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 (adult or youth) in Weber or Morgan County who has Medicaid is eligible for all Medicaid covered Mental Health services (covered services may vary by Medicaid eligibility type); 2) In Morgan County we are able to provide in county 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 outpatient mental health services within funding availability but we do not pay for non-Medicaid inpatient services; 4) 24 hour phone crisis services are available to all Weber and Morgan county residents through the Utah Crisis Line with warm hand-off follow-up services as needed through the WHS MCOT; 5) In person crisis services are available during normal business hours to all Weber and Morgan County residents; 6) 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); 7) MCOT services are available to all residents of Weber and Morgan Counties; 8) WHS 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; 9) Any non-Medicaid adults seeking outpatient mental health services will be screened by a WHS therapist and if they determine that the client most likely has a mental health diagnosis, the individual will be given a voucher to access an evaluation and initially 4 individual therapy sessions (additional individual therapy sessions can be given on a case-by-case basis and within funding limits--funding currently provided by the WHS Foundation); 10) Non-Medicaid youth can be served using unfunded, MHBG, County Funds, Early Episode Psychosis, Early Intervention, State General Funds or through the SMR team as authorized through the SMR hierarchy.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
Within funding, all Weber and Morgan County residents are eligible to receive outpatient and intensive outpatient substance use disorder services with a qualifying diagnosis. Limited residential services are available through the WHS Men's Residential Facility, the WHS Women's and Children's Residential Facility, and occasionally through contracts with First Step House and Odyssey House. Individuals are screened and evaluated for appropriate ASAM level placement. We do not currently have a cap or wait list for outpatient or intensive outpatient services. In the event that capacity is reached and funding limits do not allow for additional expansion of resources, individuals seeking services who are low risk and do not meet priority population criteria, may be placed on a wait list if they decide not to access services elsewhere. 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 per year. These services are provided at WHS and other contracted community MAT providers (Clinical Consultants, Aloha

Behavioral, Discovery House, and BAART).
In the event that there is a need for inpatient detox services, clients are screened and referred for treatment on a single case agreement with Ogden Regional ACT. Financial resources are severely limited for this purpose and are used only when absolutely necessary. Social detox services are available through a contract with the Lantern House and through our Men's Residential facility (based on funding).

Recovery support services are also available to clients who participate in a drug court program or through PATR.

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). If the potential client appears to meet the income eligibility requirements for Medicaid but has not yet applied for Medicaid, WHS will assist the individual in applying for Medicaid. Once the Medicaid application is finished (including any follow-up required by Medicaid), if the individual is denied Medicaid, they will be eligible for services under the sliding fee schedule.

If the individual appears to meet Medicaid eligibility criteria but refuses to apply for Medicaid, and is not civilly committed nor an individual who meets the federal block grant priority population definition, they will be denied services and will NOT be eligible for a public subsidy.

Crisis services will still be available for all Weber and Morgan County residents.

If an individual seems to be impaired to the point that they are unable to reasonably make a decision about applying for Medicaid or other insurance, they will be considered for a public subsidy on a case-by-case basis.

Any individual that does not appear to be eligible for Medicaid will receive a public subsidy based on their income and family size. This is applied through the sliding fee scale.

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 MAT. 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. The WHS Compliance staff conduct an annual audit of a sample of services reimbursed to the contractor to ensure that the services appropriately delivered and documented in 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

FY20 Mental Health Area Plan & Budget

Local Authority Weber Human Services

Form A

	State General Fund			County Funds									
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue
JRI/JRC	$206,256			$41,251									$247,507
Local Treatment Services	$445,732	$3,461,686	$84,723		$731,116	$10,562,270	$595,028		$1,026,491	$411,098	$30,973	$393,000	$17,742,117
FY2020 Mental Health Revenue by Source	$651,988	$3,461,686	$84,723	$41,251	$731,116	$10,562,270	$595,028	$0	$1,026,491	$411,098	$30,973	$393,000	$17,989,624

	State General Fund			County Funds											
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
Inpatient Care (170)		$711,076			$132,081	$2,172,715							$3,015,872	320	$9,424.60
Residential Care (171 & 173)		$250,714			$46,570	$766,066			$26,600	$11,240			$1,101,190	179	$6,151.90
Outpatient Care (22-24 and 30-50)	$74,874	$1,312,427	$84,723	$30,934	$243,782	$4,010,164	$453,349		$262,195	$314,189	$20,973		$6,807,610	6,085	$1,118.75
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	$525,524	$66,266			$100,000	$66,971						$393,000	$1,151,761	2,594	$444.01
Psychotropic Medication Management (61 & 62)		$449,638			$83,520	$1,373,884				$36,673			$1,943,715	1,764	$1,101.88
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		$209,624			$38,937	$640,512			$523,269	$4,636			$1,416,978	477	$2,970.60
Case Management (120 & 130)	$51,590	$377,227		$10,317	$70,069	$1,217,955			$142,707				$1,869,865	1,009	$1,853.19
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		$20,642			$3,834	$63,072	$29,250		$17,247		$10,000		$144,045	135	$1,067.00
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		$55,385			$10,708	$224,384	$10,917		$54,473				$355,867	345	$1,031.50
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		$8,687			$1,615	$26,547	$26,256						$63,105		
Services to persons incarcerated in a county jail or other county correctional facility													$0	1,611	$0.00
Adult Outplacement (USH Liaison)							$75,256			$44,360			$119,616	36	$3,322.67
Other Non-mandated MH Services													$0		#DIV/0!
FY2020 Mental Health Expenditures Budget	$651,988	$3,461,686	$84,723	$41,251	$731,116	$10,562,270	$595,028	$0	$1,026,491	$411,098	$30,973	$393,000	$17,989,624		

	State General Fund			County Funds											
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Cleint Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served
ADULT	$651,988	$2,743,077	$62,443	$41,251	$587,395	$6,975,989	$159,844		$552,019	$386,788	$30,794		$12,191,588	4,467	$2,729.26
YOUTH/CHILDREN		$718,609	$22,280		$143,721	$3,586,281	$435,184		$474,472	$24,310	$179	$393,000	$5,798,036	1,888	$3,070.99
Total FY2020 Mental Health Expenditures	$651,988	$3,461,686	$84,723	$41,251	$731,116	$10,562,270	$595,028	$0	$1,026,491	$411,098	$30,973	$393,000	$17,989,624	6,355	$2,830.78

FY20 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	FY2020 Expected Cost/Client Served
Inpatient Care Budget			
$2,230,537	ADULT	209	10672
$785,335	CHILD/YOUTH	111	7075
Residential Care Budget			
$1,074,590	ADULT	177	$6,071
$26,600	CHILD/YOUTH	2	$13,300
Outpatient Care Budget			
$3,848,418	ADULT	4,209	914
$2,959,192	CHILD/YOUTH	1,876	1577
24-Hour Crisis Care Budget			
$758,761	ADULT	2,150	353
$393,000	CHILD/YOUTH	444	885
Psychotropic Medication Management Budget			
$1,461,515	ADULT	1,450	1008
$482,200	CHILD/YOUTH	314	1536
Psychoeducation and Psychosocial Rehabilitation Budget			
$772,694	ADULT	396	1951
$644,284	CHILD/YOUTH	81	7954
Case Management Budget			
$1,603,753	ADULT	800	2005
$266,112	CHILD/YOUTH	209	1273
Community Supports Budget (including Respite)			
$80,244	ADULT (Housing)	70	1146
$63,801	CHILD/YOUTH (Respite)	65	982
Peer Support Services Budget			
$204,915	ADULT	263	779
$150,952	CHILD/YOUTH (includes FRF)	82	1841
Consultation & Education Services Budget			
$36,545	ADULT		
$26,560	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
	ADULT Jail Services		#DIV/0!
Outplacement Budget			
$119,616	ADULT	36	3323
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
$12,191,588	Total Adult
$5,798,036	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)			
$70,943	ADULT	109	651
$22,280	CHILD/YOUTH	46	484
Unfunded (all other)			
$275,560	ADULT	170	1621
$76,428	CHILD/YOUTH	157	487

FY20 Mental Health Early Intervention Plan & Budget

Local Authority: Weber Human Services

Form A2

	State General Fund		County Funds						
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue
FY2020 Mental Health Revenue by Source		$260,437		$52,087	$922,000	$293		$100,000	$1,334,817

	State General Fund		County Funds								
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									$0		
FRF-CLINICAL		$28,065		$5,613	$99,356				$133,034	75	$1,773.79
FRF-ADMIN		$1,477		$295	$5,229				$7,001		
School Based Behavioral Health-CLINICAL		$202,019		$40,404	$715,189	$293		$100,000	$1,057,905	751	$1,408.66
School Based Behavioral Health-ADMIN		$28,876		$5,775	$102,226				$136,877		
FY2020 Mental Health Expenditures Budget	$0	$260,437	$0	$52,087	$922,000	$293	$0	$100,000	$1,334,817	826	#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 - FY20 Amount Budgeted:	**$2,230,537**	**Form A1 - FY20 Projected clients Served:**	**209**
Form A1 - Amount budgeted in FY19 Area Plan	**$2,171,938**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**200**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$2,288,095**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**210**

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 contracts with McKay Dee Hospital which has 33 beds and Ogden Regional which has 12 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 twice 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 by phone and in person, 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. Follow-up from hospitalizations includes an appointment with the assigned clinician and consideration for varying levels of case management including CTI, and AOT. Discharged patients are staffed weekly in an adult team staffing. Inpatient Hospital doctors will staff with Weber Prescribers by phone as needed to establish care which includes a teleconference with the psychiatrists at McKay Dee. . WHS continues to focus on prevention to minimize inpatient treatment and provide efficient, coordinated, client-centered care. 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 care. There is currently no wait time to initiate services as all intakes are taken as clients walk in.

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 has contracted with the local homeless facility (Lantern House) for two behavioral health beds, for our clients.

Clients who are being discharged from the inpatient unit, who do not have a current residence, may be discharged to the Lantern House. A WHS clinician is able to monitor daily and assist with behavioral health needs.

2) **Children/Youth Inpatient**

Form A1 - FY20 Amount Budgeted:	**785335**	**Form A1 - FY20 Projected clients Served:**	**111**
Form A1 - Amount budgeted in FY19 Area Plan	**$790,047**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**103**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$759,626**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**107**

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

Weber Human Services contracts with Intermountain 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 have continued to increase in number and cost. IHC is currently increasing their bed capacity to eighteen (18) in an effort to better 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 will continue to 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 - FY20 Amount Budgeted:	**1074590**	**Form A1 - FY20 Projected clients Served:**	**177**
Form A1 - Amount budgeted in FY19 Area Plan	**$1,033,939**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**155**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$968,873**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**160**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
WHS operates a Men's and Women's combined Residential facility (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.
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.
While clients are in the CTU we emphasize getting them connected to their outpatient treatment including evidence based treatments. We have a therapist available from 8-5 on Mondays, Tuesday through Friday we have someone available 8 to 8. On Saturday and Sunday we have a clinician available from 3-9. We have nurse's available Monday through Friday from 8 to 5 and on-call outside of business hours to manage more medically compromised clients such as clients who require insulin diabetes. We have a case manager/peer support worker and a case manager who also serves as the residential manager or supervisor over the residential aides.

