

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!**

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

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

The Weber Human Services (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.

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

All Weber and Morgan County residents are eligible to receive substance use services based on diagnosis. Individuals are screened and evaluated for ASAM levels of care. We do not currently have a cap or wait list for outpatient substance use services. In the event that capacity is limited, individuals seeking services who are low risk may be referred to outside community agencies. Current discussions are exploring the use of interim groups or a 30 day waiting list for individuals who may be low risk and chooses to remain with services at Weber Human Services rather than a referral to another agency in the event that a waiting list becomes necessary. In order to engage the client into services rapidly, WHS offers same day access appointments for clients to complete the assessment and to begin the treatment process at one time. Clients are typically able to have a follow up appointment with their provider within 8 days of their initial session. WHS also provides medication assisted treatment (MAT) to approximately 120 individuals. These services are provided at WHS and other community MAT providers (see below). In the event that there is need for detox services, clients are screened are referred for treatment on a single case agreement with another community provider. Residential services are also available to those qualifying for our Women's and Children's treatment program. Residential can also be accessed through single case agreements with private providers for others needing this level of care. Recovery support services are also available to clients who participate in a drug court program. ASAM levels 1.0, 2.1, and 3.1 are available on site. In the case of deterioration or the need for higher levels of care, WHS utilizes single case agreements through other providers. These other providers include Clinical Consultants, Aloha Behavioral, Discovery House, and Metamorphosis. Residential and detox services may be provided through Ogden Regional ACT, First Step House, or Odyssey House.

What are the criteria used to determine who is eligible for a public subsidy?

A potential client must first meet eligibility criteria for admission (see above). Then the sliding fee schedule is

applied.

How is this amount of public subsidy determined?

Sliding fee schedule.

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

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

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

No

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.

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, including Medication Assisted Treatment. 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 any new subcontractor 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 on-going subcontractors, a random sample of at least 10% of all claims submitted each year are audited for compliance with Medicaid and DSAMH standards.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes

FY19 Mental Health Area Plan & Budget

Local Authority: Weber Human Services

Form A

| FY2019 Mental Health Revenue | State General Fund | | | County Funds | | | Mental Health Block Grant (Formula) | 10% Set Aside Federal - Early Intervention | Other State/Federal | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Revenue | TOTAL FY2019 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 | | | | | | | |
| JRI | \$247,508 | | | | | | | | | | | | \$247,508 |
| Local Treatment Services | \$355,714 | \$3,041,278 | \$130,641 | \$90,480 | \$640,636 | \$9,559,905 | \$351,361 | | \$595,019 | \$379,513 | \$23,543 | \$1,094,472 | \$16,262,562 |
| FY2019 Mental Health Revenue by Source | \$603,222 | \$3,041,278 | \$130,641 | \$90,480 | \$640,636 | \$9,559,905 | \$351,361 | \$0 | \$595,019 | \$379,513 | \$23,543 | \$1,094,472 | \$16,510,070 |

| FY2019 Mental Health Expenditures Budget | State General Fund | | | County Funds | | | Mental Health Block Grant (Formula) | 10% Set Aside Federal - Early Intervention | Other State/Federal | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Expenditures | TOTAL FY2019 Expenditures Budget | Total Clients Served | TOTAL FY2019 Cost/Client Served |
|---|--------------------|--|------------------------|----------------------------|-------------------------|--------------------|-------------------------------------|--|---------------------|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
| | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | | | | | | | | | |
| Inpatient Care (170) | | \$664,719 | | | \$132,944 | \$2,164,322 | | | | | | | \$2,961,985 | 337 | \$8,789.27 |
| Residential Care (171 & 173) | \$21,419 | \$227,227 | | | \$45,445 | \$739,848 | | | | | | \$31,203 | \$1,065,142 | 157 | \$6,784.34 |
| Outpatient Care (22-24 and 30-50) | \$376,538 | \$918,291 | \$122,991 | \$60,685 | \$239,931 | \$3,043,651 | \$237,301 | \$348,170 | \$314,799 | \$12,319 | \$115,289 | \$5,789,965 | \$5,861 | \$987.88 | |
| (outpatient based service with emergency_ind = | \$80,935 | \$23,956 | | | \$4,791 | \$77,999 | \$15,000 | \$143,000 | | | | | \$345,681 | 1,941 | \$178.09 |
| Psychotropic Medication Management (61 & 62) | \$15,033 | \$404,732 | \$7,650 | \$21,256 | \$80,946 | \$1,317,805 | \$36,000 | | | \$57,677 | \$748 | | \$1,941,847 | 1,615 | \$1,202.38 |
| Psychosocial Rehabilitation (Skills Dev. 100) | | \$230,108 | | | \$46,022 | \$749,233 | | | | \$7,037 | \$476 | \$763,269 | \$1,796,145 | 546 | \$3,289.64 |
| Case Management (120 & 130) | \$50,600 | \$374,916 | | | \$74,983 | \$1,220,725 | | \$43,152 | | | \$184,711 | | \$1,949,087 | 1,182 | \$1,648.97 |
| - Housing (174) (Adult) | \$16,000 | \$21,241 | | | \$4,248 | \$69,160 | \$25,578 | \$18,000 | | | \$10,000 | | \$164,227 | 131 | \$1,253.64 |
| - Adult Peer Specialist | \$42,697 | \$48,613 | | \$8,539 | \$9,722 | \$151,057 | \$10,917 | \$42,697 | | | | | \$314,242 | 279 | \$1,126.32 |
| consultation, collaboration with other county service | | \$8,017 | | | \$1,604 | \$26,105 | \$26,565 | | | | | | \$62,291 | | |
| other county correctional facility | | | | | | | | | | | | | \$0 | | #DIV/0! |
| Adult Outplacement (USH Liaison) | | \$119,458 | | | | | | | | | | | \$119,458 | 21 | \$5,688.48 |
| Other Non-mandated MH Services | | | | | | | | | | | | | \$0 | | #DIV/0! |
| FY2019 Mental Health Expenditures Budget | \$603,222 | \$3,041,278 | \$130,641 | \$90,480 | \$640,636 | \$9,559,905 | \$351,361 | \$0 | \$595,019 | \$379,513 | \$23,543 | \$1,094,472 | \$16,510,070 | | |

| FY2019 Mental Health Expenditures Budget | State General Fund | | | County Funds | | | Mental Health Block Grant (Formula) | 10% Set Aside Federal - Early Intervention | Other State/Federal | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Expenditures | TOTAL FY2019 Expenditures Budget | Total FY2019 Clients Served | TOTAL FY2019 Cost/Client Served |
|--|--------------------|--|------------------------|----------------------------|-------------------------|--------------------|-------------------------------------|--|---------------------|-------------------------|---|--------------------|----------------------------------|-----------------------------|---------------------------------|
| | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | | | | | | | | | |
| ADULT | \$337,782 | \$2,588,143 | \$108,361 | \$34,003 | \$550,009 | \$6,349,336 | \$151,092 | \$172,019 | \$325,636 | \$21,188 | \$620,000 | | \$11,257,569 | 4,342 | \$2,592.72 |
| YOUTH/CHILDREN | \$265,440 | \$453,135 | \$22,280 | \$56,477 | \$90,627 | \$3,210,569 | \$200,269 | \$423,000 | \$53,877 | \$2,355 | \$474,472 | | \$5,252,501 | 1,826 | \$2,876.51 |
| Total FY2019 Mental Health Expenditures | \$603,222 | \$3,041,278 | \$130,641 | \$90,480 | \$640,636 | \$9,559,905 | \$351,361 | \$0 | \$595,019 | \$379,513 | \$23,543 | \$1,094,472 | \$16,510,070 | 6,168 | \$2,676.73 |

| Allocations | Required Match | |
|-------------|----------------|---|
| IGP | \$280,000 | Intergenerational Poverty |
| MHC | \$458,472 | \$91,694 State Children |
| EIM | \$260,103 | \$52,021 Early Intervention |
| MHX | \$39,352 | Federal Children |
| MHS | \$2,458,017 | \$491,603 State General |
| MHN | \$130,641 | \$26,128 Unfunded |
| MHF | \$151,092 | Federal General |
| UZS | \$0 | Utah Zero Suicide |
| FRF | \$10,917 | Family Resource Facilitator - Federal |
| FRF | | Family Resource Facilitator - State General Funds |
| OPT | | Peer Support Training |
| JRI | \$0 | \$0 Justice Reinvestment |
| JRC | \$247,508 | Justice Reinvestment - Committee |
| CMT | \$50,000 | Community Mental Health Training - 1x General Funds |

Amounts subtracted from budgeted numbers _____

220,400 Medicaid Match Health Connections Contract (not included on allocation letter)

150,000 First Episode Psychosis Contract (not included on allocation letter)

FY19 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 | Expected |
|---|----------------|----------|
| Inpatient Care Budget | | |
| \$2,171,938 ADULT | 234 | \$9,282 |
| \$790,047 CHILD/YOUTH | 103 | \$7,670 |
| Residential Care Budget | | |
| \$1,033,939 ADULT | 155 | \$6,671 |
| \$31,203 CHILD/YOUTH | 2 | \$15,602 |
| Outpatient Care Budget | | |
| \$3,380,381 ADULT | 4,156 | \$813 |
| \$2,409,584 CHILD/YOUTH | 1,705 | \$1,413 |
| 24-Hour Crisis Care Budget | | |
| \$193,421 ADULT | 1,746 | \$111 |
| \$152,260 CHILD/YOUTH | 195 | \$781 |
| Psychotropic Medication Management Budget | | |
| \$1,368,372 ADULT | 1,245 | \$1,099 |
| \$573,475 CHILD/YOUTH | 370 | \$1,550 |
| Psychoeducation and Psychosocial Rehabilitation Budget | | |
| \$983,211 ADULT | 425 | \$2,313 |
| \$812,934 CHILD/YOUTH | 121 | \$6,718 |
| Case Management Budget | | |
| \$1,709,974 ADULT | 947 | \$1,806 |
| \$239,113 CHILD/YOUTH | 235 | \$1,018 |
| Community Supports Budget (including Respite) | | |
| \$98,033 ADULT (Housing) | 52 | \$1,885 |
| \$66,194 CHILD/YOUTH (Respite) | 79 | \$838 |
| Peer Support Services Budget | | |
| \$174,207 ADULT | 156 | \$1,117 |
| \$140,035 CHILD/YOUTH (includes FRF) | 123 | \$1,138 |
| Consultation & Education Services Budget | | |
| \$24,635 ADULT | | |
| \$37,656 CHILD/YOUTH | | |
| Services to Incarcerated Persons Budget | | |
| \$0 ADULT Jail Services | | #DIV/0! |
| Outplacement Budget | | |
| \$119,458 ADULT | 21 | \$5,688 |
| Other Non-mandated Services Budget | | |
| \$0 ADULT | | #DIV/0! |
| \$0 CHILD/YOUTH | | #DIV/0! |

Summary

| | | |
|---------------|----------------------|--|
| Totals | | |
| \$11,257,569 | Total Adult | |
| \$5,252,501 | Total Children/Youth | |

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

| | | |
|---------------------------------|-----|-------|
| Unfunded (\$2.7 million) | | |
| \$108,361 ADULT | 215 | \$504 |
| \$22,280 CHILD/YOUTH | 40 | \$557 |
| Unfunded (all other) | | |
| \$391,746 ADULT | 493 | \$795 |
| \$58,911 CHILD/YOUTH | 121 | \$487 |

FY19 Mental Health Early Intervention Plan & Budget

Local Authority: Weber Human Services

Form A2

| | State General Fund | | County Funds | | | | | | | | | |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|--|
| FY2019 Mental Health Revenue | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match | Net Medicaid | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Revenue | TOTAL FY2019 Revenue | | | |
| FY2019 Mental Health Revenue by Source | \$260,103 | \$202,821 | \$52,021 | \$40,564 | \$537,941 | \$3,727 | | \$280,000 | \$1,377,177 | | | |
| | | | | | | | | | | | | |
| | State General Fund | | County Funds | | | | | | | | | |
| FY2019 Mental Health Expenditures Budget | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match | Net Medicaid | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Expenditures | TOTAL FY2019 Expenditures Budget | Total Clients Served | TOTAL FY2019 Cost/Client Served | |
| MCOT 24-Hour Crisis Care-CLINICAL | | | | | | | | | \$0 | | #DIV/0! | |
| MCOT 24-Hour Crisis Care-ADMIN | | | | | | | | | \$0 | | | |
| FRF-CLINICAL | \$40,562 | \$11,370 | \$8,112 | \$2,273 | \$30,154 | | | \$40,562 | \$133,033 | 106 | \$1,255.03 | |
| FRF-ADMIN | \$2,135 | \$598 | \$427 | \$120 | \$1,587 | | | \$2,135 | \$7,002 | | | |
| School Based Behavioral Health-CLINICAL | \$206,516 | \$171,768 | \$41,304 | \$34,354 | \$455,580 | \$3,541 | | \$213,573 | \$1,126,636 | 732 | \$1,539.12 | |
| School Based Behavioral Health-ADMIN | \$10,890 | \$19,085 | \$2,178 | \$3,817 | \$50,620 | \$186 | | \$23,730 | \$110,506 | | | |
| FY2019 Mental Health Expenditures Budget | \$260,103 | \$202,821 | \$52,021 | \$40,564 | \$537,941 | \$3,727 | \$0 | \$280,000 | \$1,377,177 | 838 | #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!**

1) Adult Inpatient

| | | | |
|--|--------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$2,171,938 | Form A1 - FY19 Projected clients Served: | 234 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$2,217,737 | Form A1 - Projected Clients Served in FY18 Area Plan | 234 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$2,273,398 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 234 |

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

WHS provides 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 Targeted Case Manager (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.

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).

None expected

Describe any significant programmatic changes from the previous year.

WHS continues to focus on prevention to minimize inpatient treatment and provide efficient, coordinated, client-centered care. An enhanced co-ed residential unit can now take higher acuity clients due to increased clinical support. The Crisis Transition Unit includes two clinicians, two case managers, a part-time nurse, in the mornings, seven days a week, and a prescriber that completes rounds Monday-Friday and aides trained in behavioral interventions. Aides have been trained in de-escalation training offered by McKay-Dee Hospital and Lead Aides have been trained in Mental Health First Aid. therapeutic coverage is available at the CTU until 10 pm nightly. This coverages helps in managing client needs at the CTU and providing crisis functions at local hospital ERs to divert

consumers to least restrictive options. WHS utilizes McKay-Dee's Access 23 hour Access Center and WHS twenty-three hour beds as short-term hospital diversion options. The Critical Time Intervention TCM program has continued following high utilizers of the hospital by providing intensive case management. After hours workers respond to area hospitals to help with possible diversions and reductions of inpatient stays. The LOCUS level of care instrument has been introduced to assist with placement in higher levels and step downs to lower level of cares.

2) Children/Youth Inpatient

| | | | |
|--|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$790,047 | Form A1 - FY19 Projected clients Served: | 103 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$770,269 | Form A1 - Projected Clients Served in FY18 Area Plan | 81 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$690,558 | Form A1 - Actual FY17 Clients Serviced as Reported by Locals | 103 |

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

Weber Human Services (WHS) contracts with Intermountain Healthcare (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 ongoing 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).

