

Weber Human Services

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Weber Human Services

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

Individuals are screened and evaluated by a Weber Human Services licensed clinician. Tools and forms used include a clinical written assessment, WHS screening form, ASAM criteria, DSM, and urinalysis testing. Upon completion of the screening and assessment, if it is determined the individual would best be served with an educational series, the individual is referred to a private provider in the area. If it is determined that the individual would benefit from a treatment intervention, treatment is offered based upon the ASAM recommended level of care. WHS is currently exploring the ability to again offer an educational series for individuals who qualify for this level of intervention if staffing patterns can stabilize.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

WHS is involved in the local CTC - Communities that Care Coalitions. Each CTC cone is based upon the areas that feed into the local high schools i.e. Weber, Bonneville, Fremont, and Roy. Each CTC uses evidence-based strategies, data, and strategic plans to identify and reduce risk of alcohol and drug use.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

SBIRT is an area to explore with current community partners in healthcare, schools, and other settings.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

WHS is a community partner with UHRC and is involved in outreach efforts for individuals who are actively using drugs intravenously. Outreach efforts include education, linking to resources, and interventions that follow a harm reduction model. Outreach and engagement efforts are also provided with case management services with Lantern House, Weber County Jail, and Ogden PD Outreach.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

WHS Customer Care Specialists and case managers directly assist individuals with Medicaid applications. Referrals are also made to DWS and Utah Health Policy Project when a person may be eligible for Medicaid or other types of insurance. A case manager or peer support specialist can assist the individual with connecting them to a community partner in a warm handoff virtually or in person when possible.

Describe activities to reduce overdose.

1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

In the past year, WHS staff have participated in virtual training presentations on Naloxone through IHC and Utah Naloxone. Education is also provided to staff during staff meetings regarding identifying an overdose and how to administer Naloxone. Naloxone is available in all residential facilities and in the pharmacy in the main outpatient facility. Staff may also have Naloxone available to them in their workspace. Naloxone is available in the pharmacy and anyone in the community can access a Naloxone kit from the pharmacy at no cost. Education and training is provided to individuals with an opioid use disorder as well as friends, family members, and significant others.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Put question for therapist to answer whether they have discussed Naloxone Kits into the Assessment/Clinical Note for the assessment to identify whether clients who are being diagnosed opiate dependent (DSM-IV or Opiate Moderate/Severe DSM-IV), have been asked whether they are interested in receiving a Naloxone kit. This way we can identify to see if we are increasing the amount of the conversation taking place.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Shanel Long

Describe the activities **you propose to undertake over the three year period** to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. 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 needs 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 admission. 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 is needing detox services, the 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. When MAT is prescribed during detox, a referral will be made to the WHS medical team. Withdrawal management outside of a hospital setting can be provided through Weber Human Services with the Medical Clinic.

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 medical 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 number 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 the client is residing at Lantern House. Services are paid through private insurance and Medicaid. SSOR funds may also be accessed when appropriate.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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 (up to 16 adult women for a total of 20 individuals with 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, 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. 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. In the effort to strengthen families and to prevent parent-child separation Tranquility Home has partnered with DCFS consistent with the Family First Prevention Services Act (FFPSA). Tranquility Home is able to accept children in State custody keeping them safely with their mother to avoid trauma resulting from separation. Mothers continue to have access to mental health, substance use, and parenting treatment. Children are also able to access services through the Youth Team. Access to children's services and parent support for women in Tranquility Home have the ability to increase due to closer coordination with WHS Youth Services. Clinicians who specialize in providing services to children ages 0-3 and parents will be available throughout residential placement as well as continuing care upon discharge from residential treatment.

Stepping Stones is a 29 bed residential facility for men. Weber Human Services opened residential services for men in March 2019. Men are able to access clinical treatment services, case management services, and peer support services while also supporting employment and stable housing goals. Recovery residence resources are also accessed as housing units become available.

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica Little

Describe the activities you propose to undertake over the three year period 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. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

Clients are screened and referred to local MAT agencies based upon MAT screening, funding, and client engagement. WHS has contracts with BAART in Ogden 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. 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.