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	**$26600**	**Form A1 - FY20 Projected clients Served:**	**2**
Form A1 - Amount budgeted in FY19 Area Plan	**$31,203**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**2**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$14,560**	**Form A1 - Actual FY18 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.
Weber Human Services has access to residential treatment for severe emotionally disturbed youth between the ages of 6 and 18 through area service providers. The residential program/s offer a treatment alternative designed to provide more intensive supervision and/or treatment for an extended length of time (average length of stay is 6 to 9 months). We can access services to treat male or female youth with a history of emotional and/or behavioral problems which have not responded to less intensive treatment options. We can also access services to treat male or female youth with a history of emotional and/or behavioral problems who are transitioning from a more restrictive setting (i.e. inpatient/Utah State Hospital). Weber Human Services contracts with Licensed Child Placement Providers for access to Therapeutic Foster Home(s). Such homes provide twenty-four hour

family-based care and supervision in a family home setting for up to three children/youth who have behavioral or adjustment problems. Weber Human Services contracts with Licensed Child Placement Providers for access to Community-based Residential Treatment Settings (i.e. Utah Youth Village, Chrysalis, and Rise). Such placements provide twenty-four hour supervision and treatment in a setting that permits exercise of critical skills yet the support required to be more successful in the community. WHS also partners with Archway Youth Receiving Center. Archway is an 8 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 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.

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	**$3825898**	**Form A1 - FY20 Projected clients Served:**	**4209**
Form A1 - Amount budgeted in FY19 Area Plan	**$3,346,427**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**4,156**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$4,140,613**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**4,209**

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.

SNF: WHS has therapist that go to several of the skilled nursing facilities in Ogden. There are 4 therapist and 3 case managers who help with the mental health needs in 8 different facilities. We also have a prescriber assigned to help with the medication needs of the clients in the SNF.

PASRR: WHS is engaged in doing PASRR evaluations in the community to help facility person's needs to get into a SNF. The program is run under a contract with the State of Utah. We have 5 therapists dedicated to doing PASRR evaluations.

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

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).

On the mental health assisted outpatient treatment team, 1 TCM, ! PSS, and 1 clinician have been added to the team to work with committed clients. This has helped to increase the intensity of services to our committed clients. In addition, Interim Progress hearings with a MH commission are being held on a monthly basis.

Describe any significant programmatic changes from the previous year.

WHS has one therapist who works with the Lantern House to provide support for those with mental illness. This includes screening for mental illness or substance issues and referring for services at WHS or outside agencies.WHS has also contracted for two beds with the Lantern House to provide increased support for clients leaving inpatient units. WHS has trained four therapists to provide CBT-SA for dually diagnosed clients. Groups will begin in April.

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 - FY20 Amount Budgeted:	**$2,959,192**	**Form A1 - FY20 Projected clients Served:**	**1876**
Form A1 - Amount budgeted in FY19 Area Plan	**$2,409,584**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**1,705**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$2,670,904**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**1,786**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
Outpatient services are offered to children between the ages of 0 and 18* and their families. The outpatient mental health team is divided into two teams and three areas of expertise; the Children's Mental Health Team with those members skilled in treating an infant population (0-5) and children (6-11); and, the Adolescent Mental Health Team with those members skilled in treating youth (12-18*). This allows for a more specialized and skilled level of care while building team support and enhanced collaboration. *Under some circumstances, the youth team will continue to provide services to a youth beyond age 18. The Principles of the Hope and Recovery model have been adopted and implemented (i.e. assessment process, direct service delivery, documentation, training and monitoring of services). We practice person-centered planning, produce strength-based assessments, and have implemented wellness initiatives (i.e. smoking cessation, metabolic wellness, etc.) The Outpatient Mental Health Team prides itself on adopting and practicing evidence-based practices such as Motivational Interviewing (MI), Aggression Replacement Therapy (ART), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and 1,2,3 Magic (a parenting approach). Ongoing research in the fields of mental health and substance abuse intervention has resulted in identification of models of services that have been shown to significantly improve symptom reduction and functional improvement outcomes for those receiving the service. A committee representing the various teams in the agency is meeting regularly to increase the number of evidence-based practices being delivered to our clients at WHS. Motivational Interviewing education has been provided to all clinicians on the youth team and skills are practiced and monitored in twice monthly group supervision and with individual supervisors. We have also added group supervision for the ART and TF-CBT models. Audio recordings and "direct line of sight" supervision is used to insure adherence to the model/s.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
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. WHS will continue to explore appropriate Evidence-based Programming.

7) **Adult 24-Hour Crisis Care**

Form A1 - FY20 Amount Budgeted:	**$758,761**	**Form A1 - FY20 Projected clients Served:**	**950**
Form A1 - Amount budgeted in FY19 Area Plan	**$193,421**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**400**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$180,373**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**412**
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 continue 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 now respond to the community 24/7 with MCOT which began in January of this year. This program has replaced our previous CRT program.This program has replaced our previous grant funded Crisis Response Team program. MCOT's 24/7 coverage includes a therapist and either a case manager or peer counselor that can respond to community crises. MCOT is accessed via 911/Dispatch calls or deployment from the Statewide crisis line. WHS MCOT services also includes a follow-up stabilization service to help clients and family get linked to needed resources and further stabilize from the initial crisis situation. 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 respond to local hospitals to help determine appropriate level of care. WHS continues to coordinate community crisis services with area first responders, Lantern House, and area hospitals to help provide an effective service and mitigate. risk. WHS has a designated inpatient coordinator that responds to local hospital authorization requests during regular working hours M-F 8am-5pm. Outside of these hours, MCOT responds to local hospitals and takes authorization calls from outside of area hospitals. WHS works to place people in less restrictive settings when possible.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

When a client is civilly committed the WHS inpatient coordinator works with assigning the client prior to them leaving the hospital to a therapist and prescriber on the Adult Mental Health team. A client is assigned to either a regular outpatient therapist with CM services, or they are assigned to the AOT/unfunded civilly committed team with CM services. If a client only has private insurance or Medicare then they start on the AOT/unfunded civilly committed team and when ready and with approval from the Medical Director, Clinical Director and Agency Director they are transferred to a provider with their insurance. WHS then follows the progress of the client with the private provider until the client's commitment is terminated. WHS has a clinical report that is run regularly to ensure that clients are participating with the requirements of the commitment. If a client is civilly committed the client's chart has a tracking bit on it. There are two weekly staff meetings that therapists and treatment team members can attend to get clinical assistance with civilly committed clients. If a client is homeless outreaches occur at the Lantern House to attempt to locate the client and engage them in services. Every day a designated examiner is available to help with return to restrictive care forms when needed. When a committed individual is transferred to us from another catchment the client is then assigned to a therapist and outreaches are done to engage the client in treatment.

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. Since WHS is now providing MCOT services 24 hours a day, 7 days a week, we would expect an increase in community crisis service encounters.

Describe any significant programmatic changes from the previous year.

WHS has formed a cooperative venture to enhance crisis services. We received MCOT funding and have developed a program to provide 24/7 emergency response. A stabilization program has also been developed via coordination with GOMB.

8) **Children/Youth 24-Hour Crisis Care**

Form A1 - FY20 Amount Budgeted:	**$393000**	**Form A1 - FY20 Projected clients Served:**	**444**
Form A1 - Amount budgeted in FY19 Area Plan	**$152,260**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**195**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$30,093**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**149**

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) walk in 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 (MCOT). MCOT services respond to youth and children as well as adults. MCOT may be called out by dispatch or statewide crisis line to address youth and families in crisis situations. Whenever an MCOT response involves children, youth, and their families, MCOT refers (SMR)- Stabilization and Mobile Response to follow-up with them. SMR is a team of therapists and Case managers that works primarily with children, youth, and their families. Currently at WHS, the staff includes 2 therapists and 2 case managers. MCOT also responds to Safe-Fam hotline calls when SMR primary services are not available such as late in the evening and on Holidays and Weekends. When such occurs, coordination occurs with full time SMR staff and MCOT to assure children, youth , and families' needs are addressed. 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 continues to partner with Davis Behavioral Health and Box Elder in a Stabilization and Mobile Response Team (SMR) Grant. This effort is designed to address emergency services in our region and to enhance services currently available.

Describe any significant programmatic changes from the previous year.

WHS continues to partner with Davis Behavioral Health and Box Elder in a Stabilization and Mobile Response Team (SMR) Grant. This effort is designed to address emergency services in our region and to enhance services currently available.

9) **Adult Psychotropic Medication Management**

Form A1 - FY20 Amount Budgeted:	**$1461515**	**Form A1 - FY20 Projected clients Served:**	**1450**

Form A1 - Amount budgeted in FY19 Area Plan	$1,368,372	Form A1 - Projected Clients Served in FY19 Area Plan	1,245
Form A1 - Actual FY18 Expenditures Reported by Locals	$1,204,042	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	1,313

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 management 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).

Dr. Jeff David will become the full time Medical Director at WHS in July 2019. We plan to increase our in-house MAT services at that time.

Describe any significant programmatic changes from the previous year.

WHS plans to bring on another MD in July 2019 to continue our work toward a fully integrated model of care. The new MD (Dr. Peterson) will work in the Wellness Clinic 30 hours a week and our new APRN will also work in the Wellness Clinic up to 10 hours a week. Dr. David, our new Medical Director, will also provide primary care in the context of meeting with individuals for MAT and psychiatric services.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	$482,200	Form A1 - FY20 Projected clients Served:	314
Form A1 - Amount budgeted in FY19 Area Plan	$573,475	Form A1 - Projected Clients Served in FY19 Area Plan	370
Form A1 - Actual FY18 Expenditures Reported by Locals	$551,064	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	314

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

Medication evaluations and medication management services are provided by a team of two (2) licensed prescribers specializing in children and/or youth 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.

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. WHS recently had RN retire and her FT vacancy has been filled with equivalent. .

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	**$772,694**	**Form A1 - FY20 Projected clients Served:**	**396**
Form A1 - Amount budgeted in FY19 Area Plan	**$983,211**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**375**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$804,594**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**380**

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

Psychosocial rehabilitation services are provided Monday through Friday through the STEPS program. We offer 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. STEPS also provides a drop-in center which is 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. The 3 full time ISD/PSS workers are 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.

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
Describe any significant programmatic changes from the previous year.
We have a full time PSS worker who works afternoons 1:00 PM to 9:00 PM Wednesday through Sunday which has allowed us to provide services to clients at the group homes and in their residences at night and on the weekends.

12) **Children/Youth Psychoeducation Services & Psychosocial Rehabilitation**

Form A1 - FY20 Amount Budgeted:	**$644,284**	**Form A1 - FY20 Projected clients Served:**	**81**
Form A1 - Amount budgeted in FY19 Area Plan	**$812,934**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**121**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$846,047**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**106**
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Psycho-education Services and Psycho-social Rehabilitation Services are offered in our school-based 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 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 - FY20 Amount Budgeted:	**$1,603,753**	**Form A1 - FY20 Projected clients Served:**	**800**
Form A1 - Amount budgeted in FY19 Area Plan	**$1,709,974**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**820**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$1,830,719**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**839**

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 - FY20 Amount Budgeted:	**$266,112**	**Form A1 - FY20 Projected clients Served:**	**209**
Form A1 - Amount budgeted in FY19 Area Plan	**$239,113**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**235**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$211,699**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**166**

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. WHS also has a designated Case Manager that works hand in hand with our inpatient therapist/liaison in an effort to reduce inpatient admissions, facilitate more timely discharges, and coordinate treatment and 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 not expecting an increase or decrease in funding and/or any expected increase or decrease in the number of individuals served.
Describe any significant programmatic changes from the previous year.
No significant programmatic changes from the previous year.