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

WHS youth inpatient numbers continue to increase in number and cost. IHC has most recently expanded their beds by nine (9) in an effort to meet the demand. We hope this will reduce the number of patient/s diverted to community inpatient providers outside of our catchment.

Describe any significant programmatic changes from the previous year.

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.

3) Adult Residential Care

| | | | |
|--|--------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$1,033,939 | Form A1 - FY19 Projected clients Served: | 155 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$868,831 | Form A1 - Projected Clients Served in FY18 Area Plan | 134 |

| | | | |
|---|------------------|---|------------|
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$982,114 | Form A1 - Actual FY17 Clients Serviced as Reported by Locals | 155 |
| 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. | | | |
| <p>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. The CTU offers a comprehensive range of clinical services seven days/week including a psychiatrist, nursing support, individual and family therapists, aides, and case management. CTU has initiated an aftercare program for clients at high risk. WHS has initiated a 23 hour bed program for clients in crisis who need short-term support to refocus and stabilize. CTU staffing has increased to maintain clinical coverage seven days per week.</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). | | | |
| 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. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| A licensed therapist is now present at the CTU until 7 pm, seven days/week to provide support, stability and progression. | | | |

4) Children/Youth Residential Care

| | | | |
|---|-----------------|---|----------|
| Form A1 - FY19 Amount Budgeted: | \$31,203 | Form A1 - FY19 Projected clients Served: | 2 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$31,203 | Form A1 - Projected Clients Served in FY18 Area Plan | 4 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$49,289 | Form A1 - Actual FY17 Clients Serviced as Reported by Locals | 1 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| <p>Weber Human Services (WHS) 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-</p> | | | |

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. WHS also partners with Archway Youth Receiving Center. Archway is a 24 bed program that serves as a Respite and/or inpatient diversion opportunity for youth needing a safe, supportive environment for a brief time.

WHS accesses such placements via [single case agreements](#).

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

WHS anticipates 2 placements in residential facilities on FY 2019. The costs for the client that was placed in 2017 was significantly more than the anticipated cost. We do not anticipate spending that amount for the two placements in 2019.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

5) Adult Outpatient Care

| | | | |
|--|--------------------|---|--------------|
| Form A1 - FY19 Amount Budgeted: | \$3,346,427 | Form A1 - FY19 Projected clients Served: | 4156 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$3,559,192 | Form A1 - Projected Clients Served in FY18 Area Plan | 4,248 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$3,964,699 | Form A1 - Actual FY17 Clients Serviced as Reported by Locals | 3,052 |

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

Weber Human Services provides mental health services to Medicaid, Medicare, civilly committed clients and a limited number of unfunded residents of Weber and Morgan Counties. Weber Human Services offers a full continuum of adult mental health outpatient services. These include, but are not limited to: Mental health evaluation; Individual mental health therapy; Group mental health therapy; Substance abuse services for the dually diagnosed; and Targeted Case Management. The above services are designed and integrated to ameliorate the effects of mental illness and improve the quality of life for mental health consumers of Weber and Morgan Counties. The Adult Outpatient Team currently provides six evidence based practices—Motivational Interviewing, Psychoeducational Multifamily Group Therapy, Critical Time Interventions, Illness Management and Recovery, [Therapist Assisted Treatment](#), 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.

AOT : WHS provides 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

Homeless Population:

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 currently consists of a part-time nurse and two part-time case managers. CABHI funds officially ended March 31st. The current staff are funded through the Pamela Atkinson Homeless Trust Fund to provide ethical coordination of care and termination of services as CABHI funds have expired. WHS currently serves with various community coordination efforts including the local LHCC (Local Homeless Coordinating Committee) and the Coordinated Entry Committee.

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

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

The CABHI program will terminate at the end of June.

Describe any significant programmatic changes from the previous year.

There is also a projected loss of CABHI funding which will decrease services to the non-funded homeless population. Weber Housing Authority employs a case manager as an outreach worker who will provide assistance with TAM applications, SPDAT assessments (a housing prioritization assessment), and coordinating services with the homeless population and appropriate agencies. Weber Human Services will have a clinician administer the PATH grant and assist with minimal down payment and rental payments to help avoid homelessness or resolve homelessness. A clinician has been assigned to conduct daily crisis evaluations at the Lantern House and make appropriate referrals. The Lantern House will continue with nightly shelter, case management, and assess clients for various rental assistance programs. They will also continue holding monthly meetings to discuss the most at risk clients in the community and prioritize them for housing. Department of Workforce Services has homeless specific workers who will help our homeless population with Medicaid applications, general assistance, and even SSI/SSDI applications. The rest of the homeless service providers will continue to link clients to appropriate service providers to help meet their needs.

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

The LOCUS level of care program is being utilized to determine appropriate level and least restrictive environment for our civilly committed consumers. The AOT program is often utilized to transition consumers from an inpatient level of care to outpatient services and to help civilly committed consumers who are at high risk for hospitalization maintain in the community.

6) Children/Youth Outpatient Care

| | | | |
|---|--------------------|---|--------------|
| Form A1 - FY19 Amount Budgeted: | \$2,409,584 | Form A1 - FY19 Projected clients Served: | 1705 |
| Form A1 - Amount budgeted in FY18 Area | \$2,494,362 | Form A1 - Projected Clients Served in FY18 Area Plan | 1,646 |

| | | | |
|---|--------------------|---|--------------|
| Plan | | | |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$2,426,939 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 1,705 |
| 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. | | | |
| <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 evidence-based practices such as Motivational Interviewing (MI), Aggression Replacement Therapy (ART), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and most recently 1,2,3 Magic (a parenting approach).</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(Aggression Replacement Therapy) and TF-CBT (Trauma Focused Cognitive Behavioral Therapy) models. Audio recordings and "direct line of sight" supervision is used to insure adherence to the model/s.</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). | | | |
| 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). | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Addition of a parenting evidence-based practice, 1,2,3 Magic. | | | |

7) Adult 24-Hour Crisis Care

| | | | |
|--|------------------|---|--------------|
| Form A1 - FY19 Amount Budgeted: | \$193,421 | Form A1 - FY19 Projected clients Served: | 1746 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$145,643 | Form A1 - Projected Clients Served in FY18 Area Plan | 1,713 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$143,563 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 1,746 |

Describe access to crisis services during daytime work hours, after-hours, 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.

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. After hours workers have begun responding to local hospitals to help determine appropriate level of care.

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

WHS has formed a cooperative venture with a crisis response team. This pilot program was started with Ogden police and fire and has expanded to access for Weber and Morgan Counties including Weber County Sheriff, Roy, Morgan, Riverdale, South Ogden and North Ogden. With the opening of Safe Haven, crisis services are better coordinated between all clinical staff.

Describe any significant programmatic changes from the previous year.

The opening of Safe Haven has provided a coordinated response to clients with varying needs. It includes the residential unit, 23 hour beds, Mobile Crisis, After Hours crisis programs.

8) Children/Youth 24-Hour Crisis Care

| | | | |
|--|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$152,260 | Form A1 - FY19 Projected clients Served: | 195 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$9,590 | Form A1 - Projected Clients Served in FY18 Area Plan | 156 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$9,260 | Form A1 - Actual FY17 Clients Serviced as Reported by Locals | 158 |

Describe access to crisis services during daytime work hours, after-hours, 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.

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 nonurgent. Medical emergencies are immediately referred to hospital emergency departments. The hospital is one of our receiving centers along with Archway for youth.

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

WHS is partnering with Davis Behavioral Health and Bear River Mental Health in a Stabilization and Mobile Response Team (SMRT) Grant. This effort to address emergency services in our region will enhance services currently available.

Describe any significant programmatic changes from the previous year.

WHS is partnering with Davis Behavioral Health and Bear River Mental Health to provide Stabilization and Mobile Response services. Teams will be deployed mobility to respond and stabilize the crisis, which is defined by the caller.

9) Adult Psychotropic Medication Management

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|--|--------------------|---|--------------|
| Form A1 - FY19 Amount Budgeted: | \$1,368,372 | Form A1 - FY19 Projected clients Served: | 1245 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$1,479,754 | Form A1 - Projected Clients Served in FY18 Area Plan | 1,286 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$1,221,872 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 1,245 |

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

Weber Human Services 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 the 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 blood 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.

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).

Former Medical Director, returned in a part time capacity (10 hours/week), to WHS as the Medical Director. WHS has added a part time M.D. to provide MAT.

Describe any significant programmatic changes from the previous year.

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.

10) Children/Youth Psychotropic Medication Management

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|---|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$573,475 | Form A1 - FY19 Projected clients Served: | 370 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$584,727 | Form A1 - Projected Clients Served in FY18 Area Plan | 426 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$585,270 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 370 |
| 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. | | | |
| <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.</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). | | | |
| 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). | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| No significant programmatic changes from the previous year. | | | |

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

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|---|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$983,211 | Form A1 - FY19 Projected clients Served: | 425 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$921,619 | Form A1 - Projected Clients Served in FY18 Area Plan | 357 |
| Form A1 - Actual FY17 Expenditures Reported by | \$854,759 | Form A1 - Actual FY17 Clients Served as | 425 |

| | | | |
|---|--|---------------------------|--|
| Locals | | Reported by Locals | |
| 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. | | | |
| <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. In October of 2017 the STEPS program took over the drop-in center which had previously been run by PAAG. The drop-in center provides a venue for clients to engage in leisure, social activities, and a place to practice their skills and develop new ones. Clients are also provided lunch Monday through Friday in the drop-in center. The STEPS team also works with PAAG to help clients access affordable housing.</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>With STEPS taking over the drop –in center, we now have more clients using the facility, making it easier for therapists and case managers to gain access to more of their clients who typically have spent little time on campus. We have added 3 full time ISD/PSS workers who are now able to work one on one in real time with clients on the social skills they are learning in the drop-in center. 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 and the work we are doing in the drop-in center, we provide ISD services in the client's apartments to further assist them to develop and implement the maintenance skills taught in the group.</p> | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| <p>In October 2017, WHS we took over management of the drop-in center. We have increased ISD/ASD services in the evening in clients' residences and in our group homes.</p> | | | |

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

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|--|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$812,934 | Form A1 - FY19 Projected clients Served: | 121 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$835,659 | Form A1 - Projected Clients Served in FY18 Area Plan | 106 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$812,003 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 121 |
| 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. | | | |
| <p>Psycho-education Services and Psycho-social Rehabilitation Services are offered in our school-based programs 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</p> | | | |

the school and/or community setting.

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).

This is an area WHS would like to increase the number of individuals served as resources allow. We are not expecting an increase or decrease in funding.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

13) Adult Case Management

| | | | |
|--|--------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$1,709,974 | Form A1 - FY19 Projected clients Served: | 947 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$1,637,687 | Form A1 - Projected Clients Served in FY18 Area Plan | 810 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$1,696,319 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 947 |

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

Weber Human Services recognizes that case management is an extremely important service which promotes service delivery efficiency and treatment effectiveness. It continues to be an area of focus and a priority for allocation of available resources. Case managers coordinate and connect with patient and family/formal supports, assess and develop service plans, link patient/s to available services, monitor service provision and advocate for patient rights. They also assess life domains to gather information about the entire life. Weber Human Services offers Targeted Case Management (TCM) and Case Management (CM) services to adult mental health clients. These services are designed to build independent living skills and to assist clients in gaining access to needed medical, social, educational and other services to promote independence and a healthier lifestyle in the most appropriate and least restrictive environment. 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.

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

WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).

Describe any significant programmatic changes from the previous year.

No significant programmatic changes have been adopted.

14) Children/Youth Case Management

| | | | |
|---|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$239,113 | Form A1 - FY19 Projected clients Served: | 235 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$247,046 | Form A1 - Projected Clients Served in FY18 Area Plan | 235 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$143,918 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 207 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| Weber Human Services recognizes that youth case management is an extremely important service which promotes service delivery efficiency and treatment effectiveness. It continues to be an area of focus and a priority for allocation of available resources. Case managers coordinate and connect with the child and family, assess and develop service plans, link children and family members with available services, monitor service provision and advocate for child and family rights. They also assess life domains to gather information about the entire life. | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). | | | |
| WHS has increased the number of case management staff on the Youth Team due to mobile crisis, early psychosis, and school based services. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| 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. | | | |

15) Adult Community Supports (housing services)

| | | | |
|---|------------------|---|-----------|
| Form A1 - FY19 Amount Budgeted: | \$98,033 | Form A1 - FY19 Projected clients Served: | 52 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$91,852 | Form A1 - Projected Clients Served in FY18 Area Plan | 56 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$126,363 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 52 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| WHS 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 three days/week

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

WHS has reallocated staff from the ASD program to help monitor housing and provide additional client support.

Describe any significant programmatic changes from the previous year.

No significant change

16) Children/Youth Community Supports (respite services)

| | | | |
|--|-----------------|---|-----------|
| Form A1 - FY19 Amount Budgeted: | \$66,194 | Form A1 - FY19 Projected clients Served: | 91 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$38,246 | Form A1 - Projected Clients Served in FY18 Area Plan | 61 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$43,975 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 79 |

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

Family Support/Respite Services: Weber Human Services respite care and family support gives families of children with at-risk behaviors a break from their demands. Respite gives families a chance to re-energize while knowing that their children are safe. Short term in-home as well as out-of-home services are available. Out-of-home services by a respite worker provide social, recreational, and educational activities for the child. Archway Youth Service Center: Weber Human Services is a collaborative partner with the Archway Youth Service Center in providing a safe, therapeutic environment for our youth that don't meet criteria for inpatient or detention, yet require immediate intervention and support. [They continue to provide needed Respite for our youth and families in need.](#) 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, schools, 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.

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

WHS is expecting to serve more clients with respite services due to increased funding.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

17) Adult Peer Support Services

| | | | |
|--|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$174,207 | Form A1 - FY19 Projected clients Served: | 156 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$133,362 | Form A1 - Projected Clients Served in FY18 Area Plan | 132 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$132,243 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 156 |

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

WHS Adult Mental Health has 1 PSS employed through our Health Connections program, one through the AOT GRANT, 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.

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

The Crisis Transition Unit is expected to hire a full-time PSS in the next month

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Adult PSS supervision is provided by the program supervisor.

Describe any significant programmatic changes from the previous year.

No significant change

18) Children/Youth Peer Support Services

| | | | |
|--|------------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$140,035 | Form A1 - FY19 Projected clients Served: | 123 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$167,636 | Form A1 - Projected Clients Served in FY18 Area Plan | 165 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$166,518 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 123 |

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

The 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, schools, 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.