A case manager who is also a peer support specialist is assigned to not only link clients to MAT services, but also linking to other services. The case manager completes the requirements of the GPRA to stay in compliance with the grant requirements. The case manager works closely with the contracting agencies to ensure they are following through with the services authorized.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Data from the GPRA is used to monitor follow-up rates and meet the expectation of the SOR funding.

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

Clients are screened and referred to local contracted MAT agencies and in-house providers based upon MAT screening, funding sources, and client engagement. WHS provides the following types of MAT medications: Naltrexone, Vivitrol, Suboxone, Subutex, and Sublocade. [WHS provides Tuesday - Friday access to MAT with 4 certified MAT providers by a walk-in clinic.](#) WHS has an agreement to provide referrals to Midtown Community Health Center to screen and provide MAT, specifically Naltrexone and Vivitrol. WHS has also contracted with BAART, Discovery House, and Clinical Consultants to provide MAT services including medication and counseling. [With additional funding from the opioid settlement, Weber Human Services plans to contract with USARA to provide recovery coaches in the hospitals in Weber County as part of the BRIDGES program offered by USARA.](#)

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Data is collected and reported in NOM's and state reporting services. Data is collected in both the assessment and 30 day follow up questions. A baseline data point is established at time of assessment. Comparison data points are established throughout the treatment episode comparing the amount of clients with an appropriate diagnosis for MAT and whether the client was screened and referred for services.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Describe the activities you propose to undertake over the three year period 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, 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 Reconciliation 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, including services with USARA, 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 USARA, Vocational Rehabilitation, DWS, Ogden and Weber Housing Authorities, Health Department, UA monitoring, 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.

Weber Human Services has incorporated the SURE to all clients in outpatient and residential programs to track and measure outcomes. This will continue to be done to further evaluate the helpfulness of this tool and as we decide what clinical decisions can be concluded from this tool.

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

Shanel Long

Describe the activities you propose to undertake over the three year period 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.

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, 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. Treatment is individualized, recovery focused, and based upon risk and needs of the client. Clients have access to psychiatric, medical, and urinalysis laboratory services. Evidence-based practices include the following: Motivational Interviewing, Individual SA-Cognitive Behavioral Treatment, Skills for Success, Contingency Management, Matrix Model, Moral Reconciliation Therapy (MRT), Seeking Safety, 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, including services with USARA, 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 not residing at Tranquility Home, but qualify for a higher level of intervention and is further described in Section 13, Women's Services.

8) Recovery Support Services

Thom Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: <https://sumh.utah.gov/services/recovery-supports/recovery-resources>

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 and Peer Support Specialists use a Recovery Capital tool for guidance in assessing client strengths and needs. Vouchers are used to assist with transportation, rental assistance, dental, medical, items needed to support employment, certified training classes, state IDs, and birth certificates.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Currently Case-Managers are using a Recovery Capital Assessment. Clients are scoring higher with daily living skills on the DLA as a result of the wrap-around services. Data points are gathered at time of assessment and 30 day follow up.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

Twelve-step support and other community support meetings are encouraged during treatment and as a part of ongoing support during discharge planning. Peer Support Services include individual and group services. Groups include Peer to Peer Groups and SMART Recovery. Peer Support Services are directly provided by Weber Human Services. 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 Peer Recovery Coaches from USARA in the Ogden office as well as statewide resources, advocacy for clients, and support.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Through the use of the DLA and the individual domains, a therapist can make a referral to link a client to the peer support specialist to focus on specific areas of the DLA. DLA scores are

increasing as part of working with the client in those areas.

10) Quality & Access Improvements

Shanel Long

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

WHS is currently evaluating show rate and finding ways to reduce the no show rate of clients coming into services. We have been doing same day scheduling and next day scheduling for opened slots. We are moving towards a POD where our Customer Care staff can put multiple clients into those PODS, we will overbook them, with the history that an expectation that a couple of clients will no-show. We hope that this will increase the number of intakes being done.

