

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source		\$ 224,769	\$ 70,000		\$ 194,895	\$ 980,697	\$ 11,759	\$ 912	\$ 55,871	\$ 73,000	\$ 26,000		\$ 1,637,903

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		22,500				75,000							\$ 97,500	15	\$ 6,500
Residential Care (171 & 173)		5,000											\$ 5,000	2	\$ 2,500
Outpatient Care (22-24 and 30-50)		51,797	49,504		63,974	266,988	8,316			51,625	18,387		\$ 510,591	470	\$ 1,086
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		17,976	2,842		3,676	15,341	477			2,964	1,056		\$ 44,332	55	\$ 806
Psychotropic Medication Management (61 & 62)		18,472	17,654		22,816	195,218	2,966			18,411	6,557		\$ 282,094	305	\$ 925
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		65,548			80,959	337,871							\$ 484,378	40	\$ 12,109
Case Management (120 & 130)		7,814			9,651	90,279			4,000				\$ 111,744	55	\$ 2,032
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		3,934			1,000				2,000				\$ 6,934	3	\$ 2,311
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		24,352			4,884			912	13,871				\$ 44,019	40	\$ 1,100
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information					7,935				8,000				\$ 15,935		
Services to persons incarcerated in a county jail or other county correctional facility													\$ -		#DIV/0!
Adult Outplacement (USH Liaison)		7,376											\$ 7,376	2	\$ 3,688
Other Non-mandated MH Services									28,000				\$ 28,000	20	\$ 1,400
FY2015 Mental Health Expenditures Budget	\$ -	\$ 224,769	\$ 70,000	\$ -	\$ 194,895	\$ 980,697	\$ 11,759	\$ 912	\$ 55,871	\$ 73,000	\$ 26,000	\$ -	\$ 1,637,903		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		169,577	52,290		145,587	812,581	9,329		40,000	67,700	19,422		\$ 1,316,486	450	\$ 2,926
YOUTH/CHILDREN		55,192	17,710		49,308	168,116	2,430	912	15,871	5,300	6,578		\$ 321,417	175	\$ 1,837
Total FY2015 Mental Health Expenditures	\$ -	\$ 224,769	\$ 70,000	\$ -	\$ 194,895	\$ 980,697	\$ 11,759	\$ 912	\$ 55,871	\$ 73,000	\$ 26,000	\$ -	\$ 1,637,903	625	\$ 2,621

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue									
FY2015 Mental Health Revenue by Source		\$ 24,352							\$ 24,352

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL		21,917							\$ 21,917	15	\$ 1,461
FRF-ADMIN		2,435							\$ 2,435		
School Based Behavioral Health-CLINICAL									\$ -		#DIV/0!
School Based Behavioral Health-ADMIN									\$ -		
FY2015 Mental Health Expenditures Budget	\$ -	\$ 24,352	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,352	15	\$ 1,623

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

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

San Juan Counseling  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2015 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 78,000	ADULT	12	\$ 6,500
\$ 19,500	CHILD/YOUTH	3	\$ 6,500
<b>Residential Care Budget</b>			
\$ 2,500	ADULT	1	\$ 2,500
\$ 2,500	CHILD/YOUTH	1	\$ 2,500
<b>Outpatient Care Budget</b>			
\$ 358,486	ADULT	330	\$ 1,086
\$ 152,105	CHILD/YOUTH	140	\$ 1,086
<b>24-Hour Crisis Care Budget</b>			
\$ 36,272	ADULT	45	\$ 806
\$ 8,059	CHILD/YOUTH	10	\$ 806
<b>Psychotropic Medication Management Budget</b>			
\$ 221,979	ADULT	240	\$ 925
\$ 60,114	CHILD/YOUTH	65	\$ 925
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 469,379	ADULT	38	\$ 12,352
\$ 15,000	CHILD/YOUTH	2	\$ 7,500
<b>Case Management Budget</b>			
\$ 101,586	ADULT	50	\$ 2,032
\$ 10,158	CHILD/YOUTH	5	\$ 2,032
<b>Community Supports Budget (including Respite)</b>			
\$ 1,000	ADULT (Housing)	1	\$ 1,000
\$ 5,934	CHILD/YOUTH (Respite)	2	\$ 2,967
<b>Peer Support Services Budget</b>			
\$ 11,005	ADULT	10	\$ 1,101
\$ 33,014	CHILD/YOUTH (includes FRF)	30	\$ 1,100
<b>Consultation &amp; Education Services Budget</b>			
\$ 5,000	ADULT		
\$ 10,935	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
	ADULT Jail Services		#DIV/0!
<b>Outplacement Budget</b>			
\$ 7,376	ADULT	2	\$ 3,688
<b>Other Non-mandated Services Budget</b>			
\$ 23,800	ADULT	\$ 17	\$ 1,400
\$ 4,200	CHILD/YOUTH	\$ 3	\$ 1,400

**Summary**

<b>Totals</b>	
\$ 1,316,383	Total Adult
\$ 321,519	Total Children/Youth

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

<b>Unfunded (\$2.7 million)</b>			
\$ 52,285	ADULT	51	\$ 1,025
\$ 17,715	CHILD/YOUTH	19	\$ 932
<b>Unfunded (all other)</b>			
\$ 84,000	ADULT	231	\$ 364
\$ 36,000	CHILD/YOUTH	99	\$ 364

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	9,620

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL	9,620	8	1,202.50
FRF-ADMIN			
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 9,620	8	1,202.50

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	
Fringe Benefits	
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ -

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	481
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	0
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	0
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

San Juan Counseling  
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 67,362	\$ 29,701	\$ 19,413		\$ 69,303	\$ 71,424	\$ 23,487	\$ 3,200	\$ 14,000	\$ 46,150	\$ 344,040

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only	\$ 4,867	\$ 1,812	\$ 1,184		\$ 3,007	\$ 4,357	\$ 1,433	\$ 195	\$ 854		\$ 17,709	26	\$ 681
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	5,000										\$ 5,000	2	\$ 2,500
Long Term (Over 30 days: ASAM III.1 or III.3)	5,000				20,000						\$ 25,000	3	\$ 8,333
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	42,495	27,889	18,229		46,296	67,067	22,054	3,005	13,146	46,150	\$ 286,331	123	\$ 2,328
Intensive Outpatient (ASAM II.5 or II.1)	10,000										\$ 10,000	3	\$ 3,333
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)											\$ -		#DIV/0!
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 67,362	\$ 29,701	\$ 19,413	\$ -	\$ 69,303	\$ 71,424	\$ 23,487	\$ 3,200	\$ 14,000	\$ 46,150	\$ 344,040		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 8,905	\$ 3,926	\$ 2,566		\$ 9,162	\$ 9,442	\$ 23,487	\$ 423	\$ 1,851	\$ 5,543	\$ 65,305	21	\$ 3,110
Women (18+)	\$ 6,804	\$ 3,000	\$ 1,961		\$ 7,000	\$ 7,214		\$ 323	\$ 1,414	\$ 16,591	\$ 44,307	10	\$ 4,431
Men (18+)	\$ 44,930	\$ 19,811	\$ 12,949		\$ 46,225	\$ 47,640		\$ 2,135	\$ 9,338	\$ 24,016	\$ 207,044	87	\$ 2,380
Youth (0 - 17)	\$ 6,723	\$ 2,964	\$ 1,937		\$ 6,916	\$ 7,128		\$ 319	\$ 1,397		\$ 27,384	22	\$ 1,245
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 67,362	\$ 29,701	\$ 19,413	\$ -	\$ 69,303	\$ 71,424	\$ 23,487	\$ 3,200	\$ 14,000	\$ 46,150	\$ 344,040	140	\$ 2,457

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court	7350		10000						5000	37650	\$ 60,000	15	\$ 4,000
FY2015 DORA											\$ -		#DIV/0!

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue						\$ 40,676					\$ 5,000	\$ 45,676

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct						36,608							\$ 36,608	\$ 25,626
Universal Indirect													\$ -	
Selective Services						4,068							\$ 4,068	\$ 2,848
Indicated Services											5,000	20	\$ 5,000	
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,676	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ 20	\$ 45,676	\$ 28,474

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 10,169	\$ 16,270			\$ 12,203	\$ 2,034	\$ 40,676

## **Governance and Oversight Narrative**

Instructions:

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

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

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

Residents of San Juan County are eligible for all services based upon medical need, not ability to pay.

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

Residents of San Juan County are all eligible for services based upon medical need, not ability to pay.

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

Income and medical necessity are the determining factors for us of public subsidies. Services are provided based upon need. When no other funding is available, public subsidies are used.

## Governance and Oversight Narrative

### **How is this amount of public subsidy determined?**

The use of public subsidy is based upon need and income. The sliding fee scale determines the amount expected of the client. Exceptions that benefit the client are made on a case by case basis

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

Eligibility and fees are explained during the intake process.

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

Yes.