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

WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

WHS currently has a Memorandum of Agreement (MOA) with Allies for Families. We contract with Allies to screen, hire, train and supervise our FRF's and/or PEER support staff. We have adopted a dual supervision model (both Allies and WHS representative/s) to train and monitor job performance. WHS feels strongly that, while this process can be somewhat confusing to staff/supervisor, it "frees" the FRF/PEER Support staff to align with families vs. agency and related goals.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

19) Adult Consultation & Education Services

| | | | |
|--|-----------------|--|--|
| Form A1 - FY19 Amount Budgeted: | \$24,635 | | |
|--|-----------------|--|--|

| | | | |
|---|-----------------|--|--|
| Form A1 - Amount budgeted in FY18 Area Plan | \$36,365 | | |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$24,635 | | |
| 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. | | | |
| <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, the Deaf and Blind school Weber State University,, 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> | | | |
| 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>WHS has formulated closer relationships with dispatch and the police and fire departments to provide support and behavioral health follow-up. WHS currently provides 40 hours of mobile crisis outreach to the Morgan and Weber county police and fire departments.</p> | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| <p>WHS has formulated closer relationships with dispatch and the police and fire departments to provide support and behavioral health follow-up. WHS currently provides 40 hours of mobile crisis outreach to the Morgan and Weber county police and fire departments.</p> | | | |

20) Children/Youth Consultation & Education Services

| | | | |
|--|-----------------|--|--|
| Form A1 - FY19 Amount Budgeted: | \$37,656 | | |
| Form A1 - Amount budgeted in FY18 Area Plan | \$26,285 | | |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$37,656 | | |

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

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

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

WHS also provides consultation and education services in our school-based program/s. We currently partner with three area school districts; Ogden City Schools, Weber County School District and Morgan School District. We have clinical and supportive staff in area schools offering both consultation and education services. Our partnerships extend into the System of Care (SOC) and efforts to serve our families better through enhanced coordination and care. WHS has a representative at the Regional System of Care Advisory Council (Pat Millar) who also participates on the Multi-Agency Coordinating Council (MACC).

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

WHS is not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% greater change).

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

21) Services to Incarcerated Persons

| | | | |
|--|----------|---|-------------|
| Form A1 - FY19 Amount Budgeted: | 0 | Form A1 - FY19 Projected clients Served: | 1400 |
| Form A1 - Amount budgeted in FY18 Area Plan | 0 | Form A1 - Projected Clients Served in FY18 Area Plan | 1400 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | 0 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 1434 |

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

Mental Health services are available for all county inmates at the Weber County Jail, 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.

Alpha Counseling offers Mental Health services to inmates in the jail. The jail has several medical prescribers who offer psychiatric medication to the inmates. The WHS Pharmacy coordinates to have medication taken over to the jail for a WHS client when the medication cannot be provided by the jail. A program supervisor on the Adult Mental Health team acts as a liaison with medications and for designated examiner duties.

A clinician also meets with inmates in jail who need to be evaluated for participation in Mental Health Court and Drug Court. The Addiction and Recovery Services (ARS) team does conduct MRT groups in the jail which they then transition to an outpatient group.

MH Court clients who are released from jail are picked up by the MH Court case manager. This case manager will coordinate needed services for these clients

Project Freedom is geared towards inmates who have a substance use disorder and moderate to high LSI score. Services begin in the jail that include the assessment, MRT groups, and Case Management. We have been trying to coordinate with the jail regarding releases so that the client comes from jail to WHS and continues with services without interruption.

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).

Weber County funds Alpha Counseling for services provided in the jail. The funding does not come through WHS although numbers served are submitted.

Describe any significant programmatic changes from the previous year.

see above

22) Adult Outplacement

| | | | |
|--|------------------|---|-----------|
| Form A1 - FY19 Amount Budgeted: | \$119,458 | Form A1 - FY19 Projected clients Served: | 25 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$63,000 | Form A1 - Projected Clients Served in FY18 Area Plan | 11 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$33,750 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 6 |

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

WHS provides ongoing 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 ongoing financial commitments to maintain former USH discharges in the community.

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

Weber anticipates providing more services to clients utilizing outplacement funding.

Describe any significant programmatic changes from the previous year.

None planned

23) Children/Youth Outplacement

| | | | |
|--|--|---|--|
| Form A1 - FY19 Amount Budgeted: | | Form A1 - FY19 Projected clients Served: | |
| Form A1 - Amount budgeted in FY18 Area Plan | | Form A1 - Projected Clients Served in FY18 Area Plan | |
| Form A1 - Actual FY17 Expenditures Reported by Locals | | Form A1 - Actual FY17 Clients Served as Reported by Locals | |

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

Children's Outplacement dollars continue to play a significant role in funding community placement options and/or wrap-around services for children/youth not otherwise eligible for such services. Weber Human Services has chosen to partner with area stakeholders and typically cost share higher cost placements for children/youth coming out of the State Hospital and transitioning to a community placement, some with and others without supports. Our clients have experienced better outcomes when they transition more slowly rather than a move from the most restrictive clinical setting to home and school. [Currently, we have four \(4\) youth using COP dollars for placement and/or treatment.](#)

Describe any significant programmatic changes from the previous year.

24) Unfunded Adult Clients

| | | | |
|--|-----------|---|-----|
| Form A1 - FY19 Amount Budgeted: | \$500,107 | Form A1 - FY19 Projected clients Served: | 708 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$378,188 | Form A1 - Projected Clients Served in FY18 Area Plan | 455 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$538,563 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 805 |

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

Weber Human Services provides direct services to the unfunded/underfunded of our community with the primary focus of unfunded/underfunded services being with those on a civil commitment, those with Medicare only, and those who have recently lost Medicaid. These clients continue to be provided with individual and group therapy

and medication management services as needed. WHS provides all community individuals, on a walk-in basis, with a clinical crisis evaluation and screen to determine appropriate internal or external referrals for treatment. WHS will also respond to requests by police or fire department personnel for follow-up calls to provide referrals for folks regardless of insurance status. In most cases, referrals are made to external resources for treatment due to a lack of funding to treat this population in-house. Internal referrals are made for unfunded clients when deemed clinically necessary and services are authorized based on need. Our after-hours crisis service is also available to any individual on a 24-hour basis from any catchment area.

The Early Psychosis(FEP) program is working to educate the adult team on services available and appropriate referrals for early psychosis services. This will be an area of emphasis in FY 2019. Currently, most referrals are from the Youth Team. These services are available to those who qualify regardless of payment source.

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).

None

Describe any significant programmatic changes from the previous year.

WHS has increased the number of unfunded clients accepted into MH Court

25) Unfunded Children/Youth Clients

| | | | |
|--|-----------------|---|------------|
| Form A1 - FY19 Amount Budgeted: | \$81,191 | Form A1 - FY19 Projected clients Served: | 161 |
| Form A1 - Amount budgeted in FY18 Area Plan | \$81,618 | Form A1 - Projected Clients Served in FY18 Area Plan | 155 |
| Form A1 - Actual FY17 Expenditures Reported by Locals | \$88,911 | Form A1 - Actual FY17 Clients Served as Reported by Locals | 182 |

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

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

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

We are expecting a decrease in funding as a grant with Ogden City Schools has expired. This grant funded two (2) FT clinicians and one (1) FT family resource facilitator. We are attempting to absorb thru attrition.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes expected from the previous year.

26) Other non-mandated Services

| | | | |
|---|--|---|--|
| Form A1 - FY19 Amount Budgeted: | | Form A1 - FY19 Projected clients Served: | |
| Form A1 - Amount budgeted in FY18 Area Plan | | Form A1 - Projected Clients Served in FY18 Area Plan | |
| Form A1 - Actual FY17 Expenditures Reported by Locals | | Form A1 - Actual FY17 Clients Served as Reported by Locals | |
| 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. | | | |
| All services provided are listed above. | | | |
| 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). | | | |
| None | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| None | | | |

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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

| |
|---|
| Competitive employment in the community (include both adults and transition aged youth). |
| <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 438 clients, including 86 we currently are working with, and have been successful with assisting 111 individuals to obtain jobs. By the end of June 2019, 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. The</p> |

Supported Employment Team has received ACRE certification and have become a Community Rehabilitation Program/Provider (CRP), allowing to provide Supported Employment services with shared Vocational Rehabilitation clients. This also allows for Weber Human Services to collect VR milestone payments.

Collaborative efforts involving other community partners.

WHS has worked to collaborate with community partners--Deseret Industries, Vocational Rehabilitation, Your Community Connection, Cottages of Hope, Episcopal church of Good Shepherd, and Focus Telemarketing. WHS also works closely with PAAG to provide clients job-training opportunities.

Employment of people with lived experience as staff.

WHS has one full-time worker employed on the SEP team with lived experience.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

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. [Family resource facilitators are also able to provide peer support services for families.](#)

Evidence-Based Supported Employment.

The Supported Employment grant works from the [Individual and Placement Support \(IPS\) model](#) which is an evidence based practice. All of the current Employment Specialists have received training in this model and the upcoming Employment Specialists will receive this training as well.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

WHS continues to provide clients access to several evidence-based practices. For adults these include Psycho-education Multi-family Groups, Therapist Assisted Treatment, 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, Aggression Replacement Training and 1 2 3 Magic \(new in 2018\) are currently being offered to children and youth clients.](#) 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.

Identify process improvement activities - Implementation

WHS currently has systematic 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.

Identify process improvement activities - Training of Evidence Based Practices

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 online 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.

Identify process improvement activities - Outcome Based Practices

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.

Identify process improvement activities - Increased service capacity

Adult Mental Health is working towards providing an increased number of evidenced-based groups which would allow consumers with higher acuity to receive increased frequency of services.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

1,2,3 Magic has been added to the repertoire of evidence based practices for the upcoming year.

Identify process improvement activities - Efforts to respond to community input/need

WHS has continued to respond to multiple community needs--processing 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.

Identify process improvement activities - Coalition Development

WHS continues to participate in several community coalitions/committees. Representatives from WHS have participated in the Weber Coalition for Healthy Community and several subcommittees from that coalition. We are also represented at the local homeless shelter (Lantern House), Utah Suicide Prevention Coalition, Community Action Network, and the Weber County Behavioral Health coalition.

Describe how mental health needs for people in Nursing Facilities are being met in your area

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.

Other Quality and Access Improvements (not included above)

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

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.

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.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

Clients coming into WHS have physical health concerns addressed at the time of intake with appropriate referrals to our integrated Wellness Clinic or Health Connections (for those individuals with greater physical health needs). Case managers are assigned to ensure that clients are able to access wellness programs and medical support.

Weber Human Services is able to provide education regarding wellness issues and physical health concerns through referrals to our Wellness Clinic. The Wellness clinic can be easily accessed by clients through our customer care workers. In addition, clients with qualifying serious health concerns are referred to Health Connections. Health Connections works with individual clients to address concerns and encourage healthy lifestyle choices. The Assisted Outpatient Treatment program also has a part-time RN who accompanies the team as they visit those with health issues to provide education and appropriate referrals.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.

Weber Human Services offers client an opportunity to participate in a Smoking Cessation class on a weekly basis. The class is taught by a certified Peer Support Specialist who has been trained in the Peer-to-Peer Tobacco Recovery program. During this class the clients are taught to identify triggers for their continued smoking, the physical and psychological effects of nicotine use and also they are offered information about the National Quit Now line. Recognized nicotine replacement therapies are discussed and information is presented on how they can access to them. Clients are taught that Medicaid will pay for replacement therapies without a co-pay, and they are encouraged to contact their doctor to get a prescription.

30) Children/Youth Mental Health Early Intervention

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

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.

The school-based services related to our Early Intervention Grant and TANF funds are provided directly by WHS. We contract with Allies for Families via an MOA for the FRF's and required training and monitoring. We currently fund five (5) FRF's.

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.

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

We are expecting a decrease in funding as a grant with Ogden City Schools has expired. This grant funded one (1) FT family resource facilitator. We are attempting to absorb thru attrition.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes

31) Children/Youth Mental Health Early Intervention

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

SMRT-Stabilization and Mobile Response Services will be provided in Weber and Morgan counties to children and youth experiencing escalating emotional symptoms, behaviors or traumatic circumstances that compromise their ability to function within their family, living situation, school and/or community environments. Initially, services will be triaged through DBH and the SMRT team will work flexible hours M-F with possible after hours work. The therapist and case manager will respond to calls based on need after triage call through DBH/Safefam phone line. Stabilization services may be offered based on family need and willingness to participate and timeframe to be determined by need.

Services may include but are not limited to: crisis intervention and/or assessment, instruction on de-escalation and coping skills, in home therapy (both individual and family), case management services including linking and monitoring services not provided by local mental health provider.

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

N/A this is new this year

Describe any significant programmatic changes from the previous year.

N/A this is new this year

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

Data and outcome measures (as defined by DHS outcome committee)

32) 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.

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 include twenty area schools. The schools in Weber County are currently Burch Creek Elementary, Riverdale Elementary, Roosevelt Elementary, Washington Terrace Elementary, Lakeview Elementary and Roy Elementary. The Ogden City schools are New Bridge Elementary, Gramercy Elementary, Heritage Elementary, James Madison Elementary, Lincoln Elementary, Odyssey Elementary and TO Smith Elementary. TANF funded schools in Ogden City are Ben Lomond High School, Highland Jr. High School, Mound Fort Jr. High School, and Mount Ogden Jr. High School. We also have clinical support in the Middle school, Jr. High School and High School in Morgan. We continue to serve Medicaid, unfunded, and underfunded clients as resources allow. The total number of hours assigned to schools for SBMH services are 10 FT clinicians working 40 hrs. per week per staff member.

Weber Human Services' 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.

Weber Human Services partners with Midtown Community Health Center. 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.

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

We are expecting a decrease in funding as a grant with Ogden City Schools has expired. This grant funded two (2) FT clinicians. We are attempting to absorb thru attrition.

Describe any significant programmatic changes from the previous year, including TANF. (Please email DSAMH a list of your current school locations if there have been changes from last year.)

No significant programmatic changes from the previous year, including TANF.

Describe outcomes that you will gather and report on.

Currently, Weber Human Services and its partners have developed a set of program outcomes and an outcome evaluation. These program outcomes will be collected and evaluated from all sites. From an academic

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-12 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%.

33) Suicide Prevention, Intervention & Postvention

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

WHS continues the partnership with the State Suicide Coalition coordinator in the Zero Suicide Initiative. Five WHS supervisors went and participated in the Zero Suicide Academy in February 2016. WHS has begun utilizing the 7 elements of Zero suicide in our agency and to direct our suicide prevention policies.

WHS has incorporated, and will continue to incorporate, the 7 elements of the Zero Suicide Initiative into our policies, procedures, and practice:

1. Leadership: ongoing – our leadership here at WHS are very supportive of the agency in putting a priority of suicide prevention with our clients and also in supporting the community in general. We help out in the schools with suicide prevention and we have reached out and give support when there has been suicides in the schools, other community agencies (e.g., Forest Department), and businesses (e.g., Hampton Inn – Ogden).
2. Training: ongoing
 - New Employee Orientation/ Annual Training: The WHS suicide prevention committee presents at this the 2nd Thursday of each month.
 - Continue to provide C-SSRS & Stanley Brown Safety Plan trainings to all new employees and annual refresher trainings for all clinical staff.
 - QPR trainings are on-going to non-clinical staff (6 times per year in the agency).
3. Systematically identifying: ongoing
 - Working to create more effective ways staff can screen for suicide using the CSSRS and clinical judgment.
 - The WHS PIP Committee is continually looking at how to increase the use of the C-SSRS and Stanley Brown Safety Plan among the clinical staff.
4. Engage/Pathway: ongoing
 - Tracking bit is in place in the electronic chart for the Suicide Pathway.
 - Risk Assessment Categories and criteria for getting on and off the Suicide Pathway were developed. Staff have been trained on this.
5. Treat: ongoing
 - WHS staff continue referrals to current EBPs to help clients work on their goals to improve their lives and avoid suicidal ideation.
 - Those clients on the Pathway will have at least two contacts per week that are documented in the chart.
 - WHS has a crisis team that can see people M-F 8-5 PM who are in crisis (both clients and non-clients). There is 24 hour access to the crisis team via phone as well.
6. Transitions: ongoing
 - Adult clients being discharged from the hospital go to the CTU (partial hospitalization) for continued support.