Please describe policies for improving cultural responsiveness across agency staff and in services, including “Eliminating Health Disparity Strategic Plan” goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

Weber Human Services has worked closely with the Health Disparities Committee at the State level to help reduce/alleviate health disparities and improve cultural responsiveness. WHS recently hired a Diversity Officer who will help to adopt policy and provide clarity/direction to the agency and community on cultural responsiveness. We have placed more culturally sensitive artwork and messaging throughout the building in an effort to help all clients feel welcome. WHS also has an Inclusion and Diversity Committee that works closely with our Diversity Officer in providing education and culturally responsive activities for employees and the community. WHS has worked on recruitment of Spanish speaking clinicians through a scholarship at Weber State University and also provides a differential in pay for those who speak Spanish with a higher differential for those who are native Spanish speakers. When WHS is not able to provide treatment in the client’s preferred language, an interpreter is offered.

Diversity & Inclusion Goal and Objectives

All objectives center around the four pillars that were created based off of the goal to ultimately create a sense of belonging for all employees, clients, and volunteers here at the agency.

The four pillars are: Focused Training, Engagement of Staff and Clients, Community Outreach, and WHS Policies and Protocols. Through these four pillars, we will create a sense of belonging.

Under each pillar, there are a set of objectives, under which are the initiatives that will be implemented in order to reach those objectives.

Focused Training:

Objective: Complete agency-wide training in key areas.

Initiative#1: Overview/Introduction to Diversity and Inclusion Training

Initiative#2: Implicit/Unconscious Bias Training

Initiative#3: Microaggressions Training

Initiative#4: Requesting SO/GI (sexual orientation and gender identity) information from Clients Training

Engagement of Staff and Clients

Objective: Create an environment where staff, clients and volunteers feel like they belong and are being treated with care and respect.

Initiative #1: BIPOC art in all buildings.

Initiative #2: Focus group with clients to understand their experiences here at the facility.

Initiative #3: Listening tours to understand employees' experiences here at the agency in terms of feeling valued, respected and ultimately feeling like they belong.

Initiative #4: Diversity and inclusion component in New Hire Orientation.

Community Outreach

Objective #1: To educate the youth and their parents about careers as Mental Health, Substance Use Counselors and Prevention Professionals.

Initiative #1: Go to church and community youth groups, as well as middle schools and high schools to educate the youth and their parents about the various careers here at WHS, as well as the educational requirements needed to obtain careers as Mental Health, Substance Use Counselors and Prevention Professionals.

Objective #2: Educate all demographics on the services that we provide at WHS.

Initiative #1: Community Art Show/Contest during the Ogden City Art Walk.

Initiative #2: Attend the LUPEC Event.

Objective #2: Brand WHS as an agency that celebrates diversity in its employees.

Initiative#1: Offer incentives for employees to complete company reviews on Glassdoor, Indeed and Facebook.

Initiative #2: Create a diversity and inclusion mission statement and values to post on website and Facebook page

Initiative#3: Offer a language incentive of \$1 per hour for clinicians and \$2 per hour for native-speaking clinicians.

WHS Policies and Protocols

Initiative #1: Audit job descriptions to ensure that the language is inclusive to all demographics

and delete any exclusive language.

Initiative #2: Add diversity, inclusion, and sense of belonging questions to the exit interview.

Initiative #3: Audit and increase equity in salaries and promotions for all employees.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

Weber Human Services has created a committee to focus specifically on recruitment and retention for the workforce in all areas of clinical services at WHS. Incentive programs have been created. Engagement strategies including agency events are being offered through HR. WHS has working partnerships with local universities who provide masters level social work programs. WHS provides opportunities for practicum placements with the intent to hire students upon graduation. Client engagement strategies include the use of Motivational Interviewing, client outreach, and wrap around services. Intake blocks are available to increase access to services and decrease no show appointments. As individuals lose Medicaid, they meet with case managers and customer care to find alternate forms of funding including block grant funds and general SUD funding.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

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. Case managers are involved directly with contracted providers and shelters to promote services and reduce barriers to access for treatment. Weber Human Services is listed in the 211 directory, provides information booths and brochures at various community events, and helps host Recovery Day in September of each year. Weber Human Services also has social media pages with FB and Instagram. WHS has partnered with the WCSO to provide a case manager in the jail as part of the reentry team to assist with linking individuals to resources and services before release and follow up upon release.