## Governance and Oversight Narrative

### **2) Subcontractor Monitoring**

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

An annual review is completed with each subcontract. A document checklist is included in each subcontractor file indicating documents located in the file. Checklist is renewed each year. Work performed by subcontractors is reviewed with the subcontractor at least annually for the contracted work.

## **Form A – Mental Health Budget Narrative**

Instructions:

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

### **1a) Adult Inpatient**

**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.**

There are no inpatient psychiatric facilities in San Juan County. This necessitates referring clients needing inpatient care to facilities outside the county. When inpatient needs arise, patients undergo a physical health evaluation at one of two county hospitals and receive medical clearance. After medical clearance has been obtained, arrangements are made for patients to be transported to a licensed acute inpatient facility within the state of Utah. San Juan County Sheriff's Office provides transportation for clients who are involuntarily committed. The sheriff's office has been extremely cooperative and helpful. They are a great partner. Such patients are often admitted to the Acute Rehabilitation Treatment Center (ARTC) at the Utah State Hospital (USH). Additionally, SJC uses the non-acute beds at the Utah State Hospital for long-term treatment needs. The USH has been excellent to provide beds and treatment for patients needing long term care. When the USH resources are unavailable efforts are made to have patients admitted to private facilities within the state. When the ARTC is at capacity and is not able to admit our clients we have working relationships with Provo Canyon Hospital and Mountain View Hospital. Admission to these hospitals is usually for a short duration until the ARTC has on opening.

Every effort is made to maintain residents in their own homes when possible. With strong family support, increased case management and other intensive outpatient services, individuals who otherwise might have been hospitalized can at times be maintained successfully in the community.

San Juan Counseling's professional staff maintains active certification as Designated Examiners for authority to enact involuntary commitments with the above scenarios.

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

As a newly capitated Medicaid center we are now able to pay for hospitalizations for qualified clients. Hospitalizations seem to be on the increase. Our ability to pay for Medicaid clients may explain some of the increase, but even beyond that, the need seems to be increasing. If current trends continue, we will see an increase in inpatient hospitalizations.

**Describe any significant programmatic changes from the previous year.**

Our relationship with private psychiatric hospitals has been strengthened with visits during the past year to Provo Canyon Hospital and Mountain View Hospital. Other than continuing to foster a healthy working relationship with Utah State Hospital and the private hospitals no programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

**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.**

Since there are no children/youth inpatient facilities within San Juan County, the same procedures that apply for adult inpatient care and services apply to youth. For children and youth needing intensive services, every effort is made to meet those needs through some type of diversion plan within the county. Children and youth whose needs cannot be met locally and who require inpatient care are referred to appropriate facilities outside of the county. As inpatient needs arise, patients can undergo a physical health evaluation at either local hospital for medical clearance. Arrangements are then made for patients to be placed in an acute inpatient facility within the state of Utah. These placements are sometimes arranged through relationships with other mental health centers in the state. If the situation warrants, placement at the Utah State Hospital is utilized. Youth are also admitted to private hospitals.

As with the adult population, intensive wrap around services can sometimes alleviate the need for hospitalization. Safety of the individual, family and community remains paramount when less restrictive (non-hospitalization) measures are pursued.

San Juan Counseling's professional staff maintain active certification as Designated Examiners for authority to enact associated involuntary commitments with the above scenarios

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

We do not anticipate significant changes in service.

**Describe any significant programmatic changes from the previous year.**

We do not expect significant programmatic changes from previous years.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

**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 mental health residential facilities are located within San Juan County. As a result, San Juan Counseling refers San Juan County residents who meet criteria for this level of care to facilities outside of the county. SJC has a cooperative relationship with other Utah Behavioral Health Committee (UBHC) agencies that have residential care facilities. By “cooperative relationship,” I am referring to the relationship I, as the director have with other directors, and we, as a center, have with each of the other LMHCs throughout the state. When we are in need of services not available in San Juan County, we often call other centers and ask for advice, suggestions and assistance. They are very cooperative and are often able to suggest facilities and resources that may or may not be affiliated with their particular center. This cooperative relationship has proven invaluable in many instances in which we needed knowledge of, and/or access to, facilities and resources outside our county. However, such facilities have been difficult to access for our residents based on funding constraints and availability. Private facilities, such as Chrysalis, have been utilized as needed and will continue to be used. SJC has been able to provide several modified services to minimize the need of residential treatment such as aggressive case managed services, services similar to an ACT team and services similar to a Clozaril Clinic. Due to the creative efforts of the clinical team at SJC, clients that might have required residential treatment have been maintained in a less restricted setting while at the same time addressing their unique needs.

If a San Juan County resident is in need of therapeutic foster care, a therapeutic foster care provider is used within the county when available. Four Corners Care Center located in Blanding provides residential care for aged clients needing long-term care.

In addition to utilizing out-of-county facilities when necessary, SJC provides residential-type services in our day treatment facilities. Day treatment clients are allowed to utilize washers and dryers in the day treatment facilities to do laundry. Clients are also given the opportunity to shower in day treatment facilities. Wrap-around and other in-home services are provided to SPMI clients in an effort to maintain them in their own homes in the local community.

If the patient has a Navajo Census Number, the Bureau of Indian Affairs (BIA) is available to assist in locating a treatment facility. The majority of facilities utilized by the BIA are in Arizona and New Mexico.

Clients are either on federal insurance programs, private insurance or use their own resources.

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

Numbers of clients served is expected to remain consistent.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

**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.**

Procedures for children and youth residential care are similar to the residential care for adults with the exception that they are placed in satisfactory children's facilities. Utah Youth Village has been utilized and their facilities will continue to provide services for San Juan County youth. Due to our close personal and working relationships with other LMHCs and their employees, they are willing to assist when asked for recommendations and help in finding residential placements for San Juan County children and youth. Relationships developed through UBHC sponsored meetings of directors, clinical directors and children's coordinators have facilitated such relationships and cooperative attitudes among various centers and their employees. Children and youth placements often involve DCFS. We maintain appropriate working relationships with DCFS personnel and their cooperation and assistance has been invaluable in meeting the needs of San Juan County children and youth.

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

Numbers of clients served is expected to remain consistent.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

**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 provided by San Juan Counseling. Services include: Intake and evaluation, psychiatric assessment & evaluation, medication management by an APRN (advanced practice psychiatric nurse), individual, marriage, family and group psychotherapy, day treatment services, case management, behavior management, 24 hour crisis on-call and intervention services. Major goals of outpatient services are: 1) screen for appropriateness of treatment through the completion of an intake and evaluation, 2) evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present, 3) prescribe appropriate treatment secondary to initial diagnosis or diagnostic impressions and subsequently, 4) provide psychotherapy, group or family therapy and medication management as indicated in order to treat the diagnosed illness of the client or individual.

Other services include: 1) indicate and/or prescribe residential or inpatient treatment as needed and, 2) referral to appropriate treatment agency.

All clinical staff practice under the Department of Professional Licensing Guidelines as Licensed Mental Health Professionals or as certified Case Managers.

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

No significant changes are anticipated.

All numbers used in the FY2015 Area Plan are projections based upon an analysis of services rendered during the calendar year 2013. All projections are based upon these trends.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

**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 provided by San Juan Counseling. Services include: Intake and evaluation, psychiatric assessment & evaluation, medication management by an APRN (advanced practice psychiatric nurse), individual and family therapy, case management, behavior management, 24 hour crisis on-call and intervention services. Major goals of outpatient services are: 1) screen for appropriateness of treatment through the completion of an intake and evaluation, 2) evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present, 3) prescribe appropriate treatment secondary to initial diagnosis or diagnostic impressions and subsequently, 4) provide psychotherapy, group or family therapy and medication management as indicated in order to treat the diagnosed illness of the client or individual.

Other services include: 1) indicate and/or prescribe residential or inpatient treatment as needed and, 2) referral to appropriate treatment agency.

All clinical staff practice under the Department of Professional Licensing Guidelines as Licensed Mental Health Professionals or as certified Case Managers.

Our Family Resource Facilitators and PASSAGES facilitator provide case management services. We are also utilizing the PASSAGES facilitators to obtain referrals of at-risk youth to improve service delivery. Close coordination with the local System of Care committee helps insure that children and youth are provided all services needed.

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

All numbers used in the FY2015 Area Plan are projections based upon an analysis of services rendered during the calendar year 2013. All projections are based upon these trends. No increases or decreases are expected

**Describe any significant programmatic changes from the previous year.**

No additional programmatic changes are expected.

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

**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.**

San Juan Counseling provides all crisis care for San Juan County 24 hours a day, 7 days a week. The crisis phone number for the on-call worker and the names and home phone numbers for each on-call therapist are provided to the local hospitals, medical clinics, sheriff's office, police stations, DCFS, nursing home and other key facilities within the county. Emergency services are provided to local area clinics and hospitals. Qualified therapists respond to individuals or families in a mental health crisis situation. They also respond to requests from law enforcement to evaluate individuals in their custody who warrant emergency mental health evaluation, provide an emergency evaluation and subsequent treatment or referral in order to stabilize the person's condition and provide emergency counseling services to emergency first responders (hospital staff, ambulance staff, law enforcement, other agencies) in cases of critical incidents that warrant some type of debriefing process. SJC on-call therapists are "Designated Examiners" in instances when an individual meets involuntary commitment criteria.