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	**$80,244**	**Form A1 - FY20 Projected clients Served:**	**70**
Form A1 - Amount budgeted in FY19 Area Plan	**$98,033**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**52**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$100,114**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**70**
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).			
No expected increase or decrease			
Describe any significant programmatic changes from the previous year.			
WHS now provides on-site support at the men's group home. A part-time position was converted to two live-in aides at the men's and women's group homes. It is expected that a live-in aide at the women's group home will be hired within the next couple of months.			

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	**$63,801**	**Form A1 - FY20 Projected clients Served:**	**65**
Form A1 - Amount budgeted in FY19 Area Plan	**$66,194**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**79**

Form A1 - Actual FY18 Expenditures Reported by Locals	**$29,424**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**44**

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/PSS positions and assists 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)/Peer Support Specialists (PSS). 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. We are also invested in the statewide System of Care (SOC) process and currently have agency/family voices at Regional Advisory Council 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 but will continue to serve more clients/families as resources allow.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

17) **Adult Peer Support Services**

Form A1 - FY20 Amount Budgeted:	**$204,915**	**Form A1 - FY20 Projected clients Served:**	**210**
Form A1 - Amount budgeted in FY19 Area Plan	**$174,207**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**156**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$139,099**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**143**

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, 1 at the CTU, in the MH Court program, 2 through the AOT GRANT, and 3 at the 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 number of PEER Support Specialists has increased and will continue to do so as referenced above.
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 for the assigned program
Describe any significant programmatic changes from the previous year.
No significant change

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount Budgeted:	**$150,952**	**Form A1 - FY20 Projected clients Served:**	**82**
Form A1 - Amount budgeted in FY19 Area Plan	**$140,035**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**123**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$211,451**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**115**

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 and/or Peer Support Specialists. We assist in support training and monitoring the FRF's/PSS'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/PSS's. 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 Advisory Council 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 expecting a loss of TANF funding the end of this fiscal year (June 30, 2019). Those funds were used for two (2) FTE licensed clinicians and one (1) FRF in community schools. We are currently attempting to maintain therapist staff through one time dollars received via the MH Block Grant but anticipate losing an FRF.

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 PSS's. 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/PSS to align with families vs. agency and related agendas.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	**$36,545**		
Form A1 - Amount budgeted in FY19 Area Plan	**$24,635**		
Form A1 - Actual FY18 Expenditures Reported by Locals	**$36,545**		

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 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.
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
Describe any significant programmatic changes from the previous year.
None expected

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	**$26,560**		
Form A1 - Amount budgeted in FY19 Area Plan	**$37,656**		
Form A1 - Actual FY18 Expenditures Reported by Locals	**$26,560**		

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 Advisory Council level of this effort and one or more representatives at the Multi-Agency Coordinating Council (MACC) 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).
Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

21) Services to Incarcerated Persons

Form A1 - FY20 Amount Budgeted:	**$184,000**	**Form A1 - FY20 Projected clients Served:**	**1611**
Form A1 - Amount budgeted in FY19 Area Plan	**$184,000**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**1600**
Form A1 - Actual FY18 Expenditures Reported by Locals	**0**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**1602**

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.

In 2018, Mental Health services continue to be provided under contract by 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. Inmates are screened for participation in Mental Health Court by a WHS therapist. Inmates also are screened by WHS for the possibility of meeting the criteria for civil commitment. There is coordination with the WCCF on occasion for medications that are not provided by the jail. They are provided by WHS if acceptable to the jail for administration by the jail medical staff.

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 from present level

Describe any significant programmatic changes from the previous year.

none

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	**$119,616**	**Form A1 - FY20 Projected clients Served:**	**36**
Form A1 - Amount budgeted in FY19 Area Plan	**$119,458**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**21**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$50,169**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**18**

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).
None
Describe any significant programmatic changes from the previous year.
None planned

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:		**Form A1 - FY20 Projected clients Served:**	
Form A1 - Amount budgeted in FY19 Area Plan		**Form A1 - Projected Clients Served in FY19 Area Plan**	
Form A1 - Actual FY18 Expenditures Reported by Locals		**Form A1 - Actual FY18 Clients Serviced 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 five (5) youth using COP dollars for placement and/or treatment.
Describe any significant programmatic changes from the previous year.
No significant programmatic changes from the previous year.

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	**$324,443**	**Form A1 - FY20 Projected clients Served:**	**508**
Form A1 - Amount	**$500,107**	**Form A1 - Projected Clients**	**708**

budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	**$495,907**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**777**

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. We have seen a decrease in funding for unfunded clients and therefore show a corresponding decrease in clients served based on available funding. This is caused by both a decrease in funding and an increase in the number of clients projected to be on Medicaid.

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 begun providing screens for all those in the community, who are unfunded/underfunded. After an initial screen, clients are provided with community resources and, if needed, WHS Foundation provided vouchers for limited treatment through community providers.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	$98,708	Form A1 - FY20 Projected clients Served:	165
Form A1 - Amount budgeted in FY19 Area Plan	**$81,191**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**161**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$106,428**	**Form A1 - Actual FY18 Clients Serviced 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.

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).
No significant change projected.
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 - FY20 Amount Budgeted:	**0**	**Form A1 - FY20 Projected clients Served:**	**0**
Form A1 - Amount budgeted in FY19 Area Plan	**0**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**0**
Form A1 - Actual FY18 Expenditures Reported by Locals	**44,250**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**0**
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
No other services are provided.			
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).
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 grant for supported employment ends in Sept/2019. After that time the number of staff will be reduced to two SEP workers.

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 8 PSS--2 in AOT, 1 in Health Connections, 1 in MH Court, 1 in CTU, and 3 in STEPS.. 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.

Evidence-Based Supported Employment.

The Supported Employment grant works from the Individual Placement Services (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. WHS' IPS employment specialists have become ACRE certified through Utah State University. This certification allowed for WHS to become an approved Community Rehabilitation Provider (CRP) vendor for Vocational Rehabilitation. Becoming a CRP will allow for the IPS employment specialists to partner with Vocational Rehabilitation and receive milestone payments for job development, job placement and job coaching services.

WHS' IPS employment specialists have partnered with Department of Corrections and participates on Utah Defendant Offender Workforce Development Task Force committee. They also partner with Department of Workforce Services and Ogden-Weber Chamber of Commerce's Workforce Development Committee.WHS has received an IPS Exemplary Fidelity score.

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, CBT-SA, 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 and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

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. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

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

The AMH team has moved to an Open Access Model for initial evaluations, providing access at any time during normal business hours.

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.On the AMH team we have gone to open access intakes. Clients are able to initiate services any time during the 8-5, Monday-Friday hours. Follow up appointments can typically be scheduled within one week of the initial assessment.

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 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., HIV, TB, 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.
Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. SUD 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.The PSS uses the booklet 'Quitting for Good" and handouts about health risks, the chemicals in cigarette smoke, and an app. that helps track smoking and other things to help a person stop.

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.

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, psychological assessments, psychiatric evaluation, medication, and/or medication management.

Weber Human Services partners with our Prevention Team. They offer prevention and early intervention programming. WHS recognizes the importance of bridging the gap between Prevention and Treatment Services. The Family Resource Facilitator (FRF) is also available to assist client and family in the wrap-around model of identifying their own needs, determining which needs are priorities, deciding what they want the outcome to look like, to decide who they want to ask to be involved, and, to identify how the needs might be met. The FRF's/PSS also are trained/certified and available to assist with resource coordination, individual family advocacy, PEER and other related duties. We also have an eligibility worker available for families wishing to explore eligibility for Medicaid, CHIP, or SSI as we recognize the importance of qualifying client/families for long term treatment and care. As far as funding allows, we are accessible and available to serve any child in need regardless of their ability to pay, including those without insurance. We not only partner with our area schools but also with DCFS, DJJS, and DSPD in an effort to screen children sooner vs. later, promote access to community resources, and formulate plans that generate positive outcomes for the child and family.

The school-based services related to our Early Intervention Grant are provided directly by WHS. We contract with Allies for Families via an MOA for the FRF's/PSS and required training and monitoring.

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

We are expecting a decrease in funding as our TANF dollars will expire June 30, 2019. This grant funded two (2) FT clinicians and one (1) FT family resource facilitator. We are currently attempting to maintain staff and manage budget shortfalls via attrition and one time dollars received via the MH Block Grant.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes from the previous year.

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

SMR-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, the services will be triaged through DBH and the SMRT team will work flexible hours M-F with possible after hours work. The therapist/s and case manager/s 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%.
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.
Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.
Refer to SMR/MCOT Data Outcomes.

32) Children/Youth Mental Health Early Intervention

Describe the School-Based Behavioral 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. We continue to serve Medicaid, unfunded, and underfunded clients. WHS continues to partner with Morgan County and expanded our service population to include adults and children with mental health needs. Weber Human Services provides direct services to the unfunded/underfunded of our community with the primary focus on unfunded or those who have recently lost Medicaid. These clients continue to be provided with individual, family and group therapy and medication management services as needed. WHS provides all community individuals, on a walk-in basis, with a clinical crisis evaluation and screen to determine appropriate internal or external referrals for treatment. In most cases, referrals are made to external resources for treatment due to a lack of funding to treat this population in house. Internal referrals are made for unfunded clients when deemed clinically necessary and services are authorized based on need. Our after-hours crisis service is also available to any individual on a 24 hour basis from any catchment area.
Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.
We are expecting a decrease in funding as the TANF grant will expire June 30, 2019. This grant funded two (2) FT clinicians and one (1) FT family resource facilitator. We are currently attempting to maintain staff and manage budget shortfalls via attrition and one time dollars received via the MH Block Grant.
Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations.)
No significant programmatic changes from the previous year.
Describe outcomes that you will gather and report on.
Currently, Weber Human Services and its partners have developed a set of program outcomes and an outcome

evaluation. These program outcomes will be collected and evaluated from all sites. From an academic 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 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. Currently, when a call comes, from a community provider, asking for service, the MCOT team is deployed. The MCOT team will meet with community providers and those that they serve in both a group and individual format to assess for risk and provide resources for those that have been affected. 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. WHS plans to participate in the state wide PIP on engagement for those who have an opioid use disorder. We have discontinued the PIP related to the C-SSRS and Staley Brown. WHS does not have an EBP for suicide specific treatment. WHS continues to promote EBPs for all clients including DBT, IMR and PEMFG to help in management of mental illness and suicidality.

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 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.These trainings occur in preferred practice trainings on a yearly basis. New employees are given this training by the Clinical Quality supervisors. 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%).
In 2018, (year three implementation outcomes) 681 unique Medicaid clients were given the C-SSRS out of 4243 eligible enrollees (16%). Also, 436 Medicaid clients, that scored a two or higher on the C-SSRS, were given a Stanley Brown Safety Plan out of 1818 eligible enrollees (24%). Training of clinical staff in suicide prevention and the use of clinical tools is on-going at WHS.WHS plans to participate in the state wide PIP on engagement for those who have an opioid use disorder. We have discontinued the PIP related to the C-SSRS and Staley Brown

1. **Leadership**: ongoing

2. **Training**: ongoing
- Lead Clinicians will now train on the C-SSRS & Stanley Brown Safety Plan to new employees as part of their curriculum.
- QPR trainings are on-going for non-clinical staff. (We will have QPR trainings every other month – 6 times per year in the agency).

1. **Systematically identifying**: ongoing
- Create more specific guidelines for use of CSSRS with kids 5-11

1. **Engage/Pathway:** ongoing
- Tracking bit in place for Suicide Pathway. WHS renamed the Suicide Pathway, **Pathway to Safety** to be used with clients.
- Risk Assessment Categories and criteria for getting on the Suicide Pathway are in place.
- Adult day time crisis team is monitoring the Suicide Pathway clients to see that they are being seen.