What evidence-based practices do you provide (you may attach a list if needed)? Describe the process you use to ensure fidelity?

WHS delivers Motivational Interviewing, Cognitive-behavioral Therapy for Substance Abuse, the Matrix Model, Moral Reconciliation Therapy, Seeking Safety and Skills for Success training to clients with substance use disorders. 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. We begin by hiring coachable staff who will respond to fidelity coaching. All clinicians must participate in the full training of any EBP prior

to delivering the EBP. Individual and group sessions are regularly recorded and submitted for review. Trained supervisors use fidelity tools for each EBP and evaluate the sessions for fidelity. A fidelity feedback summary is then sent to the clinician with strengths and areas for improvement. The supervisor meets with the clinician to practice specific items from the feedback summary. All fidelity data is stored in a single document so that individual, EBP specific, and organizational fidelity can be evaluated.

Describe your plan and priorities to improve the quality of care.

WHS has a sustainable process for training new clinicians in MI, CBT-SA, the MATRIX model, MRT, Seeking Safety, and Skills training model. Weber Human Services has invested in the Lyssn tool designed to help code Motivational Interviewing sessions using artificial intelligence. Hundreds of sessions have been reviewed by supervisors who further incorporate Lyssn fidelity data.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

Telehealth services will be provided based upon the individual needs of the client including access to support for telehealth services. WHS will continue to use Zoom as the telehealth platform while also exploring the use of Lyssn as another option for telehealth. Quality of services for both group and individual sessions will continue to be measured and monitored through Lyssn recordings and reviewed by the clinical quality supervisor.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

We have recently started to implement and have clients complete the SURE. We started in December and we are currently reviewing how helpful this tool is in regards to clients outcome and how it could be used in helping clinicians make decisions with this information. We have probably reviewed it monthly as an organization since starting the implementation of this. Feel it is still too early to identify and make decisions with this tool.

Outside of client reports in regards to how the EBP that the client completed has shared in regards to gaining clinical skills and sharing how they are using them, we don't have a formal tool outside of the SURE currently.

We have also completed the MHSIP's to get client feedback about satisfactory reports.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose to undertake over the three year period 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 Recovery Court Program.. 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. On behalf of the Weber County Sheriff's office, Weber County received a 3 year COSSUP grant. With the grant,

WHS has been able to expand from one case manager to three case managers to be located at the Weber County Jail as part of the Reentry team. Case managers/reentry coordinators screen and identify individuals who are moderate to high risk of recidivism. They link individuals to outside resources and transition them into outpatient or residential services. The reentry coordinators are also part of the weekly reentry fair that is held in the community to assist formerly incarcerated individuals access to services.

Describe any significant programmatic changes from the previous year.

Within this past year, Weber County received the COSSUP grant which provides funding for some recovery support services, 3 case management/reentry coordinator positions, 2 forensic peer specialists, and a program coordinator. Grant funding will end in three years. We are actively pursuing funding that can sustain the program when the grant funding ends. Additional state funds may be necessary to continue the reentry services in three years.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

Vivitrol is 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. 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 jail also provides training and use of Naloxone kits. [With expected funding from the opioid settlement, Weber Human Services will expand funding to include assistance with MAT expansion in the jail. The WSCO is seeking to explore additional MAT options such as Sublocade.](#)

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 expand 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

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

WHS continues to have an in-house integrated 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. Two full time Medical Doctors, several medical assistants, and customer care staff work in the integrated clinic. WHS also has monthly meetings with two ACOs to coordinate care for the members.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide

education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

Each new client at WHS goes through an assessment process which includes an assessment of their physical, mental health, and substance use 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. Screenings such as HIV, TB, Hep-C, and diabetes can be ordered in the primary care setting.