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

No changes are anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

**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.**

San Juan Counseling provides all crisis care for San Juan County 24 hours a day, 7 days a week. The crisis phone number for the on-call worker and the names and home phone numbers for each on-call therapist are provided to the local hospitals, medical clinics, sheriff's office, police stations, DCFS, nursing home and other key facilities within the county. Emergency services are provided to local area clinics and hospitals. Qualified therapists respond to individuals or families in a mental health crisis situation. They also respond to requests from law enforcement to evaluate individuals in their custody who warrant emergency mental health evaluation, provide an emergency evaluation and subsequent treatment or referral in order to stabilize the person's condition and provide emergency counseling services to emergency first responders (hospital staff, ambulance staff, law enforcement, other agencies) in cases of critical incidents that warrant some type of debriefing process. SJC on-call therapists are "Designated Examiners" in instances when an individual meets involuntary commitment criteria.

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

No change in this year's expected service.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

**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.**

Psychotropic medication management services in San Juan County are provided by San Juan Counseling's licensed medical staff. They include: psychiatric assessment and evaluation, medication management by a physician and/or a psychiatric nurse, and laboratory testing as required. Professional medical staff screen for appropriateness of medication management through the completion of a psychiatric assessment and evaluation. They evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present and then prescribe appropriate treatment and medication management secondary to initial diagnosis or diagnostic impressions and subsequently manage any psychotropic medications prescribed through the agency. SJC also has a full-time Psychiatric Nurse Specialist with prescriptive authority. (A.P.R.N. level). He also provides service to Utah Navajo Health System to ensure coverage throughout San Juan County.

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

Levels of service are expected to remain consistent with previous years.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

**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.**

Psychotropic medication management services in San Juan County are provided by San Juan Counseling's licensed medical staff. They include: psychiatric assessment and evaluation, medication management by a physician and/or a psychiatric nurse, and laboratory testing as required. Professional medical staff screen for appropriateness of medication management through the completion of a psychiatric assessment and evaluation. They evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present and then prescribe appropriate treatment and medication management secondary to initial diagnosis or diagnostic impressions and subsequently manage any psychotropic medications prescribed through the agency. SJC also has a full-time Psychiatric Nurse Specialist with prescriptive authority. (A.P.R.N. level). He also provides service to Utah Navajo Health System to ensure coverage throughout San Juan County.

When treating children, SJC has access to a child psychiatrist for diagnosis and med management via telemedicine through the University of Utah. When necessary, SJC's APRN works directly with the doctor in providing children's services. SJC's APRN has had extensive training & supervision from child psychiatrists.

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

No significant change in service is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

**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.**

These services are provided primarily thru services provided by SJC's Gateway (Blanding) and Montezuma Creek Day Treatment facilities. Services are also available to clients who choose not to attend day treatment programs. These services include intake and evaluation, psychiatric assessment & evaluation, psychological testing, medication management by physician and by advanced psychiatric nurse, individual, family and group psychotherapy, day treatment services, case management, behavior management, 24 hour crisis on-call, intervention services, protective payee services, and a wide range of individual and group skills development classes.

Day treatment facilities and treatment focus on a holistic and recovery oriented approach to wellness. All San Juan County residents diagnosed with a mental illness, deemed to be severe and persistently mentally ill (SPMI), and not able to remain in the community without close supervision, case management, group and individual skills development and a therapeutic type of community are eligible for services.

We offer smoking cessations and skill development oriented classes to the community.

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

With the addition of an additional case manager services are expected to increase.

**Describe any significant programmatic changes from the previous year.**

No programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

**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 /Youth Psychoeducation Services and Psychosocial Rehabilitation are provided in a similar manner as are the adult services with the exception that there are no day treatment services for children. Services are provided by SJC staff, primarily Family Resource Facilitators and other case managers. These services are prescribed following intake and evaluation and other assessments and are provided in conjunction with treatment by clinical team members. Treatment focuses upon a holistic and recovery oriented approach to wellness.

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

No change is anticipated.

**Describe any significant programmatic changes from the previous year.**

Programmatic changes will involve the continued integration of the Family Resource Facilitators and the PASSAGES grant facilitators in their role as providers of these services. With that exception, no significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

**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.**

Case management services are provided by SJC and involve intake and evaluation, psychiatric assessment and evaluation, medication management, individual, family and group psychotherapy, case management, behavior management, 24 hour crisis on-call and intervention services. Case management services are centered on the client's individual needs for behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, social appropriateness, interpersonal adjustment, self-sufficiency, etc., as prescribed in the Treatment Plan. Medication management, financial management and other vital skills are taught to insure adequate and effective skills development for each client who receives case management services from San Juan Counseling. The focus for case management is to screen for appropriateness of case management services through the completion of an intake and evaluation, evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present, prescribe appropriate case management treatment secondary to initial diagnosis or diagnostic impressions and then subsequently, provide direct services to empower the client to learn how to provide Activities of Daily Living (ADL) for themselves or to empower them to care for themselves and for their general ADL as indicated in order to reach maximum resiliency or to reach a state of recovery from the diagnosed illness of the client.

San Juan Counseling contracts with registered nurses to provide medication management for those individuals who have difficulty taking medication on their own. These services are very successful and have eliminated the need to re-hospitalize individuals who have become non-compliant with their medication regimen. This results in fewer hospitalizations and less cost per client.

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

An additional case manager has recently been hired and it is expected that case managements services will increase.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

**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 and youth have access to high quality case management, counseling, Family Resource Facilitator services, and the strength of an established “System of Care” (SOC) Committee providing wrap-around services.

The \$10,162 budgeted for case management is to be used by case managers other than FRFs. None of this money will go toward FRF positions.

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

No anticipated changes.

**Describe any significant programmatic changes from the previous year.**

Increased integration and cooperation between PASSAGES facilitators and the Family Resource Facilitators may result in growth in these services and in programmatic change. Historically, this service has not been in high demand in our area. Families, schools and other social institutions seem to fill this need. San Juan Counseling is in position to meet the need and is working to increase case management services as the need becomes evident.

**Form A – Mental Health Budget Narrative**

**1o) Adult Community Supports (housing & respite services)**

**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.**

San Juan Counseling provides grief counseling and “Critical Incident Stress Debriefing” services to the Sheriff’s Officers, Police, Emergency Medical service providers, and community members, upon request. These services are also provided to schools that have a student death or attempted suicide.

An incident during the current school year illustrates the value of this service. A local elementary school experienced a near catastrophe when the school was filled carbon monoxide and students and teachers began experiencing symptoms of carbon monoxide poisoning. SJC personnel were dispatched to help students, staff and families deal with the experience. SJC staff was involved in follow-up sessions with those affected.

SJC’s PASSAGES facilitator provides transitional services to clients making the transition to adulthood. These services include housing, educational employment and social skills. Our Family Resource facilitators do much to support families throughout the area.

SPMI clients, especially those who attend Day Treatment receive extensive in home, housing and other case management services.

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

No significant change is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant change is anticipated.

**Form A – Mental Health Budget Narrative**

**1p) Children/Youth Community Supports (housing & respite services)**

**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.**

SJC provides respite care utilizing outplacement funds and Medicaid capitated funds. This service has been utilized on a limited basis but has proven helpful when needed. It is expected that need for this service will continue, especially with Medicaid eligible clients. The PASSAGES facilitators provide services to youth as well as adults as explained above. We are currently in the process of establishing new respite providers. We have recently met with, and are in the process of signing a contract with, Right at Home Care, a newly formed agency offering respite services.

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

It is anticipated that these services will increase in the future.

**Describe any significant programmatic changes from the previous year.**

Significant programmatic changes are not anticipated.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

**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.**

San Juan Counseling currently has two Family Resource Facilitators who offer certified Peer Support services. We anticipated hiring a recovering client who had attended the certification training, but who failed to respond to repeated offers of a job. He apparently decided he had better opportunities elsewhere. We will continue to seek qualified applicants to provide this service. This was the second recovering client who had taken the peer support training that we had hoped to hire. Neither was able to be utilized. We will continue to seek an individual who could be trained to fill a peer support position.

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

No change is anticipated unless and until we are able to hire a peer support specialist.

**Describe any significant programmatic changes from the previous year.**

No programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

**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/Youth peer support services are provided by the Family Resource Facilitators.

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

No change is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant change is anticipated.