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 from the electronic chart. We have seen a slight improvement in the number of clients receiving the C-SSRS and Stanley Brown Safety Plan during 2017. The goal is to increase our use of the C-SSRS and Stanley Brown Safety Plan in 2018 over our implementation in 2017. WHS clinical supervisors provide supervision to therapists as well as trainings to other organizations to promote suicide prevention awareness and skills. WHS has started providing suicide prevention to all new employees. Through the use of partnerships we continue to provide prevention services to the community through NUHOPE and partnering with the Weber Morgan county health department. WHS 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.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid Performance Improvement Plan (PIP).

WHS has implemented more training to help the clinical staff to be engaged in administering the C-SSRS and Stanley Brown Safety Plan in the electronic chart. Monthly emails are sent out as reminders to continue using these critical tools. In 2015 (baseline year) 406 Medicaid clients were given the C-SSRS out of 4162 eligible enrollees (10%). Also, 69 Medicaid client, that scored a two or higher on the C-SSRS, were given a Stanley Brown Safety Plan out of 406 eligible enrollees (17%).

In 2016 (year one implementation outcomes) 704 unique Medicaid clients were given the C-SSRS out of 4248 eligible enrollees (17%). Also, 247 Medicaid client, that scored a two or higher on the C-SSRS, were given a Stanley Brown Safety Plan out of 1028 eligible enrollees (24%). WHS completed the Zero Suicide Assessment three times and some policies have already been approved and implemented. Training is being done with teams so they understand the policies.

In 2017, (year two implementation outcomes) 814 unique Medicaid clients were given the C-SSRS out of 4310 eligible enrollees (19%). Also, 282 Medicaid client, that scored a two or higher on the C-SSRS, were given a Stanley Brown Safety Plan out of 1683 eligible enrollees (17%).

Barriers: The number of C-SSRS's completed in 2017 went up a couple of percentage points. The use of the Stanley Brown Safety Plan was down. We feel part of the barrier for this was that clinicians were not saving the safety plan when reviewed, This resulted in not being captured in the data. . We have trained staff on this issue and will continue to do so.

Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well as specific efforts for your clients.

WHS continues to work in close collaboration with McKay Dee Hospital Emergency Department to coordinate care for clients who present with suicide ideation or attempts. The WHS inpatient worker will provide support during the hours he/she is located at McKay Dee Hospital. The crisis workers at McKay Dee Hospital have access to the WHS crisis team and Customer Care to schedule appointments and provide information on ED patients. WHS has developed a high utilizer team to better track clients at high risk. WHS has added resources to the residential program to manage individuals with higher risk. The after-hours crisis team will provide daily support to residential program in addition to a weekend on-site treatment presence. WHS continues to have open communication

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

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

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

In the Mental Health Court area, we have 2 clinicians, a prescriber, case manager, a judge, vocational rehabilitation, NAMI and AP&P represented.

WHS has a Crisis Response Team that partners with law enforcement to respond rapidly to individuals in the community who may need immediate crisis services.

The Crisis response team partners with law enforcement to respond to calls in Weber and Morgan Counties where psychiatric and mental health needs are apparent. The idea is to provide collaborative crisis response on scene to deliver appropriate crisis intervention to decrease jail bookings, hospital ER visits, and recidivistic calls to EMS. Mobile Crisis workers are called out by dispatch. They meet EMS responders on scene and engage with the scene when deemed safe by police. Crisis workers collaborate with EMS on what is happening, they access any electronic record available on client, they do a risk and needs assessment with client, and utilize best practice verbal interactions (ie) motivational interviewing to give a more comprehensive view of the situation to determine best next step in the least restrictive setting. Education and resources are shared, clients learn that they can access crisis resources directly without need of emergency services, and clients can also have short-term follow-up services from crisis workers if desired. This process enables another layer of crisis assessment to more confidently make decisions regarding placement, treatment, and cost effective use of resources that hasn't been available before.

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

WHS will work collaboratively with Adult Probation and Parole, as well as the Weber County Jail to obtain copies of the LSI-SV and the LSI R & R on all clients where available. Both are validated criminogenic risk/needs assessments. 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.

Identify your outcome measures.

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.

| FY19 Substance Use Disorder Treatment Area Plan Budget | | | | Local Authority: Weber Human Services | | | | Form B | | | | | | |
|--|---|-------------------------------------|--|---------------------------------------|------------------|------------------------|----------------------------------|--|---------------------------------------|---|--|---------------------------|----------------------------|----------------------------------|
| FY2019 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 State/Federal | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2019 Revenue | | |
| Drug Court | \$445,777 | \$44,861 | | \$7,474 | \$99,154 | \$382,825 | | | \$9,291 | \$30,025 | | \$1,019,407 | | |
| Drug Offender Reform Act | \$336,884 | \$20,357 | | \$3,392 | \$44,995 | \$125,457 | | | \$2,475 | \$26,289 | | \$559,849 | | |
| JRI | \$838,146 | \$26,556 | \$90,020 | \$5,309 | \$70,429 | | | | | \$999 | | \$1,031,459 | | |
| Local Treatment Services | \$623,603 | \$179,695 | \$206,332 | \$29,937 | \$397,175 | \$320,236 | \$192,927 | \$1,032,510 | \$30,828 | \$89,671 | \$486,249 | \$3,589,163 | | |
| Total FY2019 Substance Use Disorder Treatment | \$2,244,410 | \$271,469 | \$296,352 | \$46,112 | \$611,753 | \$828,518 | \$192,927 | \$1,032,510 | \$42,594 | \$146,984 | \$486,249 | \$6,199,878 | | |
| FY2019 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 State/Federal | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2019 Expenditures | Total FY2019 Client Served | Total FY2019 Cost/ Client Served |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) | | | | | | | | | | | | \$0 | | #DIV/0! |
| Residential Services | \$140,140 | \$20,873 | \$20,640 | \$3,526 | \$46,608 | \$47,287 | \$13,269 | \$447,962 | \$3,252 | \$10,392 | \$25,832 | \$779,781 | 79 | \$9,871 |
| Outpatient | | | | | | | | \$50,000 | | | \$75,000 | \$125,000 | 45 | \$2,778 |
| Outpatient | \$1,444,904 | \$215,211 | \$212,809 | \$36,357 | \$480,548 | \$487,549 | \$136,804 | \$169,211 | \$33,530 | \$107,143 | \$266,344 | \$3,590,410 | 1,575 | \$2,280 |
| Intensive Outpatient | \$233,641 | \$34,800 | \$34,412 | \$5,879 | \$77,704 | \$78,837 | \$22,121 | \$27,361 | \$5,422 | \$17,325 | \$43,068 | \$580,570 | 245 | \$2,370 |
| Recovery Support (includes housing, peer support, | \$197,452 | | | | | \$129,692 | | \$228,984 | | | | \$556,128 | 285 | \$1,951 |
| Other (Screening & Assessment, Drug testing, MAT) | \$228,273 | \$585 | \$28,491 | \$350 | \$6,893 | \$85,153 | \$20,733 | \$108,992 | \$390 | \$12,124 | \$76,005 | \$567,989 | 785 | \$724 |
| FY2019 Substance Use Disorder Treatment | \$2,244,410 | \$271,469 | \$296,352 | \$46,112 | \$611,753 | \$828,518 | \$192,927 | \$1,032,510 | \$42,594 | \$146,984 | \$486,249 | \$6,199,878 | 3,014 | \$2,057 |
| FY2019 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 State/Federal | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2019 Expenditures | | |
| Pregnant Women and Women with Dependent | \$817,362.00 | \$93,197.00 | \$113,674.00 | \$15,471.00 | \$190,985.00 | \$292,241.00 | \$192,927.00 | \$399,738.00 | \$8,582.00 | \$42,388.00 | \$138,116.00 | \$2,304,681 | | |
| All Other Women (18+) | \$458,383.00 | \$52,265.00 | \$63,749.00 | \$8,677.00 | \$107,106.00 | \$163,891.00 | | \$224,177.00 | \$4,812.00 | \$23,772.00 | \$77,457.00 | \$1,184,289 | | |
| Men (18+) | \$835,471.00 | \$95,261.00 | \$116,193.00 | \$15,815.00 | \$195,217.00 | \$298,715.00 | | \$408,595.00 | \$8,771.00 | \$43,328.00 | \$141,176.00 | \$2,158,542 | | |
| Youth (12- 17) (Not including pregnant women or | \$133,194.00 | \$30,746.00 | \$2,736.00 | \$6,149.00 | \$118,445.00 | \$73,671.00 | | | \$20,429.00 | \$37,496.00 | \$129,500.00 | \$552,366 | | |
| Total FY2019 Substance Use Disorder | \$2,244,410 | \$271,469 | \$296,352 | \$46,112 | \$611,753 | \$828,518 | \$192,927 | \$1,032,510 | \$42,594 | \$146,984 | \$486,249 | \$6,199,878 | | |
| | | | | Allocations | Required Match | | | | | | | | | |
| | | | | JRI | \$476,645 | \$95,329 | | Justice Reinvestment | | | | | | |
| | | | | JRC | \$388,057 | | | Justice Reinvestment - Committee | | | | | | |
| | | | | SPL | \$39,368 | \$7,874 | | State Prevention | | | | | | |
| | | | | STL | \$665,950 | \$142,162 | | State Treatment | | | | | | |
| | | | | WTA | \$157,705 | \$31,541 | | State Womens TX | | | | | | |
| | | | | DOR | \$336,884 | | | DORA | | | | | | |
| | | | | PTR | \$281,000 | | | Dept of Corrections PATR | | | | | | |
| | | | | MTS | \$0 | | | Medication Assisted Therapy (MAT) | | | | | | |
| | | | | RSS | \$67,760 | | | Recovery Support Services | | | | | | |
| | | | | ADC | \$275,317 | | | Drug Court - State | | | | | | |
| | | | | ADC | \$147,561 | | | Drug Court - State Restricted | | | | | | |
| | | | | ADC | \$382,825 | | | Drug Court - Federal | | | | | | |
| | | | | STR1 | \$221,112 | | | Utah Opioid STR Grant | | | | | | |
| | | | | BJA | \$0 | | | BJA Federal Grant | | | | | | |
| | | | | FPL | #REF! | | | Federal Prevention | | | | | | |
| | | | | WTD | \$485,168 | | | Pregnant Women and Women with Dependent Children | | | | | | |
| | | | | FTL | \$153,452 | | | Federal General TX | | | | | | |
| | | | | PFS1 | \$14,255 | | | SPF-PFS | | | | | | |
| | | | | PRX1 | \$22,916 | | | Utah's Strategic Prevention Framework for Prescription Drugs | | | | | | |
| | | | | SOP1 | \$70,158 | | | Utah Opioid STR Grant Project (Prevention) | | | | | | |
| | | | | CTC | \$0 | | | Communities that Care training - General Funds | | | | | | |
| | | | | OPG1 | \$0 | | | Opioid Prevention Grant (SAPT Funding) | | | | | | |

FY19 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Weber Human Services

Form B1

| FY2019 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 FY2019 Expenditures |
|---|---------------------------------|-------------------|-------------------|---------------------|---------------------------|
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) | | | | | \$0 |
| Residential Services | \$40,331 | \$2,926 | \$76,315 | | \$119,572 |
| Outpatient | | | | | \$0 |
| Outpatient | \$407,909 | \$407,435 | \$76,102 | \$166,615 | \$1,058,061 |
| Intensive Outpatient | \$34,688 | \$10,186 | \$22,023 | \$1,359 | \$68,256 |
| Recovery Support (includes housing, peer support, | | \$39,345 | \$28,415 | | \$67,760 |
| Other (Screening & Assessment, Drug testing, MAT) | \$76,921 | \$106,775 | \$64,788 | \$17,123 | \$265,607 |
| FY2019 DORA and Drug Court | \$559,849 | \$566,667 | \$267,643 | \$185,097 | \$1,579,256 |

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!**

1) Screening and Assessment Only

| | | | |
|--|----------|---|----|
| Form B - FY19 Amount Budgeted: | \$10,500 | Form B - FY19 Projected clients Served: | 40 |
| Form B - Amount Budgeted in FY18 Area Plan | \$10,500 | Form B - Projected Clients Served in FY18 Area Plan | 40 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$43,983 | Form B - Actual FY17 Clients Served as Reported by Locals | 40 |
| Describe 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. | | | |
| Clients in specialty programs are screened and evaluated by a Weber Human Services licensed clinician. Tools and forms used include a clinical written assessment, Drug Use Screening Inventory, ASAM criteria, DSM, and urinalysis testing. | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). | | | |
| No expected increase or decrease. We used a different definition for this category in FY 2017. This category was not separated out in FY 2018. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| None anticipated. | | | |

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

| | | | |
|--|----------|---|---|
| Form B - FY19 Amount Budgeted: | \$21,000 | Form B - FY19 Projected clients Served: | 7 |
| Form B - Amount Budgeted in FY18 Area Plan | \$ | Form B - Projected Clients Served in FY18 Area Plan | |
| Form B - Actual FY17 | \$0 | Form B - Actual FY17 | 0 |

| Expenditures Reported by Locals | | Clients Serviced as Reported by Locals | |
|---|--|--|--|
| 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. | | | |
| <p>Clients are screened and evaluated by a Weber Human Services licensed clinician. There are no social detox services in the Weber County area other than the Lantern House. 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.</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>Justice Reinvestment Initiative (JRI) funds may be used in addition to the private grant funding as the need for medical detox has increased this past year for individuals involved in the criminal justice system. Weber Human Services, along with various community partners, continue to educate and inform members of the community what resources may be available including funding.</p> <p>In the past, WHS has funded some medical detox for non-medicaid clients but we have never separated those funds. The funding was listed under the "residential" line item. This year, WHS will separate the money for detox.</p> | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| No programmatic changes. | | | |
| If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for? | | | |
| <p>Clients needing detox services are referred to local medical units such as Mckay Dee Hospital and Ogden Regional ACT when deemed appropriate. 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> | | | |

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

| | | | |
|---|-----------|--|----|
| Form B - FY19 Amount Budgeted: | \$779,781 | Form B - FY19 Projected clients Served: | 79 |
| Form B - Amount Budgeted in FY18 Area Plan | \$693,474 | Form B - Projected Clients Served in FY18 Area Plan | 79 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$785,352 | Form B - Actual FY17 Clients Serviced as Reported by Locals | 71 |

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.

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 daycare 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. WHS currently does not have residential services for men [but residential may be provided by contract on a case by case basis \(single case agreement\)](#). WHS provides the next level of care available according to ASAM criteria: intensive outpatient services along with case management and peer support services. Safe and sober housing resources are also accessed as housing units become available.