We have an integrated primary care clinic at WHS. We believe that integration is vital to the wellbeing of our clients but there are several barriers. One of the main barriers is documentation/efficiency for our medical providers. We do not have an EHR that was built with primary care in mind. We have looked at other options that are either too expensive or would decrease communication between behavioral health and medical providers. Our IT department has made several changes to the system to increase efficiency with notes, looking up medications, and writing prescriptions. Even with these changes, our EHR is not nearly as efficient as an EHR that is made for primary care.

The billable rate for medical services is also a barrier. Private primary care organizations often put a cap on the number of Caid/Care recipients that are allowed but we do not. We helped sponsor legislation this year that may impact the reimbursement rate in the future. Most entities are supportive of integration, but very few provide the means to truly integrate.

We have therapists on each team that specialize in perinatal and postnatal care. On the AMH team that individual is Rachel Hopkins.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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.

Describe your plan to reduce tobacco and nicotine use in SFY 2024, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

Clients are screened and assessed at the beginning and throughout treatment regarding treatment and referrals for smoking cessation options. WHS will explore use of the Fagerstrom scale for screening and recommendations for NRT. Nicotine replacement strategies such as patches, gum, and medication are available with the medical team as well as referrals within the community including use of the QUITline. WHS will also explore implementing an education group specifically designed for women who are pregnant and seeking to reduce nicotine use. WHS will also reimplement use of smoking cessation groups led by peer support specialists.. WHS will coordinate with the Weber County Health Dept. and WHS Prevention programs to provide education for both staff and clients in treatment.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

Practitioners from the integrated primary care clinic routinely provide education and consultation to other members of the clinical teams related to health and wellness. WHS also

has regular training on CPR and First aid for those who require the training.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

WHS is involved in the State Primary Care Grant and has several measures related to physical health and wellness. Clients in the integrated primary care clinic are screened for deficiencies related to social determinants of health, and are also monitored on BMI and blood pressure. We also use the DLA and NOMS to help measure success. We hope the SURE will help us measure outcomes over time.

13) Women's Treatment Services

Rebecca King

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 treatment (Tranquility Home), day treatment (Women & Children's Day Treatment), and outpatient treatment (Clean Start). Clients have an opportunity to learn basic life skills, healthy sexuality, parenting, relapse prevention, and recovery support for clients to transition from levels of care to maintenance and support. Clients are assigned individual therapists, case managers, and peer support specialists. 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. Clients in residential areas are referred to in-house Supported Employment Specialists (IPS).

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 on a weekly basis. Children's treatment services address the impact of substance use on children, including abuse/neglect and education regarding FASD. Children's services and parenting are available throughout all levels of treatment and care. 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 provide 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 clients in being successful in treatment and achieving goals with their DCFS service plan. Weber County also has a Family Recovery 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 parents. Tranquility Home can offer up to 8 children's

slots. During 2022 there have been 2 FFPSA placements, and WHS continues to work with DCFS and the Court for additional placements.

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-RSS, P-ATR, Your Community Action Agency, and Vocational Rehabilitation.

Describe any significant programmatic changes from the previous year.

The Family First Prevention Services Act was enacted at the Tranquility Home facility, but only recently we have received referrals. This resource will lessen trauma, strengthen families, protect children and promote healthy attachment between the mother and the child. It also helps the mother to stay engaged in services. The Youth team has a child psychologist that can evaluate the child and make any recommendation for services that can be rendered by the Youth Team. If recommendations are made, the youth and mother will be working with a Youth-team clinician and family-peer to assist the family at Tranquility Home with hands on -parenting.

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

Despite Medicaid expansion and TAM, there continues to be gaps in coverage when an individual may no longer qualify for expansion or TAM funds. WTX funding is still needed to cover personnel costs, non-Medicaid clients, and operation costs. Funds will be used to maintain residential services that are currently in place. If there are funds that can be used for expansion, more beds could be made available. Although there is no wait list for outpatient services, there is a wait list for residential beds.

Please describe the proposed use of the WTX funds

WTX funds will cover the costs of the house manager, lead, part-time residential techs, building costs, food, and other supplies necessary to maintain a safe and healthy environment. Funds will also cover parent and child activities that promote a nurturing relationship. Funds will also be used towards ongoing staff training that includes trauma-informed care.