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

**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.**

San Juan Counseling participates in a wide range of conferences, seminars, committees, and cooperates with other value added partners to provide services in consultation and education. San Juan's System of Care includes DWS, DCFS, DSPD, San Juan County School District, Juvenile Court, local law enforcement, Vocational Rehabilitation, Utah Navaho Health System, San Juan County Family Resource Facilitator, San Juan County Drug and Alcohol Prevention Specialist and PASSAGES grant facilitators. San Juan Counseling currently chairs the local "System of Care" meeting. SJC is represented on the San Juan Higher Education Advisory Board. SJC helps sponsor the Family Coalition Conference, and the Domestic Violence Conference. SJC is involved with the planning process for the San Juan County Health Fair.

San Juan Partners with area federal and state agencies, clinics, hospitals, schools, law enforcement, religious organizations and Navajo Chapter Houses in an effort to improve cooperation and service.

San Juan Counseling's clinical professional staff is available 24-7 to medical professionals, family members, law enforcement, etc. as needed for consultation for mental health crises situations.

San Juan Counseling therapists provide wellness-oriented presentations at various community seminars and gatherings.

Training was provided during the past year to train QPR Gatekeeper Trainers. This effort has resulted in QPR Gatekeeper trainings throughout the county. This effort has been well received and will continue.

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

No change is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant changes are planned.

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

**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.**

San Juan Counseling has 2 part time Family Resource Facilitators. Working with Frontiers for Families, the FRFs works closely with families in crisis to educate families about available services and provide carefully crafted wrap-around services for families in need. Family team meetings are held to personalize the service of each family. The services are coordinated in both the family team meetings and the System of Care.

San Juan Counseling's clinical professional staff is available 24-7 to medical professionals, school personnel, parents, law enforcement, etc. as needed for consultation for mental health crises situations.

San Juan Counseling therapists provide wellness-oriented presentations at various community seminars and gatherings.

The San Juan System of Care committee, of which SJC is a major player, sponsors an annual Family Support conference that have been attended by hundreds of people. It is a very successful event where residents are able to learn of services available in the county.

SJC is also a part of a San Juan County Health Fair held each year.

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

Now that we again have two part-time Family Resource Facilitators consultation and education services to children and youth should increase.

**Describe any significant programmatic changes from the previous year.**

No programmatic change is anticipated other than having two FRFs.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

**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.**

San Juan County employees full-time licensed clinical therapists to provide services to the San Juan County Jail. Consequently, San Juan Counseling has little need to provide services to incarcerated individuals. However, San Juan Counseling provides additional services to the county jail and to Canyonlands Juvenile Justice Center as requested. The services provided are emergency services. Due to the lack of demand from this service no funds are allocated for this purpose.

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

No change is anticipated.

**Describe any significant programmatic changes from the previous year.**

No programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

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

Adult outplacement services have been needed only on an occasional basis in San Juan County. Due the lack of residential facilities in the county the effort has been made to maintain clients in their own homes. On those rare occasions when outplacement services have been required SJC has arranged for the placement and then assisted patients as they transition back into the community. This assistance has come in the form of helping find suitable housing, employment, day treatment services, therapy, family support and other efforts to help patients successfully transition back into the community.

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

We assume adult outplacement services will remain consistent.

**Describe any significant programmatic changes from the previous year.**

No programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

Our Children and Youth Outplacement services are similar to that provided to adults. On those occasions when this service becomes necessary the placement is secured and upon discharge efforts are made to return children to their own homes. Families are supported, therapy is provided and every effort is made to work closely with schools and other community resources to help the children transition back to the community. DCFS is a partner in children and youth outplacement efforts. Outplacement funding has contributed to the success of these services.

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

No increases or decreases are anticipated.

**Describe any significant programmatic changes from the previous year.**

No programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

**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.**

Unfunded clients are provided evaluations, therapy, medication management, day treatment services, and all outpatient services available locally using available funding for those unable to pay.

Outpatient services are provided in the Blanding SJC building, Gateway Day Treatment in Blanding, and in the Montezuma Creek Day Treatment facility. Services are provided by SJC employees.

The funds made available to serve the unfunded makes this service possible and are invaluable to our center.

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

All numbers used in the FY2015 Area Plan are projections based upon an analysis of services rendered during the calendar year 2013. All projections are based upon these trends. These trends indicate little, if any, change.

**Describe any significant programmatic changes from the previous year.**

No programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

**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.**

As with adults, children and youth are provided services utilizing available funds. Therapy, family and school support, med management and other needed services are made available.

The money for unfunded clients makes it possible for these clients to be served.

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

Increases or decreases are not anticipated. All numbers used in the FY2015 Area Plan are projections based upon an analysis of services rendered during the calendar year 2013. All projections are based upon these trends.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are anticipated.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

**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.**

To assess mental health needs in San Juan County and determine funding priorities based on needs, San Juan Counseling meets monthly at the System of Care (SOC) Meeting. The SOC is made up of area government and private agencies, (DWS, DCFS, VR, JJS, law enforcement, San Juan school district, criminal justice, counselors, therapists, family resource coordinators, drug prevention coordinators, and grant coordinators). One of the purposes of this meeting is to evaluate services and needs and set appropriate priorities. SJC meets regularly with its Board of Directors. This board includes representation of the San Juan County Commission and other members who are representative of the demographics of the county. This governing body provides guidance for priorities and needs. Board Meetings are advertised and public comment is always an agenda item and welcome. Public feedback is encouraged through the annual customer service survey. The Division of Mental Health and Substance Abuse (DSAMH) determines the priorities based on legislative directives and funding requirements.

After the needs and priorities have been determined, San Juan Counseling develops a plan for services that meet the identified needs based on funding and priorities. San Juan Counseling (SJC) is committed to provide high quality mental health services to the residence of San Juan County thru the elements of the Hope and Recovery Model. The first element of the model discusses partnerships with consumers, families, providers and local/state authorities. The second element of the Hope and Recover Model encourages “quality services, programs and systems that promote individual and community wellness.” SJC focuses on principals described in Utah’s Prevention and Recovery Model and Person-Centered Planning. That client’s hopes and dreams are first and foremost in the recovery process. That treatment is based on recovery, provides effective services, is funded by sustainable sources and improves public access to quality care now and in the future. The model is built on Utah values: recovery and community reintegration of clients, accountability, financial viability, and continuation of State/County partnership, collaboration among healthcare providers, comprehensive planning and workforce development. The third element of the Hope and Recovery Model recognizes that “Education enhances understanding of prevention and treatment of substance abuse and mental health disorders.” The last element in the Hope and Recover Model is “accountability in services and systems that is performance focused and fiscally responsible.

Throughout the year San Juan County solicits meaningful input from the local county authorities in Board Meetings, from county commissioners and with other community stake holders (DCFS, DJJS, Vocational Rehabilitation, Law enforcement, schools, family members, clients and advocacy organizations) through the System of Care and public comment opportunities in board meetings.

The effectiveness of these efforts is evaluated by the Annual Site Survey conducted by DSAMH, the annual independent financial audit conducted by Smuin, Rich and Marsing CPAs, the Annual Customer Satisfaction Survey, public comment in board meeting, feedback from government and private partnering agencies, and most of all by the change that occurs in clients’ lives (YOQ/OQ results) due to the services they receive at San Juan Counseling.

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

No increases or decreases are anticipated.

**Form A – Mental Health Budget Narrative**

**2. Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

**• Competitive employment in the community**

Meaningful employment contributes to the recovery process and is a key factor in supporting mental wellness. Employment promotes time structure, social contact and affiliation, collective effort and purpose, social and personal identity, regular activity.

San Juan Counseling is working to increase client employment in the community by assisting clients become more competitive in the community. Mental illness robs people not only of their personality, happiness, but it robs them of their employment and opportunity to support their families. Healthy individuals are much more likely to find and keep a job than those suffering from mental illness. There are many success stories of people who were unable to work, but with therapy/medication have returned to the workforce and are productive parents and citizens paying taxes and supporting their children. Drug Court is filled with individuals who would be incarcerated at great expense to the State. Instead they are working, supporting themselves and their families under the close supervision of San Juan Counseling, the courts, and law enforcement. Through the PASSAGES Grant San Juan Counseling contributes to helping youth with a mental health condition transition into adulthood. Finding employment for these clients is a priority of the PASSAGE Grant facilitator and has been met with limited success.

**• Collaborative efforts involving other community partners**

Much of our collaborative efforts revolve around San Juan System of Care Committee. SJC has been the driving force behind the local System of Care efforts. Systems of Care Meetings are held each month. Many of the families who have asked for services from the SOC committee struggle with employment. The SOC effort focusses some energy on attempting to find solutions to unemployment. This effort is supported by DWS, DCFS, VOC REHAB, DJJS, Family Resource, Churches, Schools, etc.

**• Employment of consumers as staff**

In past years SJC has been able to provide guided employment to a small number of individuals. One such individual is currently employed part-time in a permanent position with SJC as a case manager at our Montezuma Creek Day Treatment program. Clients have also been utilized by the IPASS program to help youth understand the potential long-term effects of drug use. Although not clients, we hire youth to go out on tobacco buys to check the integrity of the tobacco ID check for minors. A former client completed the Certified Peer Support Specialist training and applied for a position, but failed to respond when contact several times regarding the position. Consequently, he was not hired for the position. Unfortunately, he was

the only qualified applicant.