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

Weber Human Services has contracted with First Step House in Salt Lake City to provide residential services for men [on a case by case basis](#). [Weber Human Services is also contracting with PAAG Inc to provide Residential Support or Sober Living to males](#). It is anticipated that WHS will contract with other providers for residential services as they become available in Weber County.

Describe any significant programmatic changes from the previous year.

No programmatic changes.

4) Outpatient (Methadone - ASAM I)

| | | | |
|---|------------------|--|-----------|
| Form B - FY19 Amount Budgeted: | \$240,000 | Form B - FY19 Projected clients Served: | 80 |
| Form B - Amount Budgeted in FY18 Area Plan | \$132,000 | Form B - Projected Clients Served in FY18 Area Plan | 45 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$26,008 | Form B - Actual FY17 Clients Served as Reported by Locals | 17 |

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.

[Clients are screened and referred to local Medication Assisted Treatment \(MAT\) agencies based upon MAT screening, funding, and client engagement](#). WHS has contracts with Metamorphosis and Discovery House. The contracted agencies provide medication and counseling services. A case manager is assigned to provide outreach, coordination of care, and link referrals to the contracted agencies. A voucher system is used for allocating funds. Peer Support Services provide outreach, peer to peer groups, and individual peer support for clients receiving MAT. We continue to seek education and training for staff and community partners regarding the use of MAT in conjunction with other Evidence Based Practices.

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

WHS referred approximately 80 clients for Methadone treatment in FY 2018 as funding for MAT increased. We anticipate a similar amount served in FY 2019.

Describe any significant programmatic changes from the previous year.

WHS has added Discovery House as a contract provider for outpatient methadone services.

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

| | | | |
|---|-----|--|---|
| Form B - FY19 Amount Budgeted: | \$ | Form B - FY19 Projected clients Served: | |
| Form B - Amount Budgeted in FY18 Area Plan | \$0 | Form B - Projected Clients Served in FY18 Area Plan | 0 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$ | Form B - Actual FY17 Clients Served as Reported by Locals | |

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.

Clients are screened and referred to local contracted MAT agencies and in-house providers based upon MAT screening, funding, and client engagement. Private physicians with certification and accept Medicaid are also accessed for Suboxone MAT referrals. WHS has a grant agreement with Midtown Community Health Center who screens and provides MAT, specifically Naltrexone and Vivitrol while WHS will provide the counseling services. WHS has also contracted with Metamorphosis, Discovery House, Aloha Behavioral, and Clinical Consultants to provide MAT services including medication and counseling. WHS continues to have some grant funding through IHC for the Opioid Community Collaborative (OCC) project that will continue through FY 2019.

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).

With the STR funds and additional private grant funds, it is expected that WHS will have an increase in referrals for FY2019. Referrals and access to the State Targeted Response (STR) funds have doubled in the past three months and it is expected that referrals will steadily climb as a response to addressing the opioid crisis in Weber County. There continues to be a need of outreach, MAT, and treatment services for opioid use disorders.

Describe any significant programmatic changes from the previous year.

An additional full time case manager has been allocated to provide outreach and coordination of care services for clients receiving MAT through contracted providers, private physicians, Midtown Community Health, and in-house prescribers. There are a total of two full time case managers who manage referrals and coordination of care for MAT services. WHS has also contracted with a physician with suboxone certification to provide an after-hours evening MAT clinic, one time weekly at Weber Human Services.

6) Outpatient (Non-methadone – ASAM I)

| | | | |
|---|--------------------|--|--------------|
| Form B - FY19 Amount Budgeted: | \$3,590,410 | Form B - FY19 Projected clients Served: | 1575 |
| Form B - Amount Budgeted in FY18 Area Plan | \$3,145,857 | Form B - Projected Clients Served in FY18 Area Plan | 1,575 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$3,616,054 | Form B - Actual FY17 Clients Served as Reported by Locals | 1,561 |

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.

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 [Daily Living Activities \(DLA\)](#) 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, [Individual SA-Cognitive Behavioral Treatment, Skills for Success](#), 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 [including Smart Recovery peer lead groups](#). 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. [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.](#) 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 transportation, housing, employment, child care, medical, and education.

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).

It is expected with the Justice Reinvestment Initiative funding, there [will continue to be an](#) increase in the number of individuals served in the high and moderate risk/need level.

Describe any significant programmatic changes from the previous year.

[Clinicians have been trained in using the Substance Use Disorders \(SUD\) specific Cognitive Behavioral Treatment \(CBT\) 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. Certified Peer Support Specialists have been trained in Smart Recovery and offer two Smart Recovery groups for individuals in outpatient services. The Matrix program has expanded to include a peer led support group for extended care.](#)

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

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|---|------------------|--|------------|
| Form B - FY19 Amount Budgeted: | \$580,570 | Form B - FY19 Projected clients Served: | 245 |
| Form B - Amount Budgeted in FY18 Area Plan | \$688,871 | Form B - Projected Clients Served in FY18 Area Plan | 245 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$584,713 | Form B - Actual FY17 Clients Served as Reported by Locals | 307 |

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.

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, [Individual SA-Cognitive Behavioral Treatment](#), [Skills for Success](#), 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 [including Smart Recovery peer lead groups](#). Twelve Step and other community support groups are encouraged. [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.](#) 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. 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.

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).

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.

Describe any significant programmatic changes from the previous year.

[In anticipation of the additional clients with JRI funding, we are exploring the use of the criminal justice curriculum from Matrix Institute to expand the Matrix CBT program, Clinicians have been 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. Certified Peer Support Specialists have been trained in Smart Recovery and offer two Smart Recovery groups for individuals in outpatient services. The Matrix program has expanded to include a peer led support group for extended care.](#)

8) Recovery Support Services

| | | | |
|--|-----------|--|----------|
| Form B - FY19 Amount Budgeted: | \$556128 | Form B - FY19 Projected clients Served: | 285 |
| Form B - Amount Budgeted in FY18 Area Plan | \$370,080 | Form B - Projected Clients Served in FY18 Area Plan | 258 |
| Form B - Actual FY17 Expenditures Reported by Locals | \$397,312 | Form B - Actual FY17 Clients Served as Reported by Locals | 263 est. |
| 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. | | | |
| Peer Support and case management recovery support services are available to assist linking clients to various community resources and also assist in reducing barriers in accessing resources such as child care, employment, medical care, and housing. Using the Recovery Oriented Systems of Care (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, daycare providers, and schools to assist with accessing and sustaining supports for a safe and strength-based recovery. | | | |
| 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). | | | |
| With continue JRI/JRC funding, it is anticipated that there will be an increase in the number of individuals served. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Case managers started using a Recovery Capital tool for guidance with assessing client strengths and needs. | | | |

9) Peer Support Services

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|--|----|--|--|
| Form B - FY19 Amount Budgeted: | \$ | Form B - FY19 Projected clients Served: | |
| Form B - Amount Budgeted in FY18 Area Plan | \$ | Form B - Projected Clients Served in FY18 Area Plan | |
| Form B - Actual FY17 Expenditures Reported by Locals | \$ | Form B - Actual FY17 Clients Served as Reported by Locals | |
| 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. | | | |
| 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 program includes 2.5 FTE CPSS. Each CPSS has approximately 30 clients assigned. Peer Support Services include individual and group services. Groups include Peer to Peer Groups, Peer Led Smoking Cessation Groups, SMART Recovery Groups, WHAM, and Alumni Groups. The extended care and maintenance groups review relapse prevention tools, relapses, and positive social support | | | |

systems.. As part of the extended care program, A&RS has implemented Continuous Recovery Monitoring (CRM) which includes brief follow up phone calls with clients. [This has been available through the primary clinician and is being transitioned to Certified Peer Support Specialists \(CPSS\)](#). A screening tool is used to assess client's recovery including need for treatment or other support services. Peer Support Services are directly provided by one full time CPSS and one part time CPSS. 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 Specialists also provide outreach services to individuals who may not be engaged in formal treatment services. They also coordinate with staff from USARA regarding statewide resources, advocacy for clients, and support. 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.

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).

[It is anticipated to have an increase in recovery support services with allocated state funds and a contract with USARA for funding CPSS positions. It is expected between these two funding sources, that an additional 3-4 full time Certified Peer Support Specialists will be recruited and provide additional peer support services for Weber County.](#)

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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 cosigned 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 [Division of Substance Abuse and Mental Health \(DSAMH\)](#). They also attended the Supervisor's training for Peer Support Specialists that was held this past year at the DSAMH.

Describe any significant programmatic changes from the previous year.

One of the Certified Peer Support Specialists went from full time to a part time position.

10) Opioid (STR) Treatment Funds

The allowable uses for this funding are described in the SFY 18 Division Directives:

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.

Describe the activities you propose and identify where services will be provided.

[Clients are screened and referred to local contracted MAT agencies and in-house providers based upon MAT screening, funding, and client engagement. Initial screening and education regarding various medication for opioid](#)

use disorders is provided by a certified case manager who can link clients to in-house services and contracted providers through a voucher payment system for additional screening and assessment for MAT services. . A medical assessment is completed by a certified prescriber and a clinical assessment is completed by a licensed clinician. The voucher payment system provides additional funding for medication and counseling services. Funds are used for clients who are unable to afford medication and counseling. Case managers work closely with clients regarding Medicaid eligibility and seeking other funding sources for longer-term financial sustainability. Clients receive outpatient services based on needs while receiving medication assisted treatment from the contracted agency. If client is receiving MAT services at WHS, the client will also receive outpatient or residential services based on individual treatment needs. Peer Support Services continue to be available to provide outreach and support. Through other grant funds available as well as STR funds, Naloxone Rescue Kits are made available at no cost to individuals at risk of overdose. Education is provided throughout services regarding the benefits of using a medication along with treatment to improve recovery outcomes..

How will you identify, engage and retain individuals in your area with opioid use disorders?

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 Area 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 and peer support specialists are available to link clients to employment and housing resources.

Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

Funding has continued to be an overall issue for a client to afford MAT. By contracting with OTP's in the Weber County area and increasing capacity for in-house referrals to a certified APRN and MD, accessibility to services has increased. Providing financial assistance to clients with funding for medication 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. There have been and continue to be education provided to the community regarding resources and funding assistance for those in need of medication and counseling for opioid use disorders. Weber Human Services is also a partner in the Weber County Syringe Exchange program providing outreach and access to treatment services in order to reduce risk and provide education for various treatment options including MAT.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.

Services will be provided both from WHS as well as contracted services. WHS has contracted with Metamorphosis, Discovery House, Aloha Behavioral, and Clinical Consultants to provide MAT services including medication and counseling.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

Within this past fiscal year, WHS has contracted with private providers to increase access to MAT treatment services for opioid use disorders. In February 2018, same day access to treatment was implemented providing the ability for someone to enter treatment the same day as requesting treatment services Monday - Friday. Groups are available during peak daytime and evening hours to accommodate client schedules.

Describe your plan to improve the quality of care.

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.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

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.

Describe Clinical Supervision Protocol or Plan.

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.

How do you evaluate client outcomes?

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. TEDS data is also reviewed by supervisors on a monthly basis.

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

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.

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 [\(Drug Offender Reform Act \(DORA\)\)](#). 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. Some of the JRI/JRC funding is used for a re-entry program with the County Jail called the Freedom Project. Treatment to clients deemed high risk begins in jail along with case management services to assist in developing a transition plan in the community. Treatment includes an assessment, MRT and Skills groups, and case management group. Individuals who are awaiting sentencing or are sentenced to jail prior to beginning various programs such as DORA, [Women's Improvement Network \(WIN\)](#), 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. Upon release from jail, the client continues treatment in an outpatient setting or residential setting with WHS without having to "start over" in treatment. [Individuals who may be in withdrawal from opioid use are referred to the medical unit in the correctional facility.](#) Education is provided to the individual regarding the use of Vivitrol as an option of MAT upon release from jail. If an individual is eligible and desires to begin Vivitrol as part of treatment services, the individual is given a Vivitrol shot that lasts for 30 days and is given a follow up appointment with Midtown Community Services for

additional Vivitrol shots as well as an appointment with Weber Human Services for counseling. There is funding assistance available through a federal grant with Midtown Community Services to cover the majority of the cost of the Vivitrol medication.

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).

It is anticipated to have an increase in services in the jail with allocated funding from JRI/JRC funding.

Describe any significant programmatic changes from the previous year.

The Freedom Project as described above began in October 2017. The program is made available through a partnership with Weber County Jail, AP&P, and 2nd District Court. It is intended for male and female inmates who are rated moderate to high risk on the LSI-SV.

The Substance Abuse Prevention and Treatment (SAPT) block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

SAPT block grant dollars will not be used for the purpose of providing treatment services in the jail.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

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

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

WHS provides both mental health and substance use disorders treatment in one location. Clients can access services including individual, group, and psychiatric services in both areas. WHS employs licensed clinicians that can offer individual and group treatment services for co-occurring disorders. WHS provides a co-occurring treatment group that can be accessed for outpatient and intensive outpatient ASAM placements. Medication management is provided through on-site psychiatric appointments or referrals to community health centers such as

Midtown Community or private physicians. Coordination of care is managed through the primary clinician and assigned case manager. WHS has a Wellness Clinic that provides case management services and access to physicians to address physical health needs. Case managers and Peer Support Specialists coordinate with the County Health Department, Midtown Community Health, and IHC facilities for referrals for physical health screenings and referrals for testing and treatment. Planned Parenthood provides an educational group at WHS free of charge regarding family planning, infectious diseases, and promoting a healthy lifestyle. This group is available to both residential and outpatient clients. It has been provided to both males and females.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

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

14) Women's Treatment

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|---|--------------------|--|--|
| Form B - FY19 Amount Budgeted: | \$3,488,970 | | |
| Form B - Amount Budgeted in FY18 Area Plan | \$2,976,048 | | |
| Form B - Actual FY17 Expenditures Reported by Locals | \$3,242,412 | | |

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

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 [Trauma Recovery and Empowerment \(TREM\)](#) 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.

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 Division of child and family services (DCFS) for women with children at risk of, or in state custody.

In Tranquility Home, supervised family activities are available for parents and children to participate in on a weekly basis. Children's treatment services address the impact of substance use on children, including abuse/neglect and

education regarding [Fetal Alcohol Spectrum Disorders \(FASD\)](#). 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 services 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.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

Childcare services are provided for clients' children residing in Tranquility Home through contracted services with off-site day care providers. Case managers and peer support specialists assist clients with accessing resources for transportation, Head Start, and childcare through DWS, ATR, P-ATR, Your Community Action Agency, and Vocational Rehabilitation.

Describe any significant programmatic changes from the previous year.

[A Certified Peer Support Specialist is assigned full time to provide recovery support services for residential and outpatient clients.](#)

15) Adolescent (Youth) Treatment

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|---|------------------|--|--|
| Form B - FY19 Amount Budgeted: | \$552,366 | | |
| Form B - Amount Budgeted in FY18 Area Plan | \$733,840 | | |
| Form B - Actual FY17 Expenditures Reported by Locals | \$624,715 | | |

Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

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.

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).