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

WHS has contacted local LSAA regarding access to Tranquility Home, the women and children's program. WHS is currently collaborating with Davis Behavioral Health regarding access to DBH's womens' program and WHS' women and children's program. Women with children can be referred to WHS from DBH as well as women without children in their care can be referred to DBH's women's program from WHS. During this past year, there have been referrals from Bear River as well.

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

To be completed by the CFO.

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

There are working agreements among the local SUD authorities to contact Weber Human Services when there is an individual in their services in need of residential care. A point of contact has been designated at Weber Human Services in which this person can coordinate care and reduce barriers for an individual entering residential treatment. When a referral has been made to WHS, efforts are made for an individual to enter residential services within 48 hours when a bed becomes available. In the past year, there have been 3 referrals from other catchment areas.

14) Adolescent (Youth) Treatment

Shanin Rapp

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

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 and then assessed via the Comprehensive Adolescent Substance-abuse Inventory (CASI). The WHS Specialized Family Services Team delivers empirically supported interventions derived from evidence-based models shown to reduce substance abuse and improve client functioning. These include: Aggression Replacement Training, Moral Reconciliation Therapy, Motivational Interviewing and ACRA Adolescent Community Reinforcement Approach. The services are developmentally appropriate; family focused, and have a strong emphasis on engagement. Much of the service is provided in the homes of the youth. Staff are trained to identify and develop treatment plans that identify risk factors that sustain drug and alcohol use 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.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Youth referred to WHS youth SUD programs typically come from School & Court referrals. WHS also sees referrals from parents/guardians in the community to a lesser extent. The WHS youth SUD supervisor is typically involved in meetings in which programs and availability of treatment are routinely discussed with community partners (schools, inpatient, courts, JJS etc.) Specific training for programming has been shared in the Juvenile Court PO staff meeting.

Describe collaborative efforts with mental health services and 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. WHS entered into a new contract with DHS/DJJS to provide treatment to youth in the DSI program. This includes individual, family, and group (ART) therapy. Referrals for medication assessment can also be provided.

15) Drug Court

Shanel Long

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 Drug Court, Felony DUI, and Family Recovery 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 Recovery Court, the individual also has lost custody of a child and is seeking reunification services with DCFS and Juvenile Court. A PSS Family Recovery Court was discussed prior to COVID and its implementation of a PSS Family Drug Court where custody of a child remains with the parent has been delayed due to the COVID pandemic. 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 a high risk/high need level. Ineligible criteria include violent offenses, current sex offenses, and charges pending in other courts. There are a limited number of drug court slots per court. WHS expects to serve approximately 125 individuals in Felony Drug Court, 40 individuals in Felony DUI Court, 40 individuals and their families in Family Recovery Court, and up to 20 individuals in Juvenile Court (due to legislation, it has greatly impacted the ability to refer clients into Juvenile Drug Court).

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). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? 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 Recovery Court, and Juvenile Delinquency Drug Court. Services are provided directly through Weber Human Services. WHS has contracted with Beechtree for drug testing 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 urinalysis testing, recovery support services, and recovery residences as 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. Family Recovery Court has a DWS eligibility worker who attends court on a weekly basis to assist with Medicaid enrollment. Also a Vocational Rehabilitation worker attends to staffing and court. Computer kiosks are also available for electronic enrollment.

In Drug Court we have started to coordinate with USARA's Forensic Peers, they have started to come to our court and be introduced to these PEER support specialists. The goal being is that the USARA PEER can form a relationship that will be on-going even after Drug Court.

Family Recovery Court has been used by PEER support specialists employed through Weber Human Services.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

MAT services are available to all 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,

BAART or Discovery House. 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. Follow up appointments including outreach efforts are provided through nursing staff, the peer support specialist, and case manager assigned to the MAT program. One of the newest forms of MAT is the utilization of Sublocade at Weber Human Services.