• **Peer Specialists/Family Resource Facilitators**

SJC does not currently employ Peer Support personnel other than FRFs, but has made significant efforts to hire additional Peer Support personnel. Although, not successful, our efforts will continue. As noted above, a former client completed the Certified Peer Support Specialist training and applied for a position, but failed to respond when contacted several times regarding the position. Consequently, he was not hired for the position. Unfortunately, he was the only qualified applicant.

Our long term FRF is well grounded and experienced in the wraparound process and has been effective in meeting needs of families. Our new FRF is beginning to show promise and is becoming acquainted with her role and should prove to be an asset to the residents of the county. Discussing employment situations and helping locate meaningful employment is an important element to the team approach of strengthening individuals and families.

• **Supported Employment to fidelity**

There has been some success helping clients find meaningful employment. Jobs are difficult to find in San Juan County under the best of circumstances. Finding employment for the mentally ill during the recent recession has proven challenging. However, by working closely with local employers, and utilizing job coach-like services, several young adult clients have been placed successfully in meaningful employment. This often involves close coordination and supervision of the newly employed and the employer. The results have been satisfying for center personnel, and even more so for clients. This effort sometimes includes training that qualifies clients for the desired job. An example of this is a client who wanted to work as a flagger on road construction jobs. The case manager arranged a flagging course for the young man and he now works as a flagger on a local road construction project. Another example is a young man who now works at a local golf course due to the efforts of the case manager and her efforts with golf course personnel. This effort will continue.

**Form A – Mental Health Budget Narrative**

**3. Quality and Access Improvements**

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**

San Juan Counseling ensures that clinical staff stay up to date on their skills by providing financial support to obtain necessary continuing education units (CEU's) needed for maintaining licensure, typically 20 hours per year. Additional CEU's may be obtained at the cost of the clinician. Additionally, San Juan Counseling strives to maintain clinical practices according to state and national standards that are consistent with evidence based practices. San Juan Counseling utilizes Clinical Preferred Practice Guidelines as mandated by the Utah State Division of Mental Health and Substance Abuse. Evidence based practices are utilized in all outpatient services provided at San Juan Counseling.

San Juan Counseling utilizes the OQ and YOQ as outcome measures for services provided. Treatment plans (recovery plans) are outcome based driven with collaboration of the client. Part of our ongoing effort is to increase the use of the OQ and YOQ.

QPR is an evidence based program. The addition of QPR Gatekeeper trainers has added another weapon in our arsenal in the fight against suicide.

- **Increased service capacity**

SJC, and its governing Board, is aware of the possible need to increase service capacity. The situation is constantly monitored and reviewed to assure that the Center has the capacity to meet the demand. During the past year we have begun services in the Monument Valley area and increased services in the Montezuma Creek area. An additional case manager has been hired and is the process of being trained. An addition to our clinical staff is being sought at the present time, although it has proven challenging.

- **Increased access**

As mentioned above, services in Monument Valley and Montezuma Creek have been increased during the past year. We also have the possibility of increasing services in the Monticello area if we can add to our clinical team.

San Juan Counseling coordinates closely with other agencies in the community. SJC strives to meet the requests for services as made by individuals, groups, agencies and entities in the county. San Juan Counseling strives for cultural competence among staff to meet the needs of Anglo, Native American, Hispanic and all populations in the county. San Juan Counseling collaborates regularly with various agencies and corporations including Utah Navajo Health System, The Gentle Hawk Women's Shelter, Division of Child and Family Services, San Juan School District, San Juan Hospital, Blue Mountain Hospital and others.

SJC will be making necessary strategic planning for changes expected with the ACA. If Medicaid expansion becomes a reality, services will need to be expanded that may include expanding SJC's workforce and number of facilities. Additionally, a paradigm shift is expected as a greater emphasis will be placed on preventive mental health measures. Finally, federal changes are expected to encourage further integration of physical health and mental health co-existing in the same facility. Concepts of Recovery and Wellness serve as the model for all services provided.

**Form A – Mental Health Budget Narrative**

**4. Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

San Juan Counseling is the local authority charged with both Mental Health and Substance Abuse services. We provide outpatient services for both types of service in the same location. We provide co-occurring treatment with clients who require it. Coordination and delivery of co-occurring treatment is made through our clinical team staffings. Clinicians provide both Substance Abuse treatment and mental health therapy to clients needing co-occurring treatment. Close coordination and staffings are held for clients who see other counselors for mental health counseling.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

Utah Navajo Health System is located in San Juan county and operates Federally Qualified Health Centers. We regularly coordinate services and have worked together on various initiatives. Our working relationship is strong and is expected to strengthen as time goes by. We have worked closely in providing QPR training to enhance suicide prevention efforts in the county.

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

Case managers working with SPMI clients assist in obtaining medical care, mental health counseling including substance use disorder treatment as needed. Case Managers help coordinate mental and physical health appointments with clients. Therapists regularly discuss physical health with clients and help them understand the close relationship between physical and mental wellness.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

During the intake process each client is asked to report their smoking history. When indicated, smoking cessation becomes part of the therapeutic process. Those who smoke are encouraged to attend smoking cessation classes. Clients are informed of our smoke-free policy during the intake process and by prominently posted signs.

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do 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.**

SJC has chosen to use early intervention funds to support a second part-time FRF. We have now hired three different people to this position. It is hoped that we can retain the person who now fills this position. She has recently completed the FRF training and is excited about the wraparound process and we anticipate she will be an asset to our agency and the county. She is a part of our local system of care committee meets and regularly coordinates with workers from DHS agencies.

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

If we are able to finally keep our second FRF position functioning it is expected that the FRF position will show increased services.

**Describe any significant programmatic changes from the previous year.**

Current plans are to use early intervention funds to maintain the FRF position and continue the school based effort as funding allows.

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

Yes

**5b) Children/Youth Mental Health Early Intervention**

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

SJC does not utilize Mobile Crisis Teams.

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

**Describe any significant programmatic changes from the previous year.**

**Describe outcomes that you will gather and report on.**

**5c) Children/Youth Mental Health Early Intervention**

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

San Juan Counseling does not intend to use early intervention money for school-based services.

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

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

**Describe outcomes that you will gather and report on.**

**Form A – Mental Health Budget Narrative**

**6. Suicide Prevention, Intervention and Postvention**

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

A qualified mental health therapist is on-call 24 hours a day through a crises mobile phone. Area hospitals, police departments and state agencies are aware of the crisis worker and crisis calls are responded to in a timely manner. The majority of calls received become suicide interventions. Crisis calls are followed up with offers of therapy as indicated.

SJC has recently trained QPR Gatekeeper instructors. QPR courses are presented throughout the county on an ongoing basis.

SJC is involved with suicide information and prevention booths at local family support conferences, health fairs and other opportunities to present a suicide prevention message.

SJC therapist are available to schools and other groups and individuals who need services following suicide deaths or attempts.

**Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

We are in the process of forming a suicide prevention coalition. The coalition will evaluate the current efforts and determine and respond to the need for additional prevention activities. Surveys are conducted annually at our Family Support Conference to determine needs in the county.

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

Ongoing therapy is offered to suicidal individuals following emergency room visits. Therapy is offered to families of suicidal individuals as needed. On those occasions where first responders need help following a traumatic event, therapy is offered to them.

## **Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

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

### **1) Screening and Assessment**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

The screening and assessment is not so much an event as it is a process. It begins with the first session. During the initial session an SSW uses a Substance Abuse Subtle Screen Inventory (SASSI) as he interacts with the client. The SSW begins the process of collecting state reporting data which is entered into the electronic health record of the client. During the first session, the client provides a urine sample which is tested. The initial meeting, as with all subsequent meetings, is a clinical interview with emphasis on the client's needs in the here and now. It begins the ongoing engagement process with the client.

The assessment continues as the therapist meets with the client in subsequent therapy sessions and assessment information is kept current. Clinicians gather comprehensive relevant assessment information based upon the client's concerns in an ongoing manner as part of the treatment process. The ASAM score is used to help determine the level of treatment needed. The assessment and treatment incorporates traumatic life events of the client.

Strengths and supports that will aid the client in recovery are included in the ongoing assessment process. Client motivations are identified and become an integral part of the assessment and ongoing treatment.

The assessment is kept in an organized, readable format and kept current throughout the treatment process.

Screening and assessment services are provided by San Juan Counseling employees.

NOTE: As a result of the April 15 DSAMH site visit the assessment process was revised under the direction of Dave Felt. It was discovered that some of our assessment instruments were no longer required or recommended. The assessment of clients has long been seen by SJC as a process rather than an event, but this attitude has become more formalized as a result of the site visit and direction received.