1. **Treat**: ongoing
- Continue referrals to current WHS EBPs
- Those on the Pathway will have two contacts per week. One is face to face with the PSC. The other can be a phone call, CM contact, etc.

1. **Transitions**: ongoing
- Adults go from the hospital to the CTU for continued treatment and monitoring.
- All adult clients being released from the hospital or CTU are put on the Pathway to Safety.
- Idea of one crisis team for agency.

1. **Improve data**: ongoing
- PIP – monthly meeting take place to monitor the progress WHS is making with the PIP.
- Once a client is on the pathway - track that protocol is followed.

An assigned supervisor has been tasked with reviewing the items listed above to ensure that we are giving them attention.

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

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 (MCOT) partners with law enforcement to respond rapidly to individuals in the community who may need immediate crisis services. We used JRC funds to have an initial therapist respond with law enforcement prior to MCOT funding. We intend to use JRI funding to help supplant what was lost with JRC and this helps cover the full cost of the MCOT team.

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.

FY20 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Weber Human Services **Form B**

FY2020 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 FY2020 Revenue
Drug Court	$322,144	$40,292		$8,058	$468,609	$267,777			$5,832	$154,997		$1,267,709
Drug Offender Reform Act	$162,802	$16,147		$3,229	$209,253	$162,802			$3,685	$27,955		$585,873
JRI	$368,680	$27,885	$44,491	$5,577	$240,304	$118,341						$805,278
Local Treatment Services	$307,388	$176,293	$204,599	$35,259	$1,199,243	$290,857	$192,927	$1,084,526	$10,414	$48,732	$486,249	$4,036,487
Total FY2020 Substance Use Disorder Treatment Revenue	$1,161,014	$260,617	$249,090	$52,123	$2,117,409	$839,777	$192,927	$1,084,526	$19,931	$231,684	$486,249	$6,695,347

FY2020 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 FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served
Screening and Assessment Only	$15,500					$14,400						$29,900	102	$293
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$100,000				$684,400	$109,193	$86,560	$431,550				$1,411,703	187	$7,549
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)								$100,000			$125,000	$225,000	102	$2,206
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	$126,000				$156,000	$126,000		$141,976			$125,000	$674,976	218	$3,096
Outpatient: Non-Methadone (ASAM I)	$700,136	$198,381	$189,607	$39,676	$972,055	$418,798	$80,966	$98,956	$15,171	$176,357	$179,832	$3,069,935	1,368	$2,244
Intensive Outpatient (ASAM II.5 or II.1)	$219,378	$62,236	$59,483	$12,447	$304,954	$131,386	$25,401	$31,044	$4,760	$55,327	$56,417	$962,833	388	$2,482
Recovery Support (includes housing, peer support, case management and other non-clinical)						$40,000		$281,000				$321,000	530	$606
FY2020 Substance Use Disorder Treatment Expenditures Budget	$1,161,014	$260,617	$249,090	$52,123	$2,117,409	$839,777	$192,927	$1,084,526	$19,931	$231,684	$486,249	$6,695,347	2,895	$2,313

FY2020 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 FY2020 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	$648,974	$132,118	$147,605	$26,424	$1,195,914	$486,988	$192,927	$642,662	$10,181	$133,745	$211,400	$3,828,938
All Other Women (18+)	$25,696	$5,231	$5,844	$1,046	$47,352	$19,281		$25,446	$403	$5,296	$8,370	$143,965
Men (18+)	$421,365	$85,607	$95,641	$17,121	$774,904	$315,549		$416,418	$6,596	$86,661	$136,979	$2,356,841
Youth (12- 17) (Not Including pregnant women or women with dependent children)	$64,979	$37,661		$7,532	$99,239	$17,959			$2,751	$5,982	$129,500	$365,603
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	$1,161,014	$260,617	$249,090	$52,123	$2,117,409	$839,777	$192,927	$1,084,526	$19,931	$231,684	$486,249	$6,695,347

FY20 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Weber Human Services

Form B1

FY2020 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2020 Expenditures
Screening and Assessment Only	$2,749	$3,664	$1,561			$7,974
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)						$0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$129,769	$173,007	$73,688			$376,464
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	$20,683	$27,574	$11,744			$60,001
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	$62,046	$82,720	$35,232			$179,998
Outpatient: Non-Methadone (ASAM I)	$282,120	$376,123	$160,199	$117,179	$79,735	$1,015,356
Intensive Outpatient (ASAM II.5 or II.1)	$88,506	$117,998	$50,258	$36,762	$25,014	$318,538
Recovery Support (includes housing, peer support, case management and other non-clinical)						$0
FY2020 DORA and Drug Court Expenditures Budget	$585,873	$781,086	$332,682	$153,941	$104,749	$1,958,331

SFY 20 Opioid Budget | **Local Authority:** Weber Human Services | **Form B**

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	212404.14	117423		**$329,827.14**

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
* SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	**$144,797.00**
Salary Expenses	**$115,179.00**
MD for Internal MAT	
Case Manager	
Support Staff	
Administrative Expenses	**$29,618.00**
Supplies	500
Communication	400
Travel	850
Conference/Workshops	2500 [1]
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	**$0.00**
Drug Testing	**$0.00**
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	**$0.00**
Opioid Treatment Providers (Methadone)	**$0.00**
Intensive Outpatient	**$0.00**
Residential Services	**$0.00**
Outreach/Advertising Activities	**$0.00**
Recovery Support (housing, peer support, case management and	**$0.00**
Contracted Services	**$185,030.14**
Contracted Service Methadone - BAART Programs	77445
Contracted Service Office Based Treatment - Aloha & Clinical Cons	107585.14
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	**$329,827.14**

[1] Dr. David to attend MAT training

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 - FY20 Amount Budgeted:	**$29,900**	**Form B - FY20 Projected clients Served:**	102
Form B - Amount Budgeted in FY19 Area Plan	**$0**	**Form B - Projected Clients Served in FY19 Area Plan**	**0**
Form B - Actual FY18 Expenditures Reported by Locals	**$0**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**0**

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. Please list all contracted providers.

Clients are screened and evaluated by a Weber Human Services licensed clinician. Tools and forms used include a clinical written assessment, DUSI screening form, ASAM criteria, DSM, and urinalysis testing. Individuals can seek services through same day access where the screening and assessment are completed the same day as the person is seeking 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).

There is an expected increase in numbers of individuals served based on same day access services, referrals from the criminal justice system, individuals with opioid use disorders seeking treatment, and Medicaid expansion.

Describe any significant programmatic changes from the previous year.

No significant changes.

Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so,please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.

Clients are screened and evaluated by a Weber Human Services licensed clinician. Tools and forms used include a clinical written assessment, DUSI screening form, ASAM criteria, DSM, and urinalysis testing. Individuals can seek services through same day access where the screening and assessment are completed the same day as the person is seeking services. Fees are assessed based on income on a sliding fee scale. Referrals are made to DWS and Utah Health Policy Project when a person may be eligible for Medicaid or other types of insurance.

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

Form B - FY20 Amount Budgeted:	**$0**	**Form B - FY20 Projected clients Served:**	**0**
Form B - Amount Budgeted in FY19 Area Plan	**$0**	**Form B - Projected Clients Served in FY19 Area Plan**	**0**
Form B - Actual FY18 Expenditures Reported by Locals	**$0**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**0**

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. Please list all contracted providers.

Clients are screened and evaluated by a Weber Human Services licensed clinician. 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. Weber Human Services provides social detox for men. There is no available social detox for women in Weber/Morgan counties.

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).

JRI funds may be used in addition to the private grant funding as it is expected there may be a need for medical detox for criminal justice involved individuals.

Describe any significant programmatic changes from the previous year.

Weber Human Services opened a social detox and men's residential facility in March 2019. There are 4 beds available for social detox. Social detox can be accessed through the same day screening and assessment process. Weber Human Services will coordinate with local hospitals such as Ogden Regional ACT and Mckay Dee Hospital as an appropriate referral for a step down of care from medical detox, to social detox, to residential or outpatient services.

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?

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.

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

Form B - FY20 Amount	**$1,411,703**	**Form B - FY20 Projected**	**187**

Budgeted:		clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	**$779,781**	**Form B - Projected Clients Served in FY19 Area Plan**	**79**
Form B - Actual FY18 Expenditures Reported by Locals	**$908,292**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**67**

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

Tranquility Home is a 16 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 and peer support specialists 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. Weber Human Services opened residential services for men in March 2019. It is a 29 bed facility. Men are able to access treatment services, case management services, and peer support services while also remain employed or become employed. 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. Weber Human Services opened residential services for men in March 2019. It is a 29 bed facility. Weber Human Services is also contracting with PAAG Inc and UTurn to provide Sober Living to females. 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.

Weber Human Services opened residential services for men in March 2019. It is a 29 bed facility. Men are able to access treatment services, case management services, and peer support services while also remain employed or become employed. Weber Human Services is also contracting with PAAG Inc and UTurn to provide Sober Living to females. Sober living for males is not available at this time in Weber County.

4) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	**$225,000**	**Form B - FY20 Projected clients Served:**	**102**
Form B - Amount Budgeted in FY19 Area Plan	**$125,000**	**Form B - Projected Clients Served in FY19 Area Plan**	**45**
Form B - Actual FY18 Expenditures Reported by Locals	**$173,484**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**102**

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.
Clients are screened and referred to local MAT agencies based upon MAT screening, funding, and client engagement. WHS has contracts with BAART and Discovery House in Layton. 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 provides 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 EBP's. The voucher system provides funding to clients at the above-mentioned contracted agencies for individuals who are non-funded or medicaid ineligible. Services include medication management, counseling, and appointments with prescribers.
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 changes.
Describe any significant programmatic changes from the previous year.
There are three case managers assigned to provide outreach, access to funding, access to recovery support services, and follow up for coordination of care services. The case managers will work directly with the contracted providers and be co-located at Weber Human Services and contracted agencies to increase access to funding and care.

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

Form B - FY20 Amount Budgeted:	**$674,976**	**Form B - FY20 Projected clients Served:**	218
Form B - Amount Budgeted in FY19 Area Plan	**$465,752**	**Form B - Projected Clients Served in FY19 Area Plan**	**150**
Form B - Actual FY18 Expenditures Reported by Locals	**$0**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**0**

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. Please list all contracted providers.
Clients are screened and referred to local contracted MAT agencies and in-house providers based upon MAT screening, funding, and client engagement. WHS provides an after-hours evening MAT clinic, one time weekly. 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 2020.
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).
There continues to be a need of outreach, MAT, and treatment services for opioid use disorders in Weber County.

With Medicaid expansion, it is expected that funding through Medicaid will become available to cover more costs for treatment and medication. Specific SOR funds may then be used for recovery support services such as housing, employment, and other recovery support needs.

Describe any significant programmatic changes from the previous year.

There are three case managers assigned to provide outreach, access to funding, access to recovery support services, and follow up for coordination of care services. The case managers will work directly with the contracted providers and be co-located at Weber Human Services and contracted agencies to increase access to funding and care.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	**$3,069,079**	**Form B - FY20 Projected clients Served:**	**1,368**
Form B - Amount Budgeted in FY19 Area Plan	**$3,590,410**	**Form B - Projected Clients Served in FY19 Area Plan**	**1,575**
Form B - Actual FY18 Expenditures Reported by Locals	**$3,224,174**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**1,436**

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. Please list all contracted providers.