While funding streams remain intact, we are experiencing a decrease in the number of individuals served. With recent changes in juvenile justice, referrals for the Juvenile Drug Court continue to decline. This continues to be a concern. We are continuing to explore ways to effectively maintain that programming. Likewise with passage of new laws related to juvenile justice, the probation state supervision sentencing guideline will be removed and programming is currently being reviewed and modified. At this time, Weber Human Services is only operating in one Juvenile Drug Court and the sustainability of that program is in question.

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

WHS continues to partner and collaborate with area providers including but not limited to DCFS, DJJS, SOC and JC. We engage in program discussions and client coordination on a weekly basis. All members are currently working to adopt and adapt to state and program changes while balancing the needs of our clients.

16) Drug Court

| | | | |
|---|------------------|---|------------------|
| Form B - FY18 Amount Budgeted: Felony | \$578,648 | Form B - FY19 Amount Budgeted: Felony | \$566,667 |
| Form B - FY18 Amount Budgeted: Family Dep. | \$283,091 | Form B - FY19 Amount Budgeted: Family Dep. | \$267,643 |
| Form B - FY18 Amount Budgeted: Juvenile | \$287,895 | Form B - FY19 Amount Budgeted: Juvenile | \$185,097 |
| Form B - FY18 Recovery Support Budgeted | \$47,905 | Form B - FY19 Recovery Support Budgeted | \$67,760 |

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

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

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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, detox, 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.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

MAT services are available to Drug Court participants. [Services are provided directly by a certified APRN who also attends the drug court staffings.](#) Clients can be prescribed Suboxone, Subutex, Naltrexone, Vivitrol, or Antabuse. If it is determined the client would benefit from Methadone, a referral is made to one of the contracted outpatient methadone clinics. Coordination of care is provided from doc to doc and through case management services. WHS also refers to Midtown Community Health Center who screens and provides MAT, specifically Naltrexone and Vivitrol. Vivitrol can be initiated with the first treatment occurring in jail prior to release. Follow up monthly appointments are coordinated with Midtown located in the WHS main building.

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 Specialty Courts, etc).

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 [seven days a week and holidays.](#) 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.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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 setup 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.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

No significant programmatic changes have occurred in Adult and Family Drug Courts. Referrals for these courts have increased this past year. Referrals for Juvenile Drug Court have decreased.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

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.

17) Justice Reinvestment Initiative (JRI)

| | | | |
|---------------------------------------|------------------|---------------------------------------|--------------------|
| Form B - FY18 Amount Budgeted: | \$613,000 | Form B - FY19 Amount Budgeted: | \$1,031,459 |
|---------------------------------------|------------------|---------------------------------------|--------------------|

Justice Reinvestment Initiative

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.

JRI Programs Include:

- Additional unfunded slots for Mental Health Court
- Safe and Sober Housing
- Project Freedom--Treatment services for individuals transitioning from jail to the outpatient setting at WHS
- Crisis Response Team--rapid/real time community response and outreach to individuals encountered by law enforcement who may be in need of immediate crisis intervention
- Medication Assisted Therapy
- Medication for co-occurring conditions
- Women's Improvement Network-treatment for women referred from AP&P

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

WHS will work collaboratively with Adult Probation and Parole, as well as the Weber County Jail to obtain copies of the [Level of Service Inventory - Short Version \(LSI-SV\)](#) and the [Level of Service Inventory Revised \(LSI R\)](#) 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.

Identify training and/or technical assistance needs.

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

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

18) Drug Offender Reform Act

| | | | |
|---|------------------|--|--|
| Form B - FY19 Amount Budgeted: | \$559,849 | | |
| Form B - Amount Budgeted in FY18 Area Plan | \$457,243 | | |
| Form B - Actual FY17 Expenditures Reported by Locals | \$502,309 | | |

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

The local DORA Planning and Implementation Team is as follows: [Presiding Judge Michael Direda](#), AP&P Designee Brock Treseder, County Attorney Teral Tree, LSAA Program Director Wendi Davis-Cox, WHS Supervisor Craig Anderson.

Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

The DORA program has approximately 90 treatment slots at any given time. We have increased 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 100-120 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.

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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

After AP&P has identified potential participants for the DORA program, an individual completes the clinical screening and assessment through WHS. For potential DORA participants who are incarcerated, a clinical screening is completed at the jail by WHS. The clinical assessment includes use of the Drug Use Screening Inventory (DUSI), clinical psychosocial assessment, DSM, 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.

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

WHS has implemented several evidence-based practices shown to improve outcomes for individuals with substance use and co-occurring disorders as well as focus upon interventions to address criminogenic risk factors. Evidence based practices include the following: Motivational Interviewing, SA-Cognitive Behavioral Treatment, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Life Skills, Seeking Safety, Staying Quit, 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 and Seeking Safety 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.

FY19 Substance Abuse Prevention Area Plan & Budget

Local Authority: Weber Human Services

Form C

| | State Funds | | County Funds | | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2019 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 | | | | | | | | |
| FY2019 Substance Abuse Prevention Revenue | | | | | | | | | | | | |
| FY2019 Substance Abuse Prevention Revenue | \$39,368 | | \$7,874 | | | \$398,404 | \$14,255 | \$93,074 | | | | \$552,975 |

| | State Funds | | County Funds | | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | Projected number of clients served | TOTAL FY2019 Expenditures | TOTAL FY2019 Evidence-based Program Expenditures |
|---|---|-------------------------------------|--|--------------------------------------|------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|------------------------------------|---------------------------|--|
| | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | | | | | | | | | | |
| FY2019 Substance Abuse Prevention Expenditures Budget | | | | | | | | | | | | | | |
| Universal Direct | \$32,322 | | \$6,158 | | | \$335,862 | \$3,000 | \$10,000 | | | | | \$387,342 | \$374,342 |
| Universal Indirect | \$2,642 | | \$643 | | | \$23,453 | \$11,255 | \$83,074 | | | | | \$121,067 | |
| Selective Services | \$1,321 | | \$322 | | | \$11,727 | | | | | | | \$13,370 | \$13,370 |
| Indicated Services | \$3,083 | | \$751 | | | \$27,362 | | | | | | | \$31,196 | \$31,195 |
| FY2019 Substance Abuse Prevention Expenditures Budget | \$39,368 | \$0 | \$7,874 | \$0 | \$0 | \$398,404 | \$14,255 | \$93,074 | \$0 | \$0 | \$0 | \$0 | \$552,975 | \$418,907 |

| SAPT Prevention Set Aside | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total |
|---------------------------------|---------------------------|-----------|--------------|-----------------------------------|-------------------------|---------------|-----------|
| Primary Prevention Expenditures | \$27,362 | \$132,902 | | | \$222,505 | \$15,635 | \$398,404 |

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Weber Human Services

Instructions:

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

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.

Executive Summary: The only changes to the plan this year is the elimination of Project Northland as BCTC decided not to implement at this time and the addition of Mental Health First Aid.

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: Learning 2 Breathe, Prevention Dimensions, Love & Logic, Guiding Good Choices, Emotion Coaching, Communities That Care, Parent Teen Alternative, Parents Empowered, Growing Up Strong, Mental Health First Aid and Second Step. WHS will provide direct service for all services except for Growing Up Strong and Second Step 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).

1) Assessment

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.

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 LSAs did for this fiscal year.

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. Summer 2016 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.

2) Capacity Building

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.

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)

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.

3) Planning

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.

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:

What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so?

What agencies and/or people assisted with this plan?

https://docs.google.com/document/d/1nwRxG7o_t8CEATBvoqj3DAsPYcz2kpWKZr96Hcg-CQ4/edit

4) Implementation

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions?

**Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).

<https://docs.google.com/document/d/1DeYumheX6K6whbNkwwGgjrDg3bgrO8797xCBoslxoQQ/edit>

5) Evaluation

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.

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

<https://docs.google.com/document/d/1DeYumheX6K6whbNkwwGgjrDg3bgrO8797xCBoslxoQQ/edit>

6) Create a Logic Model for each program or strategy.

https://docs.google.com/document/d/187TxxkIXdNi7S2DD9xrNwiZzAY15woVGiXW6glQ_SX6Y/edit

| Program Name | Cost of Program | Evidence Based: Yes or No |
|--------------|-----------------|---------------------------|
| | | |

| Agency | | | | Tier Level: | | | |
|--------------------|------|---------|-------------------------------|-------------|------------|----------|------|
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

1. Logic Model

| Program Name | | | | Cost of Program | | Evidence Based: Yes or No | |
|--------------------|------|---------|-------------------------------|-----------------|------------|---------------------------|------|
| | | | | | | | |
| Agency | | | | Tier Level: | | | |
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2. Logic Model

| | | | | | | | |
|--------------------|------|---------|-------------------------------|-----------------|------------|---------------------------|------|
| Program Name | | | | Cost of Program | | Evidence Based: Yes or No | |
| | | | | | | | |
| Agency | | | | Tier Level: | | | |
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

3. Logic Model

| | | | | | | | |
|--------------------|------|---------|-------------------------------|--|---------------------------|----------|------|
| Program Name | | | Cost of Program | | Evidence Based: Yes or No | | |
| | | | | | | | |
| Agency | | | Tier Level: | | | | |
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

4. Logic Model

| | | | | | | | |
|--------------|------|---------|-------------------------------|--|---------------------------|----------|------|
| Program Name | | | Cost of Program | | Evidence Based: Yes or No | | |
| | | | | | | | |
| Agency | | | Tier Level: | | | | |
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |

| | | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

5. Logic Model

| | | | | | | | |
|--------------------|------|---------|-------------------------------|-----------------|------------|---------------------------|------|
| Program Name | | | | Cost of Program | | Evidence Based: Yes or No | |
| | | | | | | | |
| Agency | | | | Tier Level: | | | |
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

| Program Name: Growing Up Strong (Gus & Gussie) | | | | Cost: \$11,727 | | Evidence Based: Yes | | |
|--|-------------------------|--|--|----------------|---|---|--|--|
| Agency: Weber Human Services | | | | Tier Level: 2 | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | <u>S</u> | I | | Short | Long |
| Logic | Maintain 30 day alcohol | <p>Rewards for pro-social behavior</p> <p>Students negative behaviors</p> <p>Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety</p> | <p>128 1st grade students in the following elementary schools who the school as identified as at risk: Shadow Valley, Gramercy, West Weber, Washington Terrace, Plain City, Midland, North Park, OPA</p> | | | <p>Growing Up Strong Program held once per week x 1 hours x 10 weeks. Facilitated by school counselors.</p> <p>Small group facilitation on topics such as: self-esteem, family, peer pressure, diversity, feelings, coping skills, anger management, personal safety, and working together.</p> | <p>Interactions with pro-social peers for 6th graders will increase from 52.7% in 2015 to 54.7% in 2021. Students will show a decrease in negative behaviors from pre to post test.</p> <p>Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety will increase from pre to post test.</p> | <p>30 day alcohol use among 6th grade students will maintain rates 1.7% in 2015 to 1.7% (state average) in 2025.</p> |
| Measures & Sources | 2015 SHARP | 2015 SHARP | Attendance records | | | Attendance Records | SHARP 2021 Pre & Post Tests | SHARP 2025 |

| Program Name: Mental Health First Aid | | | | Cost: \$11,727 | | Evidence Based: Yes | | |
|---------------------------------------|--------------------------|---------------------|--------------------------------------|----------------|---|--|---|--|
| Agency: Weber Human Services | | | | Tier Level: | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | S | I | | Short | Long |
| Logic | Reduce underage drinking | Depressive Symptoms | 60 Adults in Weber and Morgan County | | | Mental Health First Aid is an 8 hour course teaching adults how to intervene with others, adults and youth, experiencing a mental health problem or crisis. WHS will provide 1 course every quarter. | Depressive symptoms for all grades will decrease 38.5% on 2017 to 36.7% in 2021 | 30 day alcohol use for all grades will decrease from 9.0% in 2017 to 6.4% (state average) in 2023. |
| Measures & Sources | 2017 SHARP | 2017 SHARP | Attendance records | | | Attendance Records | 2021 SHARP | 2023 SHARP |

| Program Name: Second Step | | | | Cost: \$7,818 | | Evidence Based: Yes | | |
|------------------------------|---|---|---|---------------|---|---|--|--|
| Agency: Weber Human Services | | | | Tier Level: | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | S | I | | Short | Long |
| Logic | Maintain 30 day alcohol for 6 th & 8 th grade students in Weber School District | Depressive Symptoms Students' knowledge skills for learning, empathy, emotion management, and problem solving. | 3000 elementary students in the Weber School District (Burch Creek, Majestic, Bates, Midland, W. Terrace, Valley View, North Park, Lakeview, W. Weber, Roy, Green Acres, Pioneer, Freedom, Kanesville, Riverdale, Municipal, Country View, Hooper, Roosevelt) | | | Second Program held 1-2 times per week x 1 hours until lessons are completed. Facilitated by school counselors. Topics such as: self-esteem, family, peer pressure, diversity, feelings, coping skills, anger management, personal safety, and working together. | Depressive symptoms for 6 th graders in Weber School District will decrease from 29% in 2015 to 27% in 2021. Depressive symptoms for 8 th graders in Weber School District will decrease from 37.5% in 2015 to 35.5% in 2021. Students' knowledge skills for learning, empathy, emotion management, and problem solving will increase from pre to post test. | 30 day alcohol use among 6 th grade students in Weber School District will maintain rates 0.6% from 2015 to 2025. 30 day alcohol use among 8 th grade students in Weber School District will maintain rates 3.4% from 2015 to 2025. |
| Measures & Sources | Weber School District 2015 SHARP | Weber School District 2015 SHARP | Attendance records | | | Attendance Records | Weber School District 2021 SHARP Pre & Post Tests | Weber School District 2025 SHARP |

| | | | | | | | | | |
|--------------------------------------|--------------------------|--|---|---------------|---|---|--|---|--|
| Program Name: EASY Compliance Checks | | | | Cost: \$3,909 | | Evidence Based: Yes | | | |
| Agency: Weber Human Services | | | | Tier Level: | | | | | |
| | Goal | Factors | Focus Population | | | Strategies | | Outcomes Short Long | |
| | | | <u>U</u> | S | I | | | | |
| Logic | Reduce underage drinking | Community Laws and norms favorable to drug use | Local Police Departments and City Business License Agencies | | | Encourage local police departments to do EASY Compliance Checks 3 times a year. Encourage local City Business License Agencies to give citations to license holders who fail the EASY Compliance Checks. | | Laws and norms favorable to drug use will decrease from 20.7% in 2015 to 17.7% in 2021. | 30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. |
| Measures & Sources | 2013 SHARP | 2015 SHARP | Meeting documentation | | | EASY Compliance Reports City and Police Reports | | SHARP 2021 | SHARP 2023 |

| Program Name: Parents Empowered | | | | Cost: \$27,362 | | Evidence Based: Yes | | |
|---------------------------------|--------------------------|--|---------------------------------------|----------------|---|--|---|--|
| Agency: Weber Human Services | | | | Tier Level: | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | <u>U</u> | S | I | | Short | Long |
| Logic | Reduce underage drinking | Community Laws and norms favorable to drug use | 60,000 Parents of children ages 10-16 | | | Articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention. Parents Empowered Kits and collateral items will be distributed at various local community events, schools, community classes, and worksites. | Laws and norms favorable to drug use will decrease from 20.7% in 2015 to 17.7% in 2021. | 30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. |
| Measures & Sources | 2013 SHARP | 2015 SHARP | Prevention service delivery rosters | | | Collateral distributed Amount of media placed in LSAA | SHARP 2021 | SHARP 2023 |

