevention, few agencies providing parenting programs with low numbers but they are focusing on treatment population not prevention population, lack of social norming or environmental strategies in the area. It was identified that in our community there are a lot of after school programs for at risk youth however, very few programs for youth in general. Also, the health department, NUHOPE, and other community members are providing suicide prevention programming already. However, there were not programs to teach children how to cope with their emotions, self soothe, and problem solve. Last summer WHS conducted community readiness surveys regarding depressive symptoms and suicide. The results showed that the community is very unaware of the symptoms of depression, the risks of suicide, and services available. It also showed that the community is not ready to address suicide or depression head on. Therefore, it confirmed that there is a need for mental health awareness and prevention, in addition to the suicide programs already in the community. Bonneville CTC: The assessment was completed using the Student Health and Risk Prevention (SHARP) survey and publically available data. SHARP is administered to 6th, 8th, 10th, and 12th grades, every two years. The SHARP survey is a valid and reliable tool to identify youth behaviors, contributing factors to youth behaviors and measures twenty three risk factors and eleven protective factors related to youth development (as identified through Dr. Catalano and Dr. Hawkins research). To get the most complete picture of our community, the Risk and Protective Factor Assessment workgroup also collected data from public records to measure risk factors and problem behaviors not covered by the survey. BCTC reviewed court records, school records, economic reports, local and state health department reports and local hospital records. Based on the analysis of the data and input from the community, the following risk and protective factors were identified as priorities for community attention: Academic Failure, Laws and Norms Favorable to Drug Use, Depressive Symptoms, Opportunities for Pro-Social Involvement, Rewards for Pro-Social Involvement. These risk factors were selected as priorities for prevention action primarily because data indicated that they are significantly elevated throughout the Bonneville Cone. The data also revealed Bonneville Cone's strengths. For example, the CTC Youth Survey revealed that families are doing a better job of providing pro-social opportunities for their children and rewarding them when they engage in the pro-social behaviors. In addition, families are showing an increase in family bonding. This is an important area of strength on which to build to help promote well-being and protect our youth from the risk of health and behavior problems. This report recommends that the community give particular attention to the risk and protective factors noted above when developing the community's action plan to prevent youth health & behavior problems and promote child and youth well-being.</p>	5704				
2)	Capacity Building					
	Example:					
	<p>In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.</p> <p>Things to Consider/Include: Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)</p>	<p>Character Limit/Count</p> <p>1,000,000</p>				

	<p>CAPACITY BUILDING:WHS provided the necessary CTC workshops to assist the BCTC in their assessment. Once their assessment is complete we will assess if further training or awareness is necessary. The PAC did not require additional training to conduct the assessment. However, we have determined that more awareness is necessary regarding the importance of programming in the schools to address the prioritized risk and protective factors. In addition awareness of the risks of marijuana is needed in our area. Lastly, normalizing parenting workshops is necessary to increase saturation levels. WHS capacity plan is to: 1. Increase prevention knowledge of Prevention Class Facilitators and coalition members. a. Attend SAPST b. Attend Fall Conference or Bryce Coalition Summit 2. Normalize parenting workshops: a. Develop and implement social norming campaign through social media 3. Increase awareness of harms of marijuana a. Develop and implement awareness campaign b. Deliver through social media c. Deliver through traditional print media to distribute 4. Increase schools awareness of programs we offer and the importance of partnering to reach the students. a. Prevention staff will be assigned to specific cones within the district b. Network with the personnel at those schools (specifically teachers and counselors) c. Find champions at each school 5. Increase EASY compliance checks and liquor license citations a. Educate police departments about the science behind EASY b. Educate city business licenses about the science behind EASY c. Encourage both to conduct EASY Compliance Checks 3 times a year. 6. Assist Big Brother Big Sisters find another funder</p>	1666				
	3) Planning					
	Example:					
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.					
	<p>Things to Consider/Include: Write in a logical format or In a narrative. Logical Format is: Goal: 1 Objective: 1.1 Measures/outcomes Strategies: Timeline: Responsible/Collaboration:</p>	Character Limit/Count				
		1,000,000				
	https://drive.google.com/file/d/0By3Jrnn3EYFGVUhyRUV0T0x4U0k/view?usp=sharing	77				

	<p>Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.</p>	<p>Character Limit/Count</p>				
	<p>Things to Consider/Include: What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes</p>	<p>1,000,000</p>				
	<p>https://drive.google.com/file/d/0By3Jrnn3EYFGb1oyZWdRZEs5UEU/view?usp=sharing</p>	<p>77</p>				
	<p>6) Attach Logic Models for each program or strategy.</p>					
	<p>https://drive.google.com/file/d/0By3Jrnn3EYFGdUx1YS1MbFgzWms/view?usp=sharing</p>					

FY18 Substance Use Disorder Treatment Federal Opioid Grant			Local Authority: Weber Human Services	Form B-OG
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FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court	99817	\$99,817
Drug Offender Reform Act	66545	\$66,545
JRI		
Local Treatment Services		
Total FY2018 Substance Use Disorder Treatment Revenue	\$166,362	\$166,362

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)				#DIV/0!
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)				#DIV/0!
Intensive Outpatient (ASAM II.5 or II.1)				#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical)				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)	166362	\$166,362	25	\$6,654
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$166,362	\$166,362	25	\$6,654

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	68096	\$68,096
All Other Women (18+)	32046	\$32,046
Men (18+)	66220	\$66,220
Youth (12- 17) (Not Including pregnant women or women with dependent children)		

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

\$7301 - \$7400	FULL	\$118	\$109						
\$7401 - \$7500	FULL	\$121	\$112						
\$7501 - \$7600	FULL	\$124	\$115						
\$7601 - \$7700	FULL	\$118							
\$7701 - \$7800	FULL	\$121							
\$7801 - \$7900	FULL	\$124							
\$7901 - \$8000	FULL	FULL							
Shaded area indicates poverty levels									
(Income verification required for all fees < \$5)									
(Fee reductions available for hardship)									

2015 HHS Poverty Guidelines

Size of Family Unit	Poverty Level	Adjusted Poverty Level	
1	\$11,770	\$11,770	\$981
2	\$15,930	\$15,575	\$1,328
3	\$20,090	\$18,112	\$1,674
4	\$24,250	\$20,015	\$2,021
5	\$28,410	\$21,537	\$2,368
6	\$32,570	\$22,805	\$2,714
7	\$36,730	\$23,892	\$3,061
8	\$40,890	\$24,843	\$3,408
Minimum Per Session Fee:			
	\$15	(Fee @ 100% of Poverty)	
	0		
Additional Family Member:			
	\$4,160		

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 160383 160384, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Weber Human Services
By: Robert A. Hunter
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: Robert A Hunter

Title: Chair

Date: 4/21/17