Clients are evaluated and services are provided in regularly scheduled individual and group sessions based upon individual treatment plans supported by clinical assessment, DSM, DUSI, ASAM criteria, and DLA scale. Treatment is individualized and based upon risk and needs of the client. Treatment is recovery focused and based on the 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 Reconation Therapy (MRT), Seeking Safety,1-2-3 Magic 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 multidisciplinary 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. With Medicaid expansion, is expected that funding through Medicaid will become available to cover more costs for treatment and medication. State funds may then be used for recovery support services such as with housing, employment, and other recovery support needs.

Describe any significant programmatic changes from the previous year.

None noted.

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

Form B - FY20 Amount Budgeted:	**$962,833**	**Form B - FY20 Projected clients Served:**	**388**
Form B - Amount Budgeted in FY19 Area Plan	**$580,570**	**Form B - Projected Clients Served in FY19 Area Plan**	**245**
Form B - Actual FY18 Expenditures Reported by Locals	**$949,594**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**388**

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 Reconation Therapy (MRT), Seeking Safety, 1-2-3 Magic 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).
With Medicaid expansion, is expected that funding through Medicaid will become available to cover more costs for treatment and medication. State funds may then be used for recovery support services such as with housing, employment, and other recovery support needs.
Describe any significant programmatic changes from the previous year.
None noted.

8) **Recovery Support Services**

Form B - FY20 Amount Budgeted:	**$321,000**	**Form B - FY20 Projected clients Served:**	**530**
Form B - Amount Budgeted in FY19 Area Plan	**$556,128**	**Form B - Projected Clients Served in FY19 Area Plan**	**285**
Form B - Actual FY18 Expenditures Reported by Locals	**$360,470**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**530**

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. Please list all contracted providers. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf
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 ROSC model for guidance, case management services are provided as needed not only during a treatment episode but as ongoing support for access to community resources. Case management and peer support work closely with medical providers, housing, employers, training facilities, day care providers, and schools to assist with accessing and sustaining supports for a safe and strength-based recovery. Case managers use a Recovery Capital tool for guidance with assessing client strengths and needs.
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 Medicaid expansion, is expected that funding through Medicaid will become available to cover more costs for treatment and medication. State funds may then be used for recovery support services such as housing, employment, and other recovery support needs.
Describe any significant programmatic changes from the previous year.
None noted.
Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.
Weber Human Services has contracted with PAAG Inc and UTurn to provide Sober Living to females. We will be seeking contracts to provide Sober Living for men with Keystone Recovery as funding in anticipated to expand for

recovery support services. Funds for emergency housing services are provided to assist with rent and supporting an individual to remain housed. It is anticipated that WHS will contract with other providers for sober living and transitional housing services as they become available in Weber County.
What Life skills and/or Educational Services are you able to provide for your clients?
Outside of residential and outpatient treatment services, there are no life skills or educational services offered nor has there been a request to offer them.
Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.
Continuing Care is offered to all clients in residential and outpatient treatment programs. Weber Human Services provides Peer Support Groups that include Alumni, Smart Recovery, and Peer to Peer support. Weber Human Services also works closely with USARA and refers clients to Peer Recovery Coaches employed by USARA.

9) Peer Support Services

Form B - FY20 Amount Budgeted:	**$**	**Form B - FY20 Projected clients Served:**	
Form B - Amount Budgeted in FY19 Area Plan	**$**	**Form B - Projected Clients Served in FY19 Area Plan**	
Form B - Actual FY18 Expenditures Reported by Locals	**$**	**Form B - Actual FY18 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.
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. 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. 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 has been transitioned to Certified Peer Support Specialists. 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 Weber Human Services. We have one Peer Recovery Coach funded through USARA. 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.
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 DSAMH and seek out additional trainings in regards to supervision of peer support specialists.

Describe any significant programmatic changes from the previous year.

Weber Human Services has been working closely with USARA in regards to expanding peer support services in Weber County. USARA provides one FTE position for a recovery coach at WHS that works closely with women in residential services. USARA was awarded a federal grant to expand services in Weber County and will be providing a Recovery Center in Ogden. Weber Human Services will continue to support and coordinate services as the Recovery Center opens and offers peer support services.

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

WHS has contracted with private providers to increase access to MAT treatment services for opioid use disorders. Same day access to treatment has been implemented providing the ability for someone to enter treatment the same day as requesting treatment services Monday - Friday. Clinicians keep an open schedule in order for Customer Care to schedule individual appointments. Groups are available during peak daytime and evening hours to accommodate client schedules. Currently, there is not a wait list for services.

Describe your efforts to market or promote the services you provide.

Weber Human Services employees are part of various coalitions in Weber, Morgan, and Davis counties. The coalitions meet on a monthly basis to share resources and educate community partners of services provided. Weber Human Services has a website that offers information as well as links to a contact email. Contact emails are responded to within 24 hours. For this next fiscal year, case managers will be involved directly with contracted providers and shelters to promote services and reduce barriers to access for treatment. Weber Human Services is listed on the 211 directory, hands out templates at various community events, and helps host Recovery Day in September of each year. We explain how to access services and promote recovery related programs.

What EBP's do you provide? Describe the process you use 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. 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 your plan to improve the quality of care.

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.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.
WHS continues to use the Drug Use Screening Inventory- Revised (DUSI-R) for adults and youth as a means of both better assessing client needs and monitoring outcomes associated with intervention. Clients complete the DUSI-R on a monthly basis. The information is used to guide treatment planning and to improve programming. TEDS data is also reviewed by supervisors on a monthly basis.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.
Screening and assessments are completed in the jail for potential individuals eligible for the Felony DUI Court Program, Felony Drug Court Program, Family Drug Court Program, and DORA. The screening recommendations are provided as part of the 2nd District Court sentencing. Upon release, clients can then immediately access treatment services. WHS coordinates treatment services with the County Jail Work Release Program. Clients may attend treatment while in the work release program. During the past year, JRI/JRC funds have been used to 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, 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. The Freedom Project treatment services will be discontinued as of May 30, 2019 as the jail is now providing SUD services through a county contracted provider, Alpha Counseling. WHS will offer case management services to assist individuals being released from jail to access resources such as housing, employment, medical, and ongoing treatment 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).
Project Freedom substance treatment will be discontinued as of May 30, 2019.
Describe any significant programmatic changes from the previous year.
Treatment services through Freedom Project will be discontinued as of May 30, 2019. Case management services will be offered to assist individuals upon release from jail.
Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.
Vivitrol has been available in the jail in which an individual can receive a first shot prior to release with follow up care occurring upon release. Follow up care for ongoing Vivitrol and counseling services has been coordinated with Weber Human Services and Midtown Community Health Center. Vivitrol services have been put on hold since February 2019 by the Weber County Jail Administration. Weber Human Services and Midtown Community Health Center are continuing to work with the jail to find a viable option to restart Vivitrol in the jail. Women who are pregnant and have been prescribed Methadone, Subutex, or Suboxone are able to continue their medications while incarcerated. WHS medical staff coordinate with jail medical staff to provide the medications.

The 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.

12) 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. 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. The Wellness Clinic will be expanding to include two family practice physicians.
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 WHS Wellness Clinic, Midtown Health Clinic, and Health Connections. Clients are assigned case managers to assist and coordinate care with the primary physician and primary clinician. The Wellness Clinic will be expanding to include two family practice physicians on site which is expected to improve coordination of care services.
Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy, 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 at direct service agencies and subcontracting agencies. SUD 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. Staff will be participating in a training that is specific to smoking cessation education groups for women who are pregnant and implementing these groups within this next year.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	**$3,972,903**	**Form B - FY20 Projected clients Served:**	**854**
Form B - Amount Budgeted in FY19 Area Plan	**$3,488,970**	**Form B - Projected Clients Served in FY19 Area Plan**	**776**
Form B - Actual FY18 Expenditures Reported by Locals	**$3,847,091**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**827**

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 Seeking Safety. Other evidence-based models include MRT, Skills Group, Matrix, TREM, 1-2-3 Magic, 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 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 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. WHS has contracted with DCFS to provide services for foster children as part of the Family First Prevention Services Act. Children in foster care can be placed in Tranquility Home with their mother and be provided care and services while in placement with their parent. Tranquility Home can offer up to 8 children's slots.

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.

WHS has contracted with DCFS to provide services for foster children as part of the Family First Prevention Services Act. Children in foster care can be placed in Tranquility Home with their mother and be provided care and services while in placement with their parent. Tranquility Home can offer up to 8 children's slots.

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	**$365,603**	**.**	**83**
Form B - Amount Budgeted in FY19 Area Plan	**$552,366**		**126**
Form B - Actual FY18 Expenditures Reported by Locals	**$521,568**		**119**

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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. ASAM levels available for youth include ASAM outpatient and intensive outpatient services. If youth are screened and don't require treatment services, we typically refer them to Prevention Services. For instance, if a teenager was screened and did not indicate needs necessary for treatment, we may refer them to the Parent Teen Alternative program.

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 JDC 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 guidelines 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. We expect to serve up 20 individuals during this next year.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, 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.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	**$781,086**	**Form B - FY19 Amount Budgeted: Felony**	**$566,667**
Form B - FY20 Amount Budgeted: Family Dep.	**$332682**	**Form B - FY19 Amount Budgeted: Family Dep.**	**$267,643**
Form B - FY20 Amount Budgeted: Juvenile	**$153941**	**Form B - FY19 Amount Budgeted: Juvenile**	**$185,097**
Form B - FY20 Recovery Support Budgeted	**$0**	**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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Eligibility for each court is based upon a screening and assessment completed prior to being admitted in the program. The RANT is used to determine risk and needs level for 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. 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. There are a limited amount of drug court slots per court. WHS expects to serve approximately 125 individuals in Felony Drug Court, 40 individuals in Felony DUI Court, 60 individuals and their families in Family Drug Court, and up to 20 individuals in Juvenile Court. Juvenile court referrals have been down and we may have approximately 5 in the program at any given time.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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 14. 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. In an effort to assist individuals with Medicaid enrollment, WHS has taken a team approach with encouraging individuals and assisting them with the enrollment process. Team members include customer care, case managers, peer support specialists, clinicians, DWS, and UHPP. WHS has DWS eligibility workers and UHPP workers located at the main WHS building who are available throughout the week to enroll individuals. DWS and UHPP attend weekly court reviews in order to assist newly referred individuals as part of the orientation process. Computer kiosks are also available for electronic enrollment.

Describe 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 or physician. Clients can be prescribed Suboxone, Subutex, Naltrexone, Vivitrol, or Antabuse. If it is determined that 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 your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided 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.

List all 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) 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. UA's are $10 per UA for Felony Drug Court and Felony DUI Court. If client is unable to pay $10 for a UA, a voucher can be issued to cover the cost and client is responsible to pay for the voucher before being issued another voucher. 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. In Drug Court, clients are not held back from completing treatment if they fail to pay their fees. We work with the court to emphasize the importance of paying the fees in phases 3 and 4 of the program. Clients may graduate from the Drug Court without paying the fee but the legal charge (402B) will not be formally dismissed until they have paid the balance.
We try to emphasize the importance of ATR funds to supplement other expenses (bus, gas vouchers, etc.) to help make up for UA fees.

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

Client became responsible to pay $10 per UA in Felony Drug Court and Felony DUI Court due to continued costs of UA's and decreased funds for UA cost reimbursement. DCFS and WHS share the cost of UA's in Family Drug Court. Referrals for Juvenile Drug Court continue to decrease.

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	**$925,158**	**Form B - FY19 Amount Budgeted:**	**$1,031,459**

Describe the criminogenic screening and assessment tools you use.