| Program Name: Parent and Teen Alternative Program | | | | Cost: \$27,362 | | Evidence Based: Yes | | |
|---|---|---|---|----------------|---|--|---|---|
| Agency: Weber Human Services | | | | Tier Level: 2 | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | S | I | | Short | Long |
| Logic | <p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> | <p>Perceived risk of drug use</p> <p>Poor family management</p> <p>Family Attachment</p> <p>Family Conflict</p> | <p>20 Youth age 12-17 who have been referred by the juvenile court or local school as a result of a substance use violation.</p> <p>20 Parents of youth age 12-17 who have been referred by the juvenile court or local schools as a result of a substance use violation.</p> | | | <p>Parent and Teen Alternative Program held once per week x 2.5 hours x 6 weeks.</p> <p>Educational group held at Weber Human Services on topics such as communication, addiction, stress management, goal setting, prescription drugs, etc.</p> | <p>Perceived risk associated with drug use among 8th grade students will decrease from 27.8% in 2013 to 25.8% in 2019.</p> <p>Poor family management will decrease among 8th grade students from 32.9% in 2013 to 30.9% in 2019.</p> <p>Family attachment for 8th grade students will increase from 67.8% in 2015 to 70.8% in 2021.</p> <p>Family conflict will decrease among 8th grade students from 29.4% in 2013 to 27.4% in 2019.</p> <p>Perceived risk associated with drug use among 10th grade students will decrease from 37.3% in 2013 to 35.3% in 2019.</p> <p>Poor family management will decrease among 10th grade students from 24.9% in 2015 to 21.9% in 2021.</p> <p>Family attachment for 10th grade students will increase from 68.1% in 2015 to 71.1% in 2021.</p> <p>Family conflict will decrease among 10th grade students from 33.2% in 2015 to 30.2% in 2021.</p> <p>Perceived risk associated with drug use among 12th grade students will decrease from 34.0% in 2013 to 32.0% in 2019.</p> <p>Poor family management will decrease among 12th grade students from 26.8% in 2015 to 23.8% in 2021.</p> <p>Family attachment for 12th grade students will increase from 70.3% in 2013 to 72.3% in 2019.</p> <p>Family conflict will decrease among 12th grade students from 29.2% in 2015 to 26.2% in 2021.</p> <p>Youth's knowledge of harmful effects of substance abuse, effective communication skills, effective problem solving skills, and refusal skills will increase from pre to post test.</p> <p>Parent's knowledge of harmful effects of substance abuse, effective communication skills,</p> | <p>30 day alcohol use among 8th grade students will decrease from 7.2% in 2013 to 5.2% in 2023.</p> <p>30 day marijuana use among 8th grade students will not increase by more than 20% from 5.3% in 2013 to 6.36% in 2023.</p> <p>30 day alcohol use among 10th grade students will decrease from 9.4% in 2015 to 6.4% in 2023.</p> <p>30 day marijuana use among 10th grade students will not increase by more than 20% from 12.1% in 2013 to 14.52% in 2023.</p> <p>30 day alcohol use among 12th grade students will decrease from 18.3% in 2015 to 15.3% in 2023.</p> <p>30 day marijuana use among 12th grade students will not increase by more than 20% from 14.4% in 2013 to 17.28% in 2023.</p> |

| | | | | | | |
|--------------------|------------|--|--------------------------------------|--------------------|---|------------|
| | | | | | effective problem solving skills, and refusal skills will increase from pre to post test. | |
| Measures & Sources | SHARP 2013 | 2013 & 2015 SHARP Program Pre-Post test | Referral forms Attendance rosters | Attendance rosters | SHARP 2019 SHARP 2021 Program Pre and Post Tests. | SHARP 2023 |

| Program Name: Communities That Care | | | | Cost: \$202,961 | | Evidence Based: Yes | | |
|-------------------------------------|--|--|--|-----------------|---|--|--|--|
| Agency: Weber Human Services | | | | Tier Level: | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | <u>U</u> | S | I | | Short | Long |
| Logic | Reduce 30 day alcohol 30 day marijuana will not increase by more than 20% | Community Laws and norms favorable to drug use Community Rewards for Pro-social Involvement | Residents of Weber County in the following catchment areas: Bonneville High Cone Roy High Cone Fremont High Cone Weber High Cone Downtown Ogden | | | Prevention Specialists will provide TA and oversee implementation of CTC model to Bonneville CTC. Prevention Specialists will educate key leaders and stakeholders in Roy High, Fremont High, and Weber High communities and provide TA in the implementation of CTC in these communities. | Laws and norms favorable to drug use will decrease from 20.7% in 2015 to 17.7% in 2021. Community rewards for pro-social involvement will increase from 56.9% in 2013 to 60% in 2017. | 30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023. |
| Measures & Sources | 2013 & 2015 SHARP | SHARP 2013 & 2015 | Meeting Minutes Attendance Rosters Prevention Service Delivery Logs | | | Meeting Minutes Attendance Rosters Prevention Service Delivery Logs | SHARP Survey 2017 | SHARP Survey 2023 |

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|--------------------------------|--|------------------------------|--|----------------|---|--|---|--|
| Program Name: Emotion Coaching | | | | Cost: \$19,544 | | Evidence Based: Yes | | |
| Agency: Weber Human Services | | | | Tier Level: 3 | | | | |
| | Goal | Factors | | | | Goal | Factors | |
| | | | <u>U</u> | S | I | | | |
| Logic | Reduce 30 day alcohol 30 day marijuana will not increase by more than 20% | Depressive Symptoms | 32 Parents and guardians of children ages 5-17 in Weber County | | | Participants attend 1 hour x 1 per week x 5 weeks. This program teaches parents, educators, and caregivers how to Emotion Coach children in 5 simple steps. By increasing emotional awareness and communication skills, this program improves your emotional responsiveness and, in turn, creates emotionally intelligent children Dr. John Gottman's research has shown that Emotion Coached children: Perform better academically Have fewer behavioral problems Have fewer infectious illnesses Are more emotionally stable Are more resilient Can focus attention and motivate themselves | Depressive symptoms for all grades will decrease 38.7% on 2015 to 36.7% in 2021 | 30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023. |
| Measures & Sources | SHARP 2013 SHARP 2015 | SHARP 2013 Pre-post tests | Measures & Sources | | | SHARP 2013 SHARP 2015 | SHARP 2013 Pre-post tests | Measures & Sources |

| | | | | | | | |
|------------------------------------|--|--|--|----------------|--|---------------------|--|
| Program Name: Guiding Good Choices | | | | Cost: \$11,727 | | Evidence Based: Yes | |
|------------------------------------|--|--|--|----------------|--|---------------------|--|

| Agency: Weber Human Services | | | | Tier Level: | | | | |
|------------------------------|---|---|--|-------------|---|--|---|---|
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | U | S | I | | Short | Long |
| Logic | <p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> | <p>Parental attitudes favorable to antisocial behaviors.</p> <p>Poor family management</p> <p>Depressive Symptoms</p> | 32 Parents and guardians of children ages 9-14 in Weber County | | | Participants attend 2 hour x 1 per week x 5 weeks. | <p>Parental attitudes favorable to antisocial behavior will decrease for 6th from 23.3% in 2013 to 21.3 % 2017.</p> <p>Parental attitudes favorable to antisocial behavior will decrease for 8th grade from 32.0% in 2013 to 30.0 % 2017.</p> <p>Family management for 6th grade will decrease from 41.3% in 2013 to 39.3% in 2017.</p> <p>Family management for 8th grade will decrease from 32.9% in 2013 to 30.9% in 2017.</p> <p>Depressive symptoms for 6th graders will decrease from 33.9% in 2015 to 31.9% in 2021.</p> <p>Depressive symptoms for 8th graders In Weber School District will decrease from 39.1% in 2015 to 37.1% in 2021.</p> <p>Parental knowledge, attitudes, and behavior of how to reduce the risk of their children engaging in substance abuse will increase from pre to post test</p> | <p>30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023.</p> <p>30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023.</p> |
| Measures & Sources | SHARP 2013 SHARP 2015 | SHARP 2013 Pre-post tests | Attendance rosters Referral Form | | | Attendance rosters | SHARP 2017 Pre – post tests | SHARP 2019 SHARP 2023 |

| | | |
|----------------------------|----------------|---------------------|
| Program Name: Love & Logic | Cost: \$19,544 | Evidence Based: Yes |
|----------------------------|----------------|---------------------|

| | |
|------------------------------|-------------|
| Agency: Weber Human Services | Tier Level: |
|------------------------------|-------------|

| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
|--------------------|-----------------------|--|---|---|---|--|---|--|
| | | | <u>U</u> | S | I | | Short | Long |
| Logic | Reduce 30 day alcohol | Family Conflict Poor family management Parental knowledge of positive parenting skills | 50 Parents and guardians of children ages birth -17 in Ogden and Weber School Districts | | | Participants attend 1 hour x 1 per week x 6 weeks. We show adults how to discipline kids without losing their love and respect. We focus on helping children develop personal responsibility, self-control and good decision making skills. Unlike some approaches we don't use complicated reward or punishment systems only focused on short-term compliance. Instead, we focus on nurturing long-term relationships and reinforcing good character. | Family Conflict will decrease for all grades from 32.2% in 2015 to 30.9% in 2021. Family management for all grades will decrease from 30.6% in 2015 to 28.1% in 2021. Parental knowledge of positive parenting skills will increase from pre to post test | 30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. |
| Measures & Sources | SHARP 2015 | SHARP 2015 Pre-post tests | Attendance rosters Referral Form | | | Attendance rosters | SHARP 2021 Pre-post tests | SHARP 2023 |

| Program Name: Prevention Dimensions Training | | | | Cost: \$3,909 | | Evidence Based: Yes | | |
|--|--|--|--|---------------|---|---|--|--|
| Agency: Weber Human Services | | | | Tier Level: | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes | |
| | | | <u>U</u> | S | I | | Short | Long |
| Logic | Reduce 30 day alcohol 30 day marijuana will not increase by more than 20% | Academic Failure Early Initiation of Drug Use | 60 New school teachers in the Ogden and Weber School Districts | | | Teachers will be trained in prevention concepts and how to effectively implement the state wide Prevention Dimensions Curriculum. Teachers will implement PD curriculum in their classrooms to their students. Students' knowledge of prevention and life skills will increase. | Academic failure will decrease from 33.1% in 2015 to 30.1% in 2021. Early Initiation of Drug Use will decrease from 18.9% in 2015 to 16.9% in 2021. | 30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 8.2% in 2013 to 9.84% in 2023. |
| Measures & Sources | SHARP 2015 | SHARP 2013 & 2015 | Attendance rosters | | | Attendance rosters Pre-Post tests PD use reports | SHARP 2021 | SHARP 2023 |

| | | | | | | | | |
|----------------------------------|---|---------------------|--|----------------|---|--|--|---|
| Program Name: Learning 2 Breathe | | | | Cost: \$31,271 | | Evidence Based: Yes | | |
| Agency: Weber Human Services | | | | Tier Level:3 | | | | |
| | Goal | Factors | | | | Goal | Factors | |
| | | | <u>U</u> | S | I | | | |
| Logic | <p>Reduce 30 day alcohol</p> <p>30 day marijuana will not increase by more than 20%</p> | Depressive Symptoms | 30 adolescents 13-17 yrs old in Weber County | | | <p>Participants attend 1 hour x 1 per week x 6 weeks.</p> <p>Learning to BREATHE (L2B) is a mindfulness-based curriculum created for classroom or group settings. Mindfulness is the practice of becoming aware of one's present-moment experience with compassion and openness as a basis for wise action. This curriculum is intended to strengthen attention and emotion regulation, cultivate wholesome emotions like gratitude and compassion, expand the repertoire of stress management skills, and help participants integrate mindfulness into daily life. Each lesson includes age-appropriate discussion, activities, and opportunities to practice mindfulness in a group setting. L2B has been researched in many setting and used with adolescents and adults.</p> | <p>Depressive symptoms for all grades will decrease 38.7% on 2015 to 36.7% in 2021</p> | <p>30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% in 2025.</p> |
| Measures & Sources | SHARP 2015 | SHARP 2015 | Measures & Sources | | | SHARP 2015 | SHARP 2021 | SHARP 2025 |

| | | | | | | | |
|---------------------------------|--|--------------------------------------|---|---------------------------------------|-------------------|---|---|
| Program Name: Capacity Building | | | | Cost: \$19,544 | | Evidence Based: NA | |
| Agency: Weber Human Services | | | | Tier Level: NA | | | |
| | Goal | Factors | | | | Goal | Factors |
| | | | <u>U</u> | S | I | | |
| Logic | Reduce 30 day alcohol 30 day marijuana will not increase by more than 20% | Laws and norms favorable to drug use | 50 Local organization/key leaders in Weber County. Multiple committees throughout the state in efforts to affect Weber County. | | | Community Based Process: Multi-agency coordination and collaboration. Prevention staff will serve on local and state boards, committees and non-ctc coalitions to share prevention information, concepts, research and data in order to increase capacity for evidenced based prevention strategies. | Laws and norms favorable to drug use will decrease from 22.8% in 2017 to 20.8% in 2021. 30 day alcohol use for all grades will decrease from 9.0% in 2017 to 6.4% (state average) in 2023. 30 day marijuana use for all grades will not increase by more than 20% from 7.2% in 2017 to 9.84% in 2023. |
| Measures & Sources | SHARP Survey 2017 | SHARP Survey 2017 | Meeting minutes Attendance rosters | Meeting minutes Attendance rosters | SHARP Survey 2021 | SHARP Survey 2023 | |

PLANNING Goal: 1 Reduce Underage Drinking for all Grades, Objective: 1.1 Decrease depressive symptoms

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------------|-------------------------------|---------------------------------|---|--|
| Second Step | Weber School District | Block Grant, County, State | Weber School District | SHARP, Pre & Posttests, School Records |
| Emotion Coaching | No | Block Grant, County, State, PFS | School Districts, Local libraries or businesses | SHARP, Pre & Posttests, Attendance Records |
| Learning 2 Breathe | No | Block Grant, County, State, PFS | School Districts, Local Gyms or Yoga Centers | SHARP, Attendance Records |
| Mental Health First Aid | No | Block Grant, County, State | Health Department, NUHOPE | SHARP, Pre & Posttests, Attendance Records |

Objective: 1.2 Decrease community laws and norms favorable to drug use

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|------------------------|---|----------------------------|---|--------------------------|
| EASY Compliance Checks | Roy PD, Ogden PD, Weber County Sheriff's Office | Block Grant, County, State | Local PD's, City Business License Division | SHARP, EASY Report |
| Parents Empowered | Parents Empowered (Statewide) | Block Grant, County, State | School Districts, Local libraries or businesses | SHARP, Process records |
| CTC | No | Block Grant, County, State | School Districts, Cities, other Key Leaders | SHARP, Coalition records |

Objective: 1.3 Decrease family conflict and poor family management and increase family attachment