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 directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Drug Testing Services are provided through Beechtree Diagnostics, a contracted provider for Adult Drug Court and DUI Court, Family, and Juvenile Drug Courts. A UA Lab is located in Ogden. Samples are sent to the Beechtree Diagnostics lab in Salt Lake County, where the sample is tested. Clients are oriented to the drug testing screen including the purpose of drug testing prior to any drug test administered. The UA Lab provides services seven days a week and holidays. Beechtree 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 completed on each test. 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, oxycodone, cocaine, benzodiazepine, PCP, alcohol, buprenorphine, cannabis, and barbiturates. Clients are also randomly tested using an extended panel test to evaluate the possibility of clients switching substances to avoid detection. Tests can also verify client compliance with psychotropic medications. The 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 the first 4 full weeks after admission there will be a moratorium on all client fees for clients at or below 150% of the Federal Poverty Level as determined by proof of income. The lowest minimum amount is a \$10 weekly fee, and this covers all treatment services provided during that week (group, individual, and urinalysis testing). For youth, it is \$ 10 per week. See attached fee scale. If a client is truly unable to pay for treatment, a process is in place where the client can apply for hardship status and have a portion of fees waived. The Family Recovery Court and Juvenile Delinquency Drug Court have no other fees associated. In 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. 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 Adult Felony Drug Court without paying the fee but the legal charge (402B) will not be formally dismissed until they have paid the balance. In Family Recovery Court, fees are to be resolved before graduation.

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

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 RNR on all clients where available. Both are validated criminogenic risk/needs assessments.

Weber Human Services has entered into an agreement with the re-entry team from the jail. The County Jail will be completing the LSI-SV and then for those clients that score moderate to high, and will be remaining in jail, an LS-CMI will be completed. Therapists will be given access to the portal to obtain the risk screenings completed.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders to reduce criminogenic 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. Weber Human Services has also identified a screening tool composed of multiple questions regarding substance use, mental health, and trauma to assist clinicians in accurately diagnosing clients. 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. When low risk offenders are identified, individual SA-CBT is offered or a choice is given to the client to attend services with a community treatment provider that provides services to low risk offenders that is not cost prohibitive. WHS clinicians make a conscious effort to avoid mixing low risk and high risk offenders in group settings.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

One of the recommendations for the SFY 2020 is use of a screening tool for more of our clients outside the specialty court programs. This will help us better serve the various clients coming into services with Weber Human Services who are justice involved and identifying risk. We have been given permission to use the LSI-SV. We plan to utilize this tool in a pilot study with the goal to assist clinicians to make treatment decisions for client placement with treatment interventions that can address criminogenic risk factors.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

WHS has identified staff who are involved in the following coalitions, planning groups, and councils: Weber County Community Reentry Coalition, Weber-Morgan Criminal Justice Coordinating Council, COSSUP for Weber County, Behavioral Health Community Network, Ogden CAN, Opioid Task Force, Weber/Morgan Local Homeless Coordinating Council, PAC with USARA, OWCAP Health Services Advisory Committee, Weber/Davis Employment Committee, and the Weber/Morgan DV Coalition.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

WHS has identified staff who routinely attend and contribute to the local MAS (Multi Agency Staffing held via Juvenile Court) weekly meetings. WHS has a representative at the Regional

Advisory Council and one or more representatives at the Multi-Agency Coordinating Council (MACC) level. Partners from the aforementioned community stakeholders also attend and participate in these meetings. WHS Youth Team program supervisors receive notification of and attend, as necessary, DCFS 24 hour meetings. Identified staff attend monthly Utah State Hospital staff meetings as well as the Children's Coordinators Meeting.

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

The Weber and Morgan County Criminal Justice Coordinating Council, the Weber County Reentry Coalition, and the COSSUP group for Weber County are currently looking at data and forming measurement objectives focusing upon reducing recidivism rates and increasing access to needed services. Specialty Courts are using current data collected through the Weber County Attorney's Office to measure progress in regards to whether the Drug Courts or the DUI Court is having an impact on reducing risks.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See Form A.

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate “N/A” in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

- 1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
- 2. By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, “N/A” below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, “N/A” below.