Services are provided by SJC directly.

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

No change is anticipated.

**Describe any significant programmatic changes from the previous year.**

In the past, one therapist has provided all evaluation and treatment for substance use disorder clients. While we will continue to have a SUD specialist, we have adopted a team approach which will allow additional therapists to provide SUD services. The ASI is no longer used and the assessment as an ongoing process has become more formalized. A reminder to make updates to the assessment is being added to the Notes template in the EHR.

**Form B – Substance Abuse Treatment Budget Narrative**

**2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

**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.**

There are no hospitals in San Juan County specializing in inpatient detoxification. Local hospitals only provide acute care to stabilize a chemically intoxicated patient needing hospitalization. Once stabilized, a detox client is referred to out of county facilities licensed to work with detox clients. In some selective low risk scenarios San Juan Counseling will coordinate with local medical providers to provide outpatient detoxification, negating the need for hospitalization. Transportation for inpatient services is usually the responsibility of the family unless the client is a threat to himself or to others. In these cases the San Juan County Sheriff's Department provides transportation. Unless the client has a funding source, which is rare, available funds are used to help clients access care as soon as possible and then other sources of income must be accessed to sustain their care. When the client has completed treatment, San Juan Counseling coordinates their aftercare. The majority of clients referred by San Juan Counseling for inpatient services return to the county for follow-up care. The bulk of our clients needing detoxification services have been sent to Highland Ridge Hospital in Salt Lake City. This facility has worked well for us and it is anticipated that they will continue to be a resource in the future. Mountain View Hospital also provides inpatient detoxification services. They have expressed a desire to receive referrals and will be used as needed.

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

No increase or decrease from previous year is expected

**Describe any significant programmatic changes from the previous year.**

There are no significant programmatic changes expected.

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

**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.**

There are no residential facilities in San Juan County. San Juan Counseling refers clients needing this level of care to facilities outside of the county.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

There is no expectation of significant programmatic change.

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

**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.**

There are no rehabilitation facilities in San Juan County. San Juan Counseling refers clients needing this level of care to facilities outside the county. San Juan Counseling does not anticipate paying for detoxification services during FY15.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

**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.**

San Juan Counseling's budget in short term care is used to assist and expedite clients into certified treatment centers. Short term treatment is not available in San Juan County. Most clients require services for a longer duration than 30 days. Short term residential treatment is rarely utilized, but is negotiated with clients when it is clinically appropriate. For non-Medicaid clients who have no resources, SJC covers the cost of treatment.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3**

**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.**

There are no residential facilities in San Juan County. San Juan Counseling refers clients needing this level of care to facilities outside of the county. SJC utilizes several facilities in the 4 Corners Region that provide residential services and maintains collaborative working relationship with a number of such facilities. We have sent people to NCI in Gallup, an organization that has funds available for Navajos, Salvation Army Residential Treatment in Grand Junction, Colorado, and Phoenix, Arizona. Odyssey House is also a possibility for those needing residential services. We have utilized the STEPS Program in Payson, Utah, Therapia in Saint George, Utah and, when culturally appropriate, Rainbow Bridge Residential Treatment Center in Page, Arizona and Na'Nizhoozhi Center in Gallup, NM. A significant number of SJC clients meet the criteria for residential placement according to ASAM criteria.

The client's progress is monitored and after-care services are offered by San Juan Counseling at the time of discharge.

Most residential programs utilized by San Juan Counseling clients are at least 2 months in duration, with some needing residential care for up to 6 months. With no such facilities available in San Juan County, efforts are made to find a facility that best suites the needs of each client. Our most commonly used facility is the Salvation Army Residential program in Grand Junction, Colorado. They have a modest cost that allows us to provide clients with long term treatment for minimal cost.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Outpatient (Methadone - ASAM I)**

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

Clients requiring methadone treatment are referred to a facility certified to provide outpatient Methadone treatment. Methadone maintenance clients are rare in San Juan County and the majority of the Opioid maintenance/replacement clients we see are prescribed Subutex, a local MD being the prescriber. Generally, these clients are seen by the MD and he makes the referral to SJC for therapy during the medical treatment. SJC has never paid for this type of treatment.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Outpatient (Non-methadone – ASAM I)**

**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.**

General outpatient services consist of extended therapy requiring weekly attendance in group therapy and monthly attendance in individual therapy. Outpatient services are provided by San Juan Counseling professionals.

General outpatient substance abuse programs are for both individuals who are voluntary and court ordered. The programs provide a less restrictive environment with a typical amount of programming hours at three or four per week. These individuals are functioning at a level that allows them to continue to work and function within their homes without a large amount of supervision or hours of treatment. San Juan Counseling refers to this type of programming as general outpatient as compared to intensive outpatient programming that is more intense in nature. All San Juan County residents are eligible for services.

SJCC offers outpatient treatment in two venues, individual therapy or group therapy. Individual treatment is offered for individuals who are voluntary or court ordered. Group therapy is offered to individuals determined appropriate by ASAM and RANT requirements.

Therapeutic interventions for children in custody of women in treatment address their developmental needs and issues of sexual and physical abuse. Neglect is also addressed in individual therapy. Generally these issues are staffed and seen by the therapist best qualified to deal with the problem. As required, case management and transportation services are provided to ensure that women and children have access to appropriate medical and mental health support services.

SJC encourages substance abuse clients to attend 12-step meetings on a regular basis. SJC hosts a weekly AA meeting. Several such groups are available at various locations throughout the county.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**9) Intensive Outpatient (ASAM II.5 or II.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.**

SJCC does not have an intensive outpatient program as per 2009 Audit conducted by Dave Felt. The policy was changed after that date and our profiler cost centers were also changed to reflect that recommendation. All adult group therapy is outpatient (ASAM level 1). Funds are budgeted under IOP to enable us to institute Intensive Outpatient therapy if and when the need arises and it is deemed feasible.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

**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.**

Low-risk detoxification is coordinated with local physicians to avoid the necessity of transporting to distant facilities.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**11) Recovery Support Services**

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

**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.**

San Juan Counseling supports AA, The Twelve Step Process and support groups. Individuals convicted of driving under the influence in violation of Section 41-6a-502 or 41-6a-517 receive the treatment ordered. This may include DUI group therapy, individual therapy, general outpatient or more intensive outpatient therapy and Prime for Life.

SJC supports all local 12-step programs. There are currently six 12-step meetings held weekly in Blanding and one in Monticello. One weekly group meets in the San Juan Counseling building.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **12) Quality and Access Improvements**

#### **Describe your Quality and Access Improvements**

San Juan Counseling previously offered a women's specific substance abuse treatment group. The therapist who was trained and ran the group is not longer with SJC. A replacement has been hired and is scheduled for training that will enable us to again provide this service. In addition, cognitive behavioral therapy is utilized in an adult outpatient substance abuse group.

San Juan Counseling's admission policy meets the state's directive to immediately get pregnant women with substance abuse problems into treatment within 24 hours once they have made initial contact with SJC.

Efforts are made to access funds for people who have transportation needs.

#### **Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

Efforts continue to integrate services with San Juan County Health Services. Whether this results in co-location of services or other types of coordinated services is yet to be determined. There is a possibility of opening satellite offices in underserved areas of the county. This effort will lead to increased access for county residents. Disruption and changes in San Juan County Health Services has delayed this effort. As the county health situation improves, efforts will be continued.

San Juan Counseling ensures that clinical staff stay up to date on their skills by providing financial support to obtain necessary continuing education units (CEU's) needed for maintaining licensure, typically 20 hours per year. Additional, CEU's may be obtained at the cost of the clinician. Additionally, San Juan Counseling strives to maintain clinical practices according to state and national standards that are consistent with evidence based practices. San Juan Counseling utilizes Clinical Preferred Practice Guidelines as mandated by the Utah State Division of Mental Health and Substance Abuse. Evidence based practices are utilized in outpatient services provided at San Juan Counseling. Examples of evidenced based practices are Matrix Model, Seeking Safety, Drug Court and Wraparound.

San Juan Counseling utilizes the OQ and YOQ as outcome measures for services provided. Treatment plans (recovery plans) are outcome based driven with collaboration of the client. Part of our ongoing effort is to increase the use of the OQ and YOQ.

San Juan Counseling coordinates closely with other agencies in the community. SJC strives to meet the requests for services as made by individuals, groups, agencies and entities in the county. San Juan Counseling strives for cultural competence among staff to meet the needs of Anglo, Native American, Hispanic and all populations in the county. San Juan Counseling collaborates regularly with various agencies and corporations including Utah Navajo Health System, The Gentle Hawk Women's Shelter, Division of Child and Family Services, San Juan School District, San Juan Hospital, Blue Mountain Hospital, Utah Navajo Health Services and others.