WHS works collaboratively with Adult Probation and Parole, private probation, and the Weber County Jail to obtain copies of the LSI-SV and the LSI R & R on all clients where available. Both are validated criminogenic risk/needs assessments. Further WHS will continue to screen using the Drug Use Screening Inventory – Revised (DUSI-R).

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

When WHS is able to obtain copies of the LSI-SV and the LSI R & R, the score and areas of concern are reviewed and included as part of the treatment planning phase with clients as well as ongoing treatment plan reviews. WHS also uses 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. Treatment services are provided that are gender-specific and geared towards reducing recidivism. Evidence Based Treatments that address criminal risk factors include MRT and Skills for Success. 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.

Coordination and education with defense counsel, corrections, local law enforcement, and treatment in the use of criminogenic screening and assessment tools and sharing of information.

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

17) **Drug Offender Reform Act**

Form B - FY20 Amount Budgeted:	**$585,873**		
Form B - Amount Budgeted in FY19 Area Plan	**$559,849**		
Form B - Actual FY18 Expenditures Reported by Locals	**$569,583**		

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

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.

WHS will work with AP&P and District Court to continue the DORA program as it is defined in the future State DORA Oversight committee. Participants will be encouraged to apply for Medicaid as unfunded slots will be limited, if any. WHS has partnered with DWS and UHPP to assist clients with Medicaid applications as well as the Health Insurance Marketplace. WHS expects 55 active DORA clients will continue in treatment beyond June 30, 2019.

FY20 Substance Abuse Prevention Area Plan & Budget **Local Authority:** Weber Human Services **Form C**

FY2020 Substance Abuse Prevention Revenue	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue
FY2020 Substance Abuse Prevention Revenue	$38,512		$47,702			$429,732	$215,000	$225,916				$956,862

FY2020 Substance Abuse Prevention Expenditures Budget	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures
Universal Direct	$31,619		$46,024			$368,551	$190,000	$225,916					$862,110	$681,195
Universal Indirect	$5,169		$1,259			$45,885	$25,000						$77,313	
Selective Services	$1,292		$315			$11,471							$13,078	$13,078
Indicated Services	$432		$104			$3,825							$4,361	$4,359
FY2020 Substance Abuse Prevention Expenditures Budget	$38,512	$0	$47,702	$0	$0	$429,732	$215,000	$225,916	$0	$0	$0	0	$956,862	$698,632

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	$26,766	$118,537			$276,781	$7,648	$429,732

Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures
Total by Expense Category	419696	224908	42813		143300	45620	80525	$956,862

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Weber Human Services

Instructions:

The next sections help you create an overview of the ***entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 main changes to the plan this year include the elimination of the Opioid Funding, which relates to Goal 4 in our Strategic Plan.
This plan outlines the comprehensive strategic plan for Weber Human Services (WHS). WHS and the Prevention Advisory Council (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), Prosocial Involvement (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, previous chair of the PAC. The contributors included both Ogden and Weber School Districts, 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, Love & Logic, Guiding Good Choices, Emotion Coaching, Communities That Care, Parent Teen Alternative, Parents Empowered, Growing Up Strong and Mental Health First Aid Adult and Youth. WHS will provide direct service for all services except for Growing Up Strong and some Learning 2 Breathe classes, 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 the community healthier. WHS is assisting Weber CTC, Roy CTC and Fremont CTC in conducting their needs assessment currently. They are using the CTC process to conduct their assessment. Weber CTC has prioritized the following risk and protective factors: Perceived risk of drug use, Perceived availability of drug use and Depressive Symptoms. Roy CTC has prioritized the following risk and protective factors: Early initiation of antisocial behavior, Depressive Symptoms, Rewards for prosocial involvement (Community Domain) and Interaction with prosocial peers. Fremont CTC are in the process of reviewing their data. Bonneville CTC has prioritized the following risk and protective factors: Academic failure, Laws and Norms Favorable to Drug Use, Depressive Symptoms, Opportunities for prosocial involvement (School and Peer/Individual Domain) and Rewards for prosocial involvement (School, Community and Peer/Individual Domain). WHS is also collaborating with United Way of Northern Utah to implement CTC in the OgdenCAN Coalition serving the Ogden Community.

1) Assessment

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?
Who was involved in determining priority factors and problem behavior?
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 LSAAs plan to do re assessment 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 several after school programs for at risk youth however, very few programs for youth in general; and of those programs that exist, many of them are at capacity. 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 (BCTC): 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,, Opportunities for Prosocial Involvement, Rewards for Prosocial 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 SHARP Survey revealed that families are doing a better job of providing pro-social opportunities for their children and rewarding them when they engage in prosocial 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.

Weber CTC (WCTC): 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. WCTC 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:Perceived risk of drug use, Perceived availability of drug use.These risk factors were selected as priorities for prevention action primarily because data indicated that they are significantly elevated throughout the Weber Cone. The data also revealed Weber Cone's strengths. For example, the SHARP Survey revealed that families are doing a better job in all risk and protective factors in the family domain.. 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.

Roy CTC (RCTC): 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. RCTC 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: Early initiation of antisocial behavior, Opportunities for Prosocial Involvement (Community Domain) and Interaction with pro-social peers.These risk factors were selected as priorities for prevention action primarily because data indicated that they are significantly elevated throughout the Roy Cone. The data also revealed Roy Cone's strengths. For example, the SHARP Survey revealed that they are seeing decreases in academic failure and this remains a focus of the school district, which RCTC collaborates and supports. 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.

Fremont CTC (FCTC): In the process of reviewing their data.

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?
After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?
What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)

CAPACITY BUILDING: WHS provided the necessary technical assistance, including CTC workshops, to assist the all the CTC's in meeting the milestones and benchmarks for their individual phases. We have determined that more awareness is necessary regarding the importance of programming in the schools to address the prioritized risk and protective factors. 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 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

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the resources (funding, human, political) to do so?
What agencies and/or people assisted with this plan?

PLANNING Goal: 1 Reduce Underage Drinking for all Grades, Objective: 1.1 Increase Prosocial Involvement

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Learning 2 Breathe	Yes. Morgan School District Weber School District Potentially Ogden School District	Block Grant, County, State, PFS	School Districts, Local Gyms or Yoga Centers	SHARP, 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, BCTC	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	WHS, United Way	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	WHS, Weber Morgan Health Dept.	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
Guiding Good Choices	No	Block Grant, County, State, PFS	School Districts, Local libraries or businesses	SHARP, Pre & Posttests, Attendance Records

Objective: 1.5 Decrease academic failure

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Capacity Building: Steering Committees of Ogden United and Project ROAR	Ogden School District Weber School District United Way	Block Grant, County, State	Ogden School District Weber School District United Way	SHARP, School Records, Assessment Data

	Weber State University		Weber State University	

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

Objective: 1.1 Increase rewards for prosocial 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

Objective: 1.2 Increase Prosocial Involvement

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Growing Up Strong	School Districts	Block Grant, County, State	School Districts	SHARP, 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	WHS, Weber Morgan Health Dept.	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
Capacity Building: Serve on Steering Committee of Ogden United and Project ROAR	School District United Way Weber State University	Block Grant, County, State	School Districts United Way Weber State University	SHARP, School Records, Assessment tools

Objective: 1.3 Decrease early initiation of drug use

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Guiding Good Choices	No	Block Grant, County, State, PFS	School Districts, Local libraries or businesses	SHARP, Pre & Posttests, Attendance Records

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

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
CTC	WHS, United Way	Block Grant, County, State, PFS	School Districts, Cities, other Key Leaders	SHARP, Coalition records

Objective: 1.5 Increase Prosocial Involvement

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Learning 2 Breathe	Yes. Morgan School District Weber School District	Block Grant, County, State, PFS	School Districts, Local Gyms or Yoga Centers	SHARP, Attendance Records

	Potentially Ogden School District			

Goal: 4 Decrease Opioid Use Disorder (*If funding becomes available)

Objective: 1.1 increase awareness of prevalence and risk of prescription drug overdose in Weber and Morgan Counties.

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Distribute printed material	Use Only as Directed, BCTC, RCTC, WCTC, FCTC	PDO	Use Only as Directed	SHARP
Post materials online	Use Only as Directed, BCTC, RCTC, WCTC, FCTC	PDO	Use Only as Directed	SHARP

Objective: 1.2 increase awareness to providers, persons at high risk, family members, and the 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	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
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 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
Presentations to youth	No	PDO	School Districts	SHARP, Training Records

Objective: 1.5 Increase Prosocial Involvement

Strategies:

Strategy	Implemented by other agencies	Funding	Collaboration	Measures
Learning 2 Breathe	Yes. Morgan School District Weber School District Potentially Ogden School District	Block Grant, County, State, PFS	School Districts, Local Gyms or Yoga Centers	SHARP, Attendance Records

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

**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).

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 Morgan School District Weber School District Potentially Ogden School District	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	2
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
Use Only As Directed	WHS, Use Only As Directed	Community	Community	Varies
Parent Teen Alternative	WHS, Weber Morgan Health Dept.	Youth 12-17 and their guardians	WHS	1
CTC	WHS, Roy CTC,	Community	Community	NA

	Bonneville CTC, Weber CTC, Fremont 5 CTC, United Way			
Love & Logic	WHS, Weber School District	Parents/guardians of children 0-17	Schools, Community	6

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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

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.

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

Program Name	Cost of Program	Evidence Based: Yes or No
Growing Up Strong (Gus & Gussie)	$11,471	Yes
Agency	Tier Level:	
Weber Human Services	2	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/**Selective**/Indicated		Short	Long

Logic	Maintain 30 day alcohol	Rewards for prosocial behavior Prosocial Involvement Students negative behaviors Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety	128 1st grade students in the following elementary schools who the school as identified as at risk: Shadow Valley, Gramercy, West Weber, Washington Terrace, Plain City, Midland, North Park, OPA	Growing Up Strong Program held once per week x 1 hours x 10 weeks. Facilitated by school counselors. Small group facilitation on topics such as: self-esteem, family, peer pressure, diversity, feelings, coping skills, anger management, personal safety, and working together.	Interactions with prosocial peers for 6th graders will increase from 52.7% in 2015 to 54.7% in 2021. Prosocial Involvement for 6th graders will increase from 54.7% in 2017 to 56.2% in 2021. Students will show a decrease in negative behaviors from pre to post test. Students' knowledge of self-esteem, diversity, friends/peer pressure, emotional coping, and personal safety will increase from pre to post test.	30 day alcohol use among 6th grade students will maintain rates 1.7% in 2015 to 1.7% (state average) in 2025.
Measures & Sources	2015 SHARP	2015 SHARP	Attendance records	Attendance Records	SHARP 2021 Pre & Post Tests	SHARP 2025

1. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No

2.