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------------|-------------------------------|---------------------------------|---|--|
| Parent Teen Alternative | No | Block Grant, County, State | School Districts, Courts, Weber Morgan Health Dept. | SHARP, Pre & Posttests |
| Guiding Good Choices | No | Block Grant, County, State, PFS | School Districts, Local libraries or businesses | SHARP, Pre & Posttests, Attendance Records |
| Love & Logic | Yes, Weber School District | Block Grant, County, State, PFS | School Districts, Local Gyms or Yoga Centers | SHARP, Pre and Posttests, Attendance Records |

Objective: 1.4 Decrease early initiation of drug use

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-----------------------|-------------------------------|----------------------------|------------------|-----------------------|
| Prevention Dimensions | School District | Block Grant, County, State | School Districts | SHARP, School Records |

Objective: 1.5 Decrease academic failure

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-----------------------|-------------------------------|----------------------------|------------------|-----------------------|
| Prevention Dimensions | School District | Block Grant, County, State | School Districts | SHARP, School Records |

Goal: 2 Maintain low rates of Underage Drinking for 6th grade

Objective: 1.1 Increase rewards for pro-social behavior and students life skills

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------|-------------------------------|----------------------------|-----------------------|--|
| Growing Up Strong | School Districts | Block Grant, County, State | School Districts | SHARP, School Records |
| Second Step | Weber School District | Block Grant, County, State | Weber School District | SHARP, Pre & Posttests, School Records |

Objective: 1.2 Decrease depressive symptoms

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------|-------------------------------|----------------------------|-----------------------|--|
| Growing Up Strong | School Districts | Block Grant, County, State | School Districts | SHARP, School Records |
| Second Step | Weber School District | Block Grant, County, State | Weber School District | SHARP, Pre & Posttests, School Records |

Goal: 3 Keep marijuana use from increasing by more than 20%

Objective: 1.1 Decrease poor family management and family conflict while increasing family attachment

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------------|-------------------------------|----------------------------|---|------------------------|
| Parent Teen Alternative | No | Block Grant, County, State | School Districts, Courts, Weber Morgan Health Dept. | SHARP, Pre & Posttests |

| | | | | |
|----------------------|----------------------------|---------------------------------|---|--|
| Guiding Good Choices | No | Block Grant, County, State, PFS | School Districts, Local libraries or businesses | SHARP, Pre & Posttests, Attendance Records |
| Love & Logic | Yes, Weber School District | Block Grant, County, State, PFS | School Districts, Local Gyms or Yoga Centers | SHARP, Pre and Posttests, Attendance Records |

Objective: 1.2 Decrease academic failure

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-----------------------|-------------------------------|----------------------------|------------------|-----------------------|
| Prevention Dimensions | School District | Block Grant, County, State | School Districts | SHARP, School Records |

Objective: 1.3 Decrease early initiation of drug use

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-----------------------|-------------------------------|----------------------------|------------------|-----------------------|
| Prevention Dimensions | School District | Block Grant, County, State | School Districts | SHARP, School Records |

Objective: 1.4 Decrease community laws and norms favorable to drug use

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|------------------------------|-------------------------------|---------------------------------|---|--------------------------|
| CTC | No | Block Grant, County, State, PFS | School Districts, Cities, other Key Leaders | SHARP, Coalition records |
| Marijuana Awareness Campaign | No | Block Grant, County, State | | SHARP |

Objective: 1.5 Decrease depressive symptoms

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------------|-------------------------------|---------------------------------|---|--|
| Emotion Coaching | No | Block Grant, County, State, PFS | School Districts, Local libraries or businesses | SHARP, Pre & Posttests, Attendance Records |
| Learning 2 Breathe | No | Block Grant, County, State, PFS | School Districts, Local Gyms or Yoga Centers | SHARP, Attendance Records |
| Mental Health First Aid | No | Block Grant, County, State, PFS | Health Department, NUHOPE | SHARP, Pre & Posttests, Attendance Records |
| Guiding Good | No | Block Grant, | School Districts, | SHARP, Pre & |

| | | | | |
|---------|--|--------------------|-------------------------------|-------------------------------|
| Choices | | County, State, PFS | Local libraries or businesses | Posttests, Attendance Records |
|---------|--|--------------------|-------------------------------|-------------------------------|

Goal: 4 Decrease Opioid Overdose Deaths

Objective: 1.1 increase awareness of prevalence and risk of prescription drug overdose in Downtown Ogden, South Ogden, Riverdale, and Ben Lomond areas.

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-----------------------------|-------------------------------|---------|----------------------|----------|
| Distribute printed material | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Post materials online | Use Only as Directed | PDO | Use Only as Directed | SHARP |

Objective: 1.2 increase awareness to providers, persons at high risk, family members, and public on how to prevent and manage opioid overdose

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-------------------------------|-------------------------------|---------|--|-------------------------|
| Distribute printed material | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Post materials online | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Train Treatment Professionals | No | PDO | WHS Treatment | SHARP, Training Records |
| Train Prescribers | No | PDO | Dr. Houden and other physicians | SHARP, Training Records |
| Train Pharmacists | No | PDO | Christine Jacobson and other pharmacists | SHARP, Training Records |

Objective: 1.3 Increase awareness to providers, persons at high risk, family members, law enforcement and public on laws related to opioid overdose.

Strategies:

| Strategy | Implemented by other agencies | Funding | Collaboration | Measures |
|-----------------------------|-------------------------------|---------|----------------------|-------------------------|
| Distribute printed material | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Post materials online | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Train Law Enforcement | No | PDO | Local PD's | SHARP, Training Records |

Objective: 1.4 Increase perception of harm of opioid prescription drugs in persons 15 and older.

Strategies:

| Strategy | Implemented by | Funding | Collaboration | Measures |
|----------|----------------|---------|---------------|----------|
|----------|----------------|---------|---------------|----------|

| | | | | |
|-----------------------------|----------------------|-----|----------------------|-------------------------|
| | other agencies | | | |
| Distribute printed material | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Post materials online | Use Only as Directed | PDO | Use Only as Directed | SHARP |
| Presentations to youth | No | PDO | School Districts | SHARP, Training Records |

IMPLEMENTATION

| Strategy | Who will implement strategy | Target Population | Where Implemented | Number of sessions |
|---------------------------------|--|--|---|---|
| Emotion Coaching | WHS | Parents and guardians of children ages 5-17 in Weber County | School Districts, Local libraries or businesses | 5 |
| Learning 2 Breathe | WHS | adolescents 13-17 yrs old in Weber County | School Districts, Local Gyms or Yoga Centers | 6 |
| Growing Up Strong | School Counselors | 1st grade students who the school as identified as at risk: behaviorally, socially or academically | Schools | 10 |
| Guiding Good Choices | WHS | Parents and guardians of children ages 9-14 in Weber County | School Districts, Local libraries or businesses | 5 |
| Second Step | School Counselors, WHS | Elementary Students | Schools | Varies on grade |
| EASY Compliance Checks | WHS, PAC ATOD Committee (includes Weber Morgan Health Dept), Law Enforcement, City License | Retailers | Community | 3 times per year |
| Parents Empowered | WHS, Parents Empowered | Parents of children ages 10-16 | Community | Varies |
| Parent Teen Alternative | WHS | Youth 12-17 and their guardians | WHS | 6 |
| CTC | WHS, Roy Coalition Project, Bonneville CTC, Weber Warrior Coalition, Fremont Coalition | Community | Community | NA |
| Love & Logic | WHS, Weber School District | Parents/guardians of children 0-17 | Schools, Community | 6 |
| Prevention Dimensions Trainings | WHS | Teachers | WHS, Schools | Training is 1 day, Planning on offering 3 trainings |
| Mental Health First Aid | WHS | Adults in Weber and Morgan County | WHS, Community | 1 |

EVALUATION

Monitoring Fidelity: We monitor fidelity by doing observations for 2 sessions in a cycle of a class being taught. Other programs that are not session based we provide one on one coaching to those implementing the strategy.

How we determine if a strategy is appropriate and effective for the community: Through the assessment we assess

community readiness and resources available for each strategy. This is part of the assessment process.

Evaluation of Outcomes: We will review all measures used for each strategy throughout the year to ensure that we are on target.

WEEKLY DISCOUNT FEE SCHEDULE

Revised 12/16/2011

Based on Household Income - Before Taxes

| FAMILY GROSS INCOME | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------|----|-------|-------|-------|-------|------|------|------|------|
| \$0 - \$400 | 1 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$401 - \$500 | 2 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$501 - \$600 | 3 | \$5 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$601 - \$700 | 4 | \$5 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$701 - \$800 | 5 | \$10 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$801 - \$900 | 6 | \$10 | \$5 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$901 - \$1000 | 7 | \$15 | \$5 | \$5 | \$0 | \$0 | \$0 | \$0 | \$0 |
| \$1001 - \$1100 | 8 | \$17 | \$10 | \$5 | \$5 | \$5 | \$0 | \$0 | \$0 |
| \$1101 - \$1200 | 9 | \$20 | \$10 | \$10 | \$5 | \$5 | \$5 | \$0 | \$0 |
| \$1201 - \$1300 | 10 | \$23 | \$15 | \$10 | \$10 | \$5 | \$5 | \$5 | \$5 |
| \$1301 - \$1400 | 11 | \$26 | \$16 | \$10 | \$10 | \$5 | \$5 | \$5 | \$5 |
| \$1401 - \$1500 | 12 | \$30 | \$18 | \$15 | \$10 | \$10 | \$5 | \$5 | \$5 |
| \$1501 - \$1600 | 13 | \$33 | \$20 | \$15 | \$15 | \$10 | \$10 | \$5 | \$5 |
| \$1601 - \$1700 | 14 | \$37 | \$22 | \$17 | \$15 | \$10 | \$10 | \$10 | \$10 |
| \$1701 - \$1800 | 15 | \$41 | \$25 | \$19 | \$16 | \$15 | \$10 | \$10 | \$10 |
| \$1801 - \$1900 | 16 | \$45 | \$27 | \$21 | \$17 | \$15 | \$15 | \$10 | \$10 |
| \$1901 - \$2000 | 17 | \$50 | \$30 | \$23 | \$19 | \$17 | \$15 | \$15 | \$15 |
| \$2001 - \$2100 | 18 | \$54 | \$33 | \$25 | \$21 | \$18 | \$16 | \$15 | \$15 |
| \$2101 - \$2200 | 19 | \$59 | \$36 | \$27 | \$23 | \$20 | \$18 | \$16 | \$15 |
| \$2201 - \$2300 | 20 | \$63 | \$39 | \$30 | \$25 | \$21 | \$19 | \$18 | \$16 |
| \$2301 - \$2400 | 21 | \$68 | \$42 | \$32 | \$27 | \$23 | \$21 | \$19 | \$18 |
| \$2401 - \$2500 | 22 | \$73 | \$45 | \$34 | \$29 | \$25 | \$23 | \$21 | \$19 |
| \$2501 - \$2600 | 23 | \$77 | \$48 | \$37 | \$31 | \$27 | \$24 | \$22 | \$21 |
| \$2601 - \$2700 | 24 | \$82 | \$51 | \$39 | \$33 | \$29 | \$26 | \$24 | \$22 |
| \$2701 - \$2800 | 25 | \$87 | \$55 | \$42 | \$35 | \$31 | \$28 | \$25 | \$24 |
| \$2801 - \$2900 | 26 | \$92 | \$58 | \$45 | \$37 | \$33 | \$30 | \$27 | \$25 |
| \$2901 - \$3000 | 27 | \$125 | \$62 | \$47 | \$40 | \$35 | \$31 | \$29 | \$27 |
| \$3001 - \$3100 | 28 | \$125 | \$65 | \$50 | \$42 | \$37 | \$33 | \$31 | \$29 |
| \$3101 - \$3200 | 29 | \$125 | \$69 | \$53 | \$45 | \$39 | \$35 | \$33 | \$30 |
| \$3201 - \$3300 | 30 | \$125 | \$72 | \$56 | \$47 | \$41 | \$37 | \$34 | \$32 |
| \$3301 - \$3400 | 31 | \$125 | \$76 | \$59 | \$50 | \$44 | \$39 | \$36 | \$34 |
| \$3401 - \$3500 | 32 | \$125 | \$80 | \$62 | \$52 | \$46 | \$42 | \$38 | \$36 |
| \$3501 - \$3600 | 33 | \$125 | \$83 | \$65 | \$55 | \$48 | \$44 | \$40 | \$37 |
| \$3601 - \$3700 | 34 | \$125 | \$87 | \$68 | \$57 | \$51 | \$46 | \$42 | \$39 |
| \$3701 - \$3800 | 35 | \$125 | \$91 | \$71 | \$60 | \$53 | \$48 | \$44 | \$41 |
| \$3801 - \$3900 | 36 | \$125 | \$95 | \$74 | \$63 | \$55 | \$50 | \$46 | \$43 |
| \$3901 - \$4000 | 37 | \$125 | \$125 | \$77 | \$66 | \$58 | \$52 | \$48 | \$45 |
| \$4001 - \$5900 | 38 | \$125 | \$125 | \$81 | \$68 | \$60 | \$55 | \$51 | \$47 |
| \$5901 - \$4200 | 39 | \$125 | \$125 | \$84 | \$71 | \$63 | \$57 | \$53 | \$49 |
| \$4201 - \$4300 | 40 | \$125 | \$125 | \$87 | \$74 | \$65 | \$59 | \$55 | \$51 |
| \$4301 - \$4400 | 41 | \$125 | \$125 | \$90 | \$77 | \$68 | \$62 | \$57 | \$53 |
| \$4401 - \$4500 | 42 | \$125 | \$125 | \$94 | \$80 | \$71 | \$64 | \$59 | \$55 |
| \$4501 - \$4600 | 43 | \$125 | \$125 | \$125 | \$83 | \$73 | \$67 | \$62 | \$58 |
| \$4601 - \$4700 | 44 | \$125 | \$125 | \$125 | \$86 | \$76 | \$69 | \$64 | \$60 |
| \$4701 - \$4800 | 45 | \$125 | \$125 | \$125 | \$88 | \$79 | \$72 | \$66 | \$62 |
| \$4801 - \$4900 | 46 | \$125 | \$125 | \$125 | \$91 | \$81 | \$74 | \$68 | \$64 |
| \$4901 - \$5000 | 47 | \$125 | \$125 | \$125 | \$94 | \$84 | \$77 | \$71 | \$66 |
| \$5001 - \$5100 | 48 | \$125 | \$125 | \$125 | \$125 | \$87 | \$79 | \$73 | \$69 |
| \$5101 - \$5200 | 49 | \$125 | \$125 | \$125 | \$125 | \$89 | \$82 | \$76 | \$71 |
| \$5201 - \$5300 | 50 | \$125 | \$125 | \$125 | \$125 | \$92 | \$84 | \$78 | \$73 |
| \$5301 - \$5400 | 51 | \$125 | \$125 | \$125 | \$125 | \$95 | \$87 | \$80 | \$75 |

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

Shaded area indicates poverty levels

(Income verification required for all fees)

(Fee reductions available for hardship)

DISCOUNT FEE SCHEDULE

Based on Household Income - Before Taxes

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

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

Shaded area indicates poverty levels

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

**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 2019 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: WHS Board chair

Date: 5/3/2018