SJC provides training in Trauma Informed Care for use by therapists in individual and group therapy. SJC employees attend trainings as appropriate and available throughout the state or out of state. When therapists attend training they are expected to bring the information back to other members of the clinical team. An example is a clinician who recently attended Seeking Safety training offered by the Division. She in turn shared the information with the rest of the team. Additional team members are sent to trainings when conditions warrant. Administration is responsible to monitor evidenced based programs for fidelity.

#### **WRAPAROUND to Fidelity (an Evidence Based Practice) is utilized at SJC.**

Wraparound to fidelity, as evidenced by our recent DSAMH Site Review, is practiced at SJC.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Services to Incarcerated People**

**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.**

San Juan Counseling staff visit incarcerated potential drug court clients to conduct the RANT and ASAM measure in order to assess general appropriateness for Drug Court group.

San Juan County employees a full time licensed clinical therapist to provide services to the San Juan County Jail. Consequently, San Juan Counseling has little need to provide services to incarcerated individuals. However, SJC provides additional services to the county jail and to Canyonlands Juvenile Justice Center as requested.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**What is the amount of SAPT funds that are used to provide services to County jails?**

Since the county has their own therapist we rarely have the need to provide services in the county jail. When calls are received they are responded to, but it is not a regular occurrence. No money is budgeted to provide services in the jail.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **14) Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

San Juan Counseling is the local authority charged with both Mental Health and Substance Abuse services. We provide outpatient services for both types of service in the same location. We provide co-occurring treatment with clients who require it. Coordination and delivery of co-occurring treatment is made through our clinical team staffings. Clinicians who provide substance abuse treatment also provide mental health therapy to clients needing co-occurring treatment. Close coordination and staffings are held for clients who see different counselors for mental health counseling.

**Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.**

San Juan Counseling has positive, professional relationships with all primary care organizations in the county, including the four FQHC clinics. Services and referrals are coordinated between agencies and therapists.

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

Case managers keep abreast of physical needs of clients. Coordination between case managers and therapists assure mental and substance use disorder treatment needs are met. Case managers and nurses assist clients in accessing physical health services and coordinate closely with primary care providers in meeting all needs of clients.

**Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.**

San Juan Counseling staff includes an APRN who provides Medication Assisted Treatment. Services are coordinated with primary care physicians.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

All clients are screened for tobacco use during intake. They are informed in writing, and with signage that SJC is a tobacco-free campus. Smoking cessation is a part of therapy when warranted. Tobacco cessations classes are offered to all clients who need the service.

**Form B – Substance Abuse Treatment Budget Narrative**

**15) Drug Court**

**Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

San Juan County Drug Court participants are given individual and group therapy according to their needs. Drug testing is done on a random basis for participants. Drug tests are administered in Blanding by SJC and in Monticello by the San Juan County Sheriff's Office. Our Drug Court Coordinator provides some case management, but the primary responsibility falls upon the tracker/case manager who is a sheriff's office employee.

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

Numbers continue to be small, and we greatly appreciate being allowed to operate a Drug Court. Drug Court is a vital service in San Juan County where resources and services are limited. Ongoing funding is a great benefit to the county. No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

**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.**

DORA is not available in San Juan County.

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

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**17) Women’s Treatment**

**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.**

Women are provided treatment as needed. We are in the process of having a newly hired female therapist trained to provide women’s specific group services. She has attended Seeking Safety training and is implementing the information and program. If a provider other than an employee of SJC is desired we have working relationships with Utah Navajo Health Services and can make referrals.

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

The addition of a women’s specific group will increase the number clients receiving this service. No other increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated other than the addition of the women’s group.

**Form B – Substance Abuse Treatment Budget Narrative**

**18) Adolescent (Youth) Treatment**

**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 majority of our adolescent referrals come from the 7th District Juvenile Court. The individuals are evaluated and provided with the prescribed treatment. This often involves an IPASS class. Those who need additional or increased treatment are seen in individual counseling sessions.

Therapists who provide services in high schools located on the Navajo reservation regularly receive referrals from the schools. Evaluations and individual therapy is provided for those referred. Referrals from other schools are treated with a similar protocol.

Adolescents who need more out of home treatment are usually placed by Juvenile Justice or DCFS.

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

No increase or decrease is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic change is anticipated.

**Form C – Substance Abuse Prevention Narrative**

Instructions:

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

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

**During the SPF-SIG grant, we did a very comprehensive prevention assessment in conjunction with the college here in Blanding. We need to do another one, but have been lacking in the kind of technical assistance that we need. I am hoping that with the roll-out of the new grant, we will then be able to have that technical assistance from the specialists that the Division to put into place.**

**The fact that our only coalition has not been operating in the past year has made it difficult to do planning, assessments, and other prevention activities that require in-put from members of the community. It is our hope to put into place a new coalition made up of County key leaders in order to provide better prevention services for our area, not just in Blanding, but County-wide. We appreciate what the Division does for us, but I know that the great distance required to bring services to San Juan requires special planning and a lot of travel. We look forward to the extra help that will hopefully be provided by the regional specialists.**

**We have done short surveys at the past couple of SOC Family Support Conferences to help us know what the citizens in the County would like to see provided as far as services for families. Our most recent Conference was held on 4/23/2014 and it will be a while before the results of that survey will be available, but it should be helpful to a degree.**

**Blanding is the only identified community at this point because of several factors. At this point in time, even the Prevention Coalition here in Blanding is not functioning. Blanding is the largest community in San Juan County, and as difficult as it is to have a consistently functioning coalition here, it is even more difficult in the smaller “frontier” towns south of here. There are a handful of citizens willing to do community service type activities in any/all of the small towns on the reservation. These people are the ones who are involved in each and every coalition, committee or planning group going on in their particular area and after serving on all of them for years, they become burned out and apathetic. It is very hard to raise the interest and energy needed to keep these things going and to become self-sufficient. It has even been difficult in Monticello to accomplish these goals. We will keep trying to establish coalitions in these other communities, but it’s going to take time. Much of this is due to the Native American lifestyle in the southern towns. They are so busy trying to survive from day to day, that it’s difficult to get them to see the value of these pursuits. Many of the parents in a family all work just to make a living for their families and are away from their children all day and consequently are reluctant to be away from them anymore than they have to be.**

**In discussing this very thing with our Director this morning, one of the other factors that makes Blanding the most likely place to start projects like this is because this is where all of the Government agencies are located, and so it usually makes sense to start here and work in other directions.**

**We will keep trying to make progress in the other areas.**

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

**Identify the prioritized risk/protective factors for each community identified in box #1.**

**Our prioritized risk/protective factors for the City of Blanding continue to be:  
Parental Attitude Favorable to ASB; Favorable Attitude Toward the Problem Behavior; and Perceived Availability of Drugs.**

**Our protective factors are: Believe in the Moral Order and Opportunities for Pro-Social Involvement.**

**As a new coalition becomes available, these may change as the results of the SHAPR survey, SEOP workshop data and other information is presented to the coalition for consideration.**

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area.**

**Prevention capacity/planning has not changed within the past year. We continue to have excellent collaboration between our agency and all of the other agencies in Blanding/ San Juan County. Some of the other agencies we partner with on various endeavors are: Utah Navajo Health Services, Division of Child and Family Services, San Juan School District, San Juan County Sheriff's Office, Southeast Utah Health District, Workforce Services, 7<sup>th</sup> District Juvenile Court, San Juan County Health Board, San Juan Domestic Violence Committee, Multi-Disciplinary Committee and the Systems of Care Committee to name a few.**

**Again, we look forward to the assistance of the Prevention "Specialists" that the Division plans to put into place later on this year to provide help to the LSAA's, so that we can hopefully expand the prevention capacity and capacity planning in San Juan.**

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

**We continue to use the Communities That Care model for any Prevention planning that we do in San Juan. It is our hope that a new coalition and continued collaboration with many agencies will help in this process.**

**We were able during the past year to choose as our Prevention by Design project, the QPR program. We had around 20 people throughout the County trained as QPR “gatekeepers” and we have taught some initial classes. It is our hope to expand on suicide prevention services and reach as many people throughout the County as possible during the coming fiscal year.**

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

**Our evaluation process is an on-going project. We continue to fine-tune our IPASS program and would like to pursue making it an evidence based program in the near future. We will continue the project for an evaluation process for one-time events and school based presentations during the summer, with a discussion with our director to see if we have funds to work with Bach-Harrison to provide some technical assistance.**

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

List any programs you have discontinued from FY2013 and describe why they were discontinued.

We have not discontinued any programs during the last fiscal year. Although our coalition is not up and running and has not for almost a year, we are working to replace it with one that will be higher in numbers and stronger in purpose very soon.