Program Name	Cost of Program	Evidence Based: Yes or No
EASY Compliance Checks	$7,648	Yes
Agency	Tier Level:	
Weber Human Services	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce underage drinking	Community Laws and norms favorable to drug use	Universal: 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

3. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Parents Empowered	$26,766	Yes
Agency	Tier Level:	
Weber Human Services	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce underage drinking	Community Laws and norms favorable to drug use	Universal: 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

4. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No

Parent and Teen Alternative Program					$7,648	Yes
Agency					Tier Level:	
Weber Human Services					2	
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	Perceived risk of drug use Poor family management Family Attachment Family Conflict	Indicated: 20 Youth ages 12-17 who have been referred by the juvenile court or local school as a result of a substance use violation. 20 Parents of youth ages 12-17 who have been referred by the juvenile court or local schools as a result of a substance use violation.	Parent and Teen Alternative Program held once per week x 2.5 hours x 6 weeks. Educational group held at Weber Human Services on topics such as communication, addiction, stress management, goal setting, prescription drugs, etc.	Perceived risk associated with drug use among 8th grade students will decrease from 27.8% in 2013 to 25.8% in 2019. Poor family management will decrease among 8th grade students from 32.9% in 2013 to 30.9% in 2019. Family attachment for 8th grade students will increase from 67.8% in 2015 to 70.8% in 2021. Family conflict will decrease among 8th grade students from 29.4% in 2013 to 27.4% in 2019. Perceived risk associated with drug use among 10th grade students will decrease from 37.3% in 2013 to 35.3% in 2019. Poor family management will decrease among 10th grade students from 24.9% in 2015 to 21.9% in 2021. Family attachment for 10th grade students will increase from 68.1% in 2015 to	30 day alcohol use among 8th grade students will decrease from 7.2% in 2013 to 5.2% in 2023. 30 day marijuana use among 8th grade students will not increase by more than 20% from 5.3% in 2013 to 6.36% in 2023. 30 day alcohol use among 10th grade students will decrease from 9.4% in 2015 to 6.4% in 2023. 30 day marijuana use among 10th grade students will not increase by more than 20% from 12.1% in 2013 to 14.52% in 2023. 30 day alcohol use among 12th grade students will decrease from 18.3% in 2015 to 15.3% in 2023. 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.

					71.1% in 2021. Family conflict will decrease among 10th grade students from 33.2% in 2015 to 30.2% in 2021. Perceived risk associated with drug use among 12th grade students will decrease from 34.0% in 2013 to 32.0% in 2019. Poor family management will decrease among 12th grade students from 26.8% in 2015 to 23.8% in 2021. Family attachment for 12th grade students will increase from 70.3% in 2013 to 72.3% in 2019. Family conflict will decrease among 12th grade students from 29.2% in 2015 to 26.2% in 2021. Youth's knowledge of the harmful effects of substance abuse, effective communication skills, effective problem solving skills, and refusal skills will increase from pre to post test. Parent's knowledge of the harmful effects of substance abuse, effective communication skills, effective problem solving skills, and refusal skills will increase from pre to post test.	
Measures & Sources	SHARP 2013	2013 & 2015 SHARP	Referral forms	Attendance rosters	SHARP 2019	SHARP 2023

		Program Pre-Post test	Attendance rosters		SHARP 2021 Program Pre and Post Tests.	

5. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Communities That Care	$198,543	Yes
Agency	Tier Level:	
Weber Human Services		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		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 Prosocial Involvement	Universal: 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, Weber CTC, Fremont CTC, Project ROAR, and build capacity in downtown Ogden for CTC's in those areas..	Laws and norms favorable to drug use will decrease from 20.7% in 2015 to 17.7% in 2021. Community rewards for prosocial involvement will increase from 54% in 2017 to 55.5% 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	2013 & 2015 SHARP	SHARP 2013 & 2015	Meeting Minutes Attendance Rosters Prevention Service Delivery Logs	Meeting Minutes Attendance Rosters Prevention Service Delivery Logs	SHARP Survey 2021	SHARP Survey 2023

6. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Emotion Coaching	$22,943	Yes
Agency	Tier Level:	
Weber Human Services	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	Family Conflict	Universal: 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	Family Conflict for 6th grade will decrease from 35.6% in 2017 to 34.6% in 2021 Family conflict for 10th grade will decrease from 34.5% in 2017 to 33.5% 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 2021 Pre-post tests	Measures & Sources SHARP 2023

7. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Guiding Good Choices	$11,471	Yes
Agency	Tier Level:	
Weber Human Services	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	Parental attitudes favorable to antisocial behaviors. Poor family management Early initiation of drug use	Universal: 32 Parents and guardians of children ages 9-14 in Weber County	Participants attend 2 hour x 1 per week x 5 weeks.	Parental attitudes favorable to antisocial behavior will decrease for 6th from 23.3% in 2013 to 21.3 % 2017. Parental attitudes favorable to antisocial behavior will decrease for 8th grade from 32.0% in 2013 to 30.0 % 2017. Family management for 6th grade will decrease from 41.3% in 2013 to 39.3% in 2017. Family management for 8th grade will decrease from 32.9% in 2013 to 30.9% in 2017. Early initiation for drug use for 6th graders will decrease from 12% in 2017 to 10% in 2021. Early initiation for	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.

					drug use for 8th graders will maintain at 11.9% in 2017 to 11.9% in 2021. 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	
Measures & Sources	SHARP 2013 SHARP 2015	SHARP 2013 Pre-post tests	Attendance rosters Referral Form	Attendance rosters	SHARP 2021 Pre – post tests	SHARP 2019 SHARP 2023

8. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Love & Logic	$22,943	Yes
Agency	Tier Level:	
Weber Human Services		

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol	Family Conflict Poor family management Parental knowledge of positive parenting skills	Universal: 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,	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.	30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% (state average) in 2023.

				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.	Parental knowledge of positive parenting skills will increase from pre to post test	
Measures & Sources	SHARP 2015	SHARP 2015 Pre-post tests	Attendance rosters Referral Form	Attendance rosters	SHARP 2021 Pre-post tests	SHARP 2023

9. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Learning 2 Breathe	$22,943	Yes
Agency	Tier Level:	
Weber Human Services	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce 30 day alcohol 30 day marijuana will not increase by more than 20%	Prosocial Involvement	Universal: 30 adolescents 13-17 yrs old in Weber and Morgan County	Participants attend 1 hour x 1 per week x 6 weeks. Learning to BREATHE (L2B) is a mindfulness-based curriculum created for classroom or group settings. Mindfulness is the practice of	Prosocial Involvement for 12th grades will increase from 56.3% in 2017 to 58.3% in 2021	30 day alcohol use for all grades will decrease from 8.4% in 2015 to 6.4% in 2025. 30 day marijuana will not increase by more than 20%

				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.		
Measures & Sources	SHARP 2015	SHARP 2015	Measures & Sources	SHARP 2015	SHARP 2021	SHARP 2025

10.

11. Logic Model

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

12. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No

Agency	Tier Level:	
Weber Human Services		

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

13. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Agency	Tier Level:	
Weber Human Services		

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

utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

Utah State Opioid Response (SOR) Grant 2019 Evaluation Form

LSAA Area and Prevention Coordinator Name:

Regional Director:

Coalition Name (if not applying solely as LSAA):

Coalition Coordinator Name & Contact Information (if applicable):

A. Evidence Based Programs:

- What process data will you capture to show increase in or reach of evidence based programs? How will you capture such data?

- Do the programs proposed in this application include valid pre and post testing?

If so, what are your plans to utilize resulting data?

B. Environmental Strategies:

- How will you measure and report number of environmental strategies deployed using these resources?

- Please explain how you will report on process data to each environmental strategy.

C. Use Only As Directed Campaign: (for LSAA only)

- How will you measure how many people reached?

- How will you collect data on UOAD campaign exposures in your community?

- How will you measure for increased capacity for community-centered evidence based prevention (CCEBP) as a result of campaign implementation?

D. Other: Are there other measures you will be evaluating as part of your strategic prevention plan to address prevention for opioid misuse and abuse including associated risk and protective factors?

If so, please describe how these data will be gathered and utilized.

WEBER HUMAN SERVICES	**Administrative Rule** **CLIENT FEES:** **CO-PAYMENTS FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES**	**NUMBER** 1 **APPROVED** 9/1/2018 **REVIEWED** **REVISED**

Rule:

All Weber Human Services (WHS) clients shall be charged the usual and customary fee for services rendered. This fee, however, may be discounted according to the WHS established sliding fee (co-payment) schedule. The discount is based on a client's household income and family size. All sliding fee schedules will be approved by the WHS Board of Directors and will meet any State or Federal requirements. It will be updated annually upon the release of the new Federal Poverty Guidelines. All clients will be made aware of their specific co-payment and will receive details of their financial responsibility by way of the Client Rights and Responsibility statement.

PROCEDURES:

1. Initial Evaluation Fee
    a. A standard fee of $50.00 will be charged at the time of the initial clinical evaluation for a mental health or substance use disorder. This fee does not apply to screenings or limited treatment programs (ie, STR referrals, OCC referrals, PATR Recovery Support Services).
    b. This fee may be reduced to $25.00 with acceptable proof of income for those individuals 150% of poverty or below, OR those with private insurance/Medicare.
    c. The following populations or individuals admitted into the following programs will be exempt from the Initial Evaluation Fee:
        i. Individuals with Medicaid (traditional, fee-for-service, MI-706)
        ii. Felony Drug Court Clients
        iii. Family Dependency Court Clients
        iv. DUI Court Clients
        v. All Youth Clients
        vi. WIN Clients
        vii. Project Freedom (in jail) Clients
        viii. PASRR Clients
        ix. Civilly Committed Clients
        x. Mental Health Court Clients
        xi. PATR Treatment Clients
        xii. DORA Clients
        xiii. Midtown Vivitrol Clients
        xiv. Pregnant Women seeking treatment for a substance use disorder

xv. Intravenous Drug User seeking treatment for a substance use disorder
xvi. Veterans Administration Contract Clients
xvii. Individuals just discharged from inpatient Detox

d. If the individual does not fall into any of the exception categories above and does not have the required assessment fee, Customer Care will check with the individual to see if they are in need of crisis services. Otherwise, they will be advised to return for an assessment and admission into treatment when they have the fee.

2. Mental Health and Substance Use Disorder Treatment Fees: Each client will be assessed a co-payment based on WHS's approved sliding fee schedule that will be based on income and family size. The fee will be determined by the Customer Care Specialist during the intake process.
   a. Medicaid Clients (traditional, fee-for-service, MI-706): All active Medicaid clients will have a zero ($0.00) weekly fee for mental health or substance use disorder treatment services.
   b. Clients with Private Insurance and Medicare: Any client that has private insurance or Medicare will initially have a weekly fee established based on income, with a maximum weekly fee of $60.00. The client/parent or guardian will be told by Customer Care that this fee may be adjusted based on the following conditions:
      i. If the client brings in an explanation of benefits (EOB) showing payment for services to WHS, a Fee Reduction Request may be submitted by the client in consideration of substantial compensation for services being rendered.
      ii. The Billing Department will notify Customer Care if insurance denies payment to WHS for being out-of-network. In this case, Customer Care will adjust the client's co-payment, if necessary, to be solely based on income and family size (no maximum). The client will be advised that if they are not a part of a court program, that they are welcome to find another treatment provider that accepts their insurance.
      iii. In some instances, the client's insurance may pay the client directly for services. Should this occur, the Billing Department will notify Customer Care and the client's co-payment will be changed to the maximum weekly, regardless of whether or not the client is the policy holder. The income based weekly fee will be reinstated once the insurance payment is remitted to WHS along with a copy of the EOB. Customer Care will also request a write-off of any balances beyond the weekly fee.
   c. Juvenile Drug Court Clients: All JDC clients pay a $10 weekly fee regardless of income and family size.
   d. PATR Treatment Clients: PATR funding pays the full fee for all treatment services and so these clients will be set at a zero ($0) weekly fee.

e. Early Episode Psychosis: Early Episode Psychosis funding pays the full fee for all treatment services and so these clients will be set at a zero ($0) weekly fee.

3. Fee Moratorium: For the first 4 full weeks after admission there will be a moratorium on all client fees, except initial evaluation fee, for clients at or below 150% of the Federal Poverty Level as determined by proof of income (see *Proof of Income and Family Size Policy and Procedures*). Proof of income is required at admission to qualify for a full moratorium on client fees. If the client does not provide acceptable proof of income, and the client is NOT in one of the programs/categories listed in 1C of this Rule, the client will be charged the maximum weekly fee for all treatment services until proof of income is provided. If the client does not provide acceptable proof of income, and the client IS in one of the programs/categories listed in 1C of this Rule, the client will be given a temporary moratorium on all client fees for a maximum of one full week, plus the remaining days in the week of admission. In order to receive the remaining 3 weeks of moratorium, the client must bring in proof of income and their income must be at or below 150% of the Federal Poverty Level.
4. Fee Reductions: The fee reduction committee must approve ANY exceptions to the income based weekly fee co-payment (adjustments to weekly co-payment).
    a. The committee will be comprised of the following individuals:
        i. Director of Compliance, chair.
            1. Back-up: Compliance Supervisor
        ii. Chief Financial Officer
            1. Back-up: Controller
        iii. Billing Supervisor
            1. Back-up: Billing Specialist
    b. Fee reductions should be requested by clients by completing and turning in to the area's Customer Care Supervisor, or back-up supervisor, the *Fee Reduction Request* form.
    c. The area's Customer Care Supervisor, or back-up supervisor, will meet with the client and review the completeness of the form and add any additional information to the form that is known to WHS and may be relevant to the request.
    d. Fee reductions will generally only be approved in the following circumstances:
        i. For clients without any income and who are actively working to gain employment;
        ii. For clients whose private insurance is covering a large portion of the cost of all services being received, especially if the client's insurance co-pays are in aggregate lower than the assessed weekly fee and insurance is covering most services.
    e. Fee reductions will only be given for a maximum of 30 days at a time. If additional time is needed, an additional request must be made.
    f. Fee reductions should be rare.

Weekly Fee*									
Monthly Gross Income		Household/Family Size							
From	To	1	2	3	4	5	6	7	8
$ -	$1,012	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00
$1,013	$1,372	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00
$1,373	$1,732	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 10.00	$ 10.00	$ 10.00
$1,733	$2,092	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 10.00
$2,093	$2,452	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00
$2,453	$2,812	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00
$2,813	$3,172	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00
$3,173	$3,532	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00
$3,533	$3,892	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00
$3,893	$4,252	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00
$4,253	$4,612	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00
$4,613	$4,972	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00
$4,973	$5,332	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00
$5,333	$5,692	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00
$5,693	$6,052	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00
$6,053	$6,412	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00
$6,413	$6,772	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00
$6,773	$7,132	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00
	100% FPL								
*Includes all covered services for non-Medicaid clients except UA's									
	Approximately 150% of Poverty								
	Approximately 200% of Poverty								

Residential Monthly Fee*

Monthly Gross Income		Household/Family Size							
From	To	1	2	3	4	5	6	7	8
$ -	$1,012	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00
$1,013	$1,372	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00
$1,373	$1,732	$ 300.00	$ 300.00	$ 300.00	$ 300.00	$ 300.00	$ 300.00	$ 300.00	$ 250.00
$1,733	$2,092	$ 400.00	$ 400.00	$ 400.00	$ 400.00	$ 400.00	$ 350.00	$ 350.00	$ 350.00
$2,093	$2,452	$ 500.00	$ 500.00	$ 500.00	$ 400.00	$ 400.00	$ 400.00	$ 450.00	$ 400.00
$2,453	$2,812	$ 600.00	$ 600.00	$ 600.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
$2,813	$3,172	$ 700.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00	$ 600.00	$ 550.00
$3,173	$3,532	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00
$3,533	$3,892	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00
$3,893	$4,252	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 800.00	$ 900.00	$ 800.00	$ 800.00
$4,253	$4,612	$ 1,100.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00
$4,613	$4,972	$ 1,200.00	$ 1,100.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00
$4,973	$5,332	$ 1,300.00	$ 1,200.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,000.00	$ 1,000.00	$ 1,000.00
$5,333	$5,692	$ 1,400.00	$ 1,300.00	$ 1,200.00	$ 1,200.00	$ 1,200.00	$ 1,100.00	$ 1,100.00	$ 1,100.00
$5,693	$6,052	$ 1,500.00	$ 1,400.00	$ 1,300.00	$ 1,300.00	$ 1,200.00	$ 1,200.00	$ 1,100.00	$ 1,100.00
$6,053	$6,412	$ 1,600.00	$ 1,500.00	$ 1,400.00	$ 1,400.00	$ 1,300.00	$ 1,300.00	$ 1,200.00	$ 1,200.00
$6,413	$6,772	$ 1,700.00	$ 1,600.00	$ 1,500.00	$ 1,500.00	$ 1,400.00	$ 1,400.00	$ 1,300.00	$ 1,300.00
$6,773	$7,132	$ 1,800.00	$ 1,700.00	$ 1,600.00	$ 1,600.00	$ 1,500.00	$ 1,500.00	$ 1,400.00	$ 1,400.00

100% FPL

Approximately 150% of Poverty

Approximately 200% of Poverty

Approximately 400% of Poverty

*Only includes residential costs; does not include costs of clinical services.

Group Home Monthly Fee

Monthly Gross Income		Household/Family Size							
From	To	1	2	3	4	5	6	7	8
$ -	$300	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00
$ 301.00	$500	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00
$ 501.00	$800	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00
$ 801.00	$1,012	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00
$1,013	$1,372	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
$1,373	$1,732	$ 600.00	$ 600.00	$ 600.00	$ 600.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
$1,733	$2,092	$ 600.00	$ 600.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00	$ 500.00	$ 500.00
$2,093	$2,452	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00	$ 500.00
$2,453	$2,812	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00
$2,813	$3,172	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00
$3,173	$3,532	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00	$ 600.00
$3,533	$3,892	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00
$3,893	$4,252	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00
$4,253	$4,612	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00
$4,613	$4,972	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00
$4,973	$5,332	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 700.00
$5,333	$5,692	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 800.00
$5,693	$6,052	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00
$6,053	$6,412	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00
$6,413	$6,772	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 800.00	$ 800.00
$6,773	$7,132	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 800.00	$ 800.00

100% FPL

Approximately 150% of Poverty

Approximately 200% of Poverty

Approximately 400% of Poverty

Group Home Monthly Fee

Monthly Gross Income		Household/Family Size							
From	To	1	2	3	4	5	6	7	8
$ -	$300	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00
$ 301.00	$500	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00
$ 501.00	$800	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00
$ 801.00	$1,012	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00
$1,013	$1,372	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
$1,373	$1,732	$ 600.00	$ 600.00	$ 600.00	$ 600.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
$1,733	$2,092	$ 600.00	$ 600.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00	$ 500.00	$ 500.00
$2,093	$2,452	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00	$ 500.00
$2,453	$2,812	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00	$ 600.00
$2,813	$3,172	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00	$ 600.00	$ 600.00
$3,173	$3,532	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00	$ 600.00
$3,533	$3,892	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00
$3,893	$4,252	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00	$ 700.00
$4,253	$4,612	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00
$4,613	$4,972	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 700.00	$ 700.00
$4,973	$5,332	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 700.00
$5,333	$5,692	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00	$ 800.00
$5,693	$6,052	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00
$6,053	$6,412	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 900.00	$ 800.00	$ 800.00
$6,413	$6,772	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 800.00	$ 800.00
$6,773	$7,132	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 900.00	$ 800.00	$ 800.00

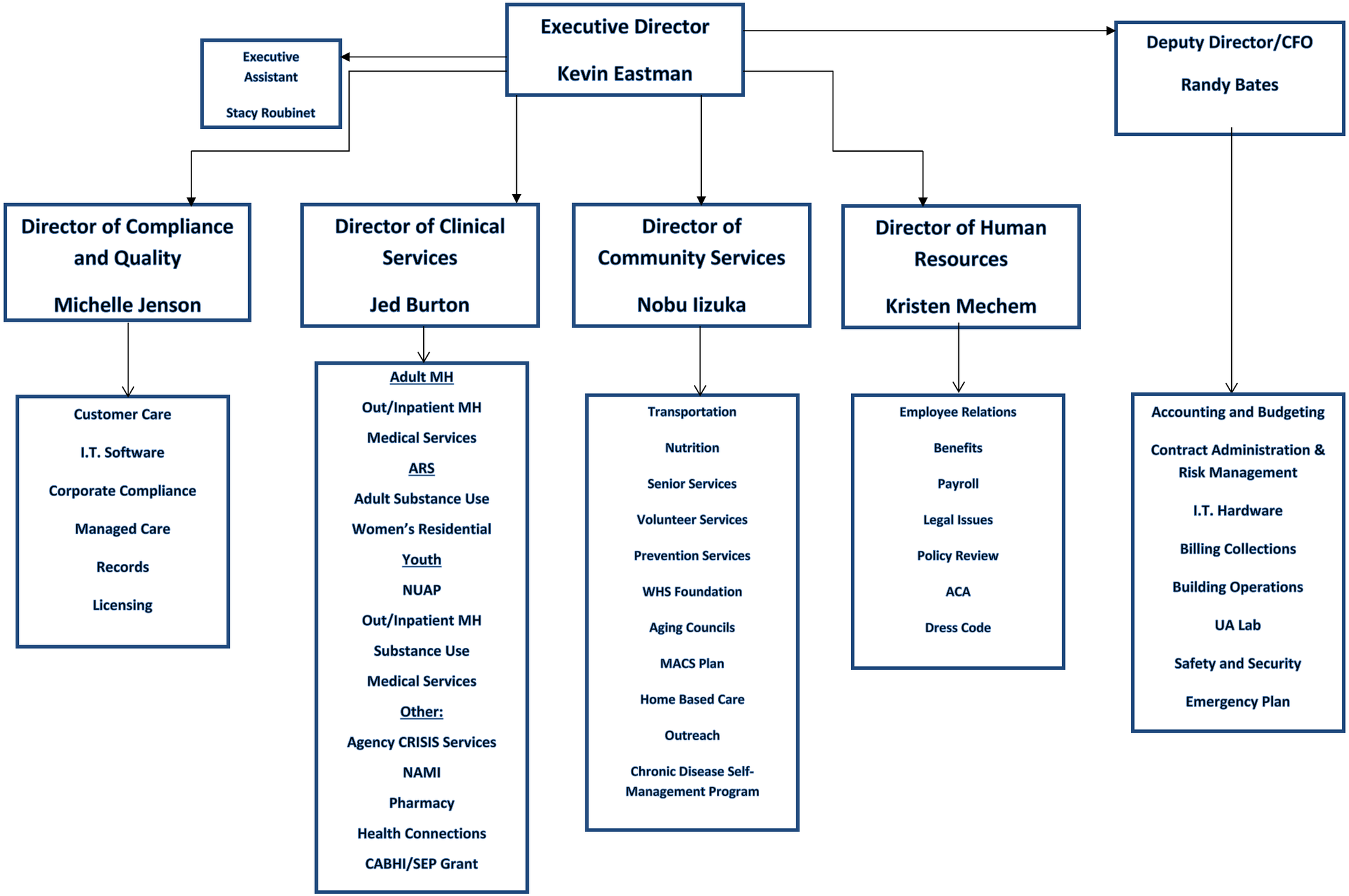
100% FPL

Approximately 150% of Poverty

Approximately 200% of Poverty

Approximately 400% of Poverty

Administrative Organizational Chart



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2020 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: Weber Human Services

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

PLEASE PRINT:

Name: Robert A. Hunter

Title: Chair of the Board

Date: 13 May 2019