**Form C – Substance Abuse Prevention Narrative**

**8) Prevention Activity**

**Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.**

**I know this is not a prevention activity, but instead a Mental Health Activity, but I'm hoping to see a real impact on our community from the QPR program. With the incidence of suicide, especially in terms of young adults, there is such a need for a program like this one. We started out with a lot of initial interest in this program, but things have really slowed down and we need to give it some more attention and see if we can build it up in the County. We initially trained around 20 people to become QPR "gatekeepers" and we would like to see all of these participants involved in doing trainings around the County. I believe that so far it has just been taught by myself and my director Jed Lyman. We plan to increase our efforts to spread this program throughout the entire County during this fiscal year. To date, we have no evaluation data to share with you.**

Program Name: <b>COMMUNITY EVENTS</b>				Evidence Based No				
<b>LSAA SAN JUAN COUNSELING</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	To reduce youth use of ATOD.	Early initiation of <b>ASB</b> ; Favorable Attitudes toward ATOD use; Perceived Risk of ATOD use.	<b>Universal Direct</b> – targets the community/county at large in public settings, including Health Fairs, church and civic groups, County Fair and other public venues. Includes all ages, male and female and all ethnic & socioeconomic backgrounds.  We anticipate serving 400 people during the next year.			Presentations will be offered as requested and pertinent educational information will be given out along with presentation so that community members will better understand the ATOD issues and risks to the community, as well as the important role of Prevention and how it works.	Decrease of 1% of teens who have been suspended from school in the past year.  Decrease in the # of teens who attacked someone with the idea of seriously hurting them by 3%.	Decrease in inhalant use in 12 <sup>th</sup> grade from 3.2% to 1.5% by 2019.

Measures & Sources	SHARP survey Self-report of increased awareness	SHARP survey Presentation evaluations	Presentation evaluation. Number of attendees		SHARP survey 2015.	SHARP survey 2019.
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Program Name : <b>BLANDING PREVENTION AWARENESS COALITION</b>				Evidence Based <b>YES</b>				
LSAA : <b>SAN JUAN COUNSELING</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 – 12.	Community Laws and Norms Favor Drug Use	<p><b>UNIVERSAL:</b> Local organizations, key leaders, and agencies will participate in coalition in Blanding. Participation is open to community members of all socio-economic and ethnic backgrounds.</p> <p>Existing coalitions include Blanding Awareness Prevention Coalition.</p> <p>We plan to target approximately 2,500 people in 2014.</p>			<p>Existing coalitions will receive training in the SHARP survey to better help them identify and address local issues.</p> <p>Continue efforts to organize coalitions in Monticello and small towns on the Navajo Reservation.</p> <p>Bi-annually complete Minimum Standards Assessment Tool.</p> <p>Hold Trainings and submit quarterly coalition training logs.</p> <p>Complete and/or update</p>	<p>Decrease in grades 6 – 12 community laws and norms Favor Drug Use in 2011 from 20.3% to 19% by 2015.</p>	<p>Reduce 30 day alcohol use in 2011 grade 6 – 12 from 6.9% to 5.0% by 2017.</p>

				<p>Community Readiness Survey and Resource Assessment bi-annually.</p> <p>We used the CTC model to develop this coalition and will use the CTC model to provide community with evidence based strategies.</p>		
Measures & Sources	<p>SHARP survey 2011; 13; 16; 19.</p> <p>Key leader surveys.</p>	SHARP survey.	<p>Coalition rolls and Key Leader survey results.</p> <p>Meeting minutes.</p> <p>Attendance rosters</p>	<p>Community Member Attendance/participation.</p> <p>Meeting minutes</p> <p>Attendance Rosters.</p>	SHARP surveys 2011; 13; 15; 17.	SHARP surveys 2011; 13; 15; 17.

Program Name : <b>EASY COMPLIANCE CHECKS</b>				Evidence Based <b>Yes</b>				
LSAA : <b>SAN JUAN COUNSELING</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30 day alcohol use in grades 6 – 12.	Reduce perceived availability of alcohol/drugs	<p><b>INDICATED:</b> Collaboration with law enforcement; reporting of compliance checks; target clerks and cashiers in off-premise beer product retail outlets.</p> <p>Collaboration of EASY training and follow-up with law enforcement.</p> <p>We estimate completing 5 on-premise checks and 5 off-premise checks during the next year.</p>			Encourage through collaboration with local law enforcement to have them support education of the EASY program; help facilitate EASY training.  Reduce retail availability of alcohol products to youth.	Reduce perceived availability of drugs in grades 6 – 12 from 15.9% in 2011 to 12% by 2015.	Reduce 30 day alcohol use in 2013 in grades 6 – 12 from 21% to 17% by 2019.

Measures & Sources	SHARP survey 2011; 13; 15; 17.	SHARPS 2011; 13; 15; 17.	San Juan County Sheriff's Office Law Enforcement.  EASY training  Dates, participation & annual report.	Law enforcement; EASY Training reports.	SHARPS 2011; 13; 15; 17; 19.	SHARPS 2011; 13; 15; 17; 19.
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Program Name : <b>IPASS</b>				Evidence Based Y <b>NO</b>				
<b>LSAA : SAN JUAN COUNSELING</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce youth substance abuse.	<p>Friends who engage in the problem behavior.</p> <p>Favorable attitudes towards the problem behavior.</p>	<p><b>INDICATED:</b> Youth who are referred by 7<sup>th</sup> District Juvenile Court. Ages 12 – 18 and a parent/guardian.</p> <p>We estimate that we will serve up to 20 youth per year.</p>			<p>8 Weekly one hour sessions as needed.</p> <p>Education on ATOD issues faced by youth.</p> <p>Choices and consequences of use/abuse.</p> <p>Youth are accompanied by an adult. Look at 2013 SHARP survey and have a 1% decrease by 2017.</p>	<p>Decrease in friends who engage in the problem behavior by 2% by 2015.</p> <p>Decrease in favorable attitudes towards the problem behavior by 2% by 2015.</p>	Reduction in youth substance abuse.

Measures & Sources	SHARP survey 2013.	SHARP survey 2013.	Attendance records. Self-report of increase knowledge of risks of ATODs.	Were classes held as scheduled? Pre/post test	Look at 2013 SHARP survey and have a 1% decrease by 2017.	SHARP, 2013 survey, archival data.
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Program Name : <b>PARENTS EMPOWERED CAMPAIGN</b>				Evidence Based <b>Yes</b>				
<b>LSAA : SAN JUAN COUNSELING</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage drinking in 6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> and 12 <sup>th</sup> graders in Monticello and San Juan High Schools.	Parental attitudes.	<b>UNIVERSAL:</b> Target parents of youth ages 10 – 16 and youth ages 10 – 16.  We plan to target approximately 8,000 people with this program.			Present Parents Empowered presentations to classrooms/schools requesting information on alcohol and the teenage brain.  Present PE presentations to groups on request.  Distribute PE collateral items to 10 schools throughout the county, and to key locations in the community.	Decrease northern county parental attitudes favorable to Anti-social behavior from 60% in 2011 to 58% by 2015.	Decrease ATOD use by 2% in all grades by 2019.  6 <sup>th</sup> – 3.0 % to 1%  8 <sup>th</sup> - 18% to 16%  10 <sup>th</sup> - 38% to 36%  12 <sup>th</sup> - 25% to 23%

				Participate in the available media outlets in the county to promote PE.		
Measures & Sources	SHARP survey 2011.	SHARP survey 2011.	MDS forms by staff conducting presentation.	MDS forms by staff conducting presentation.	SHARP 2015 survey.	SHARP 2019 survey.

Program Name : <b>SYNAR COMPLIANCE CHECKS</b>				Evidence Based <b>Yes</b>				
LSAA : <b>SAN JUAN COUNSELING</b>								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	To reduce underage tobacco use.	Reduce availability of tobacco.	<b>UNIVERSAL:</b> targets youth of the county at large.  Do a census at every outlet 3 X per year.			1) Conduct compliance checks as required under SYNAR laws 3 X per year.  2) Train law enforcement and retailers as needed.	Number of retail outlets that comply remain above 90%.  Reduce number of referrals to END classes by 1% by 2017.	Number of youth who use tobacco will decrease by <b>2017</b> .
Measures & Sources	SHARP SURVEY  Comparing rosters from local health office.	SHARP survey results, archival indicators, SDFS violations records.	SHARP survey and number of referrals to END classes.			Compliance check reports from local Health Office.  SHARP survey 2013 show 1% decrease by 2017.	SHARP 2013 survey.	SHARP 2019 survey.



## San Juan Counseling Fee Policy

When clients first come in for service they receive a packet explaining payment options which include:

Any insurance that clients have, will be billed for the full cost of treatment. Clients may be billed for any portion of the cost of treatment provided directly by San Juan Counseling Center not paid by insurance. The fee may be discounted based on income and family size that is reported on the intake form.

If the client is on a federal insurance program (Medicaid, Medicare, Tricare, etc.), the programs will be billed for services provided at the rate allowed by law. If the client is on Medicare, they are responsible for the portion of cost which Medicare does not pay, up to the Center's discounted sliding fee scale (attached).

Clients that have no insurance will be billed based on the attached sliding fee scale. Under this scale, clients may be billed between \$5.00 and full fee, depending on income and the number of household dependents.



# Organizational Chart for San Juan Counseling

