

## **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.

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### **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

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### **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**

*Form A1 - FY15 Amount Budgeted:\$78,000*

*Form A1 - FY16 Amount Budgeted: \$78,000*

**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.

San Juan Counseling's staff works with the inpatient centers to coordinate care and follow up after a discharge. A follow-up appointment is set before the clients are discharged from the hospital. The follow-up appointment is usually within 3 days of discharge.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No change anticipated. While the center continues to see an increase in hospitalizations we feel the expected costs are as close to reality as possible. We are beginning to understand and see the trends better with each year in capitation.

**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**

**1b) Children/Youth Inpatient**

*Form A1 - FY15 Amount Budgeted: \$19,500*

*Form A1 - FY16 Amount Budgeted: \$19,500*

**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

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No change anticipated.

**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**

*Form A1 - FY15 Amount Budgeted: \$2,500*

*Form A1 - FY16 Amount Budgeted: \$2,500*

**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,” it is the relationship that 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$2,500*

*Form A1 - FY16 Amount Budgeted: \$2,500*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$358,486*

*Form A1 - FY16 Amount Budgeted: \$502,161*

**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, individual, marriage, family and group psychotherapy, and behavior management. 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. The Center's trends are showing an increase in outpatient treatment due to increased capacity with the Medicaid capitation contract through NCC.

**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**

*Form A1 - FY15 Amount Budgeted: \$152,105*

*Form A1 - FY16 Amount Budgeted: \$269,196*

**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, individual, marriage, family and group psychotherapy, and behavior management. 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.

We are utilizing the PASSAGES facilitators and Family Resource 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. The Center's trends are showing an increase in outpatient treatment due to increased capacity with the Medicaid capitation contract through NCC. Additionally, with adding therapists in the schools this is increasing the amount of outpatient expenses.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$36,272*

*Form A1 - FY16 Amount Budgeted:\$10,085*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Due to changes in expense allocation the administration feels that the current forecasting of expenses is more current than past years. There is no anticipation of an increase or decrease of 24 hour crisis care services for the upcoming year.

**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**

*Form A1 - FY15 Amount Budgeted: \$8,059*

*Form A1 - FY16 Amount Budgeted: \$13,882*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Due to changes in expense allocation the administration feels that the current forecasting of expenses is more current than past years. There is no anticipation of an increase or decrease of 24 hour crisis care services for the upcoming year.

**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**

*Form A1 - FY15 Amount Budgeted: \$221,979*

*Form A1 - FY16 Amount Budgeted: \$186,911*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Due to changes in expense allocation the administration feels that the current forecasting of expenses is more current than past years. There is no anticipation of an increase or decrease of psychotropic medication management services for the upcoming year.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$60,114*

*Form A1 - FY16 Amount Budgeted: \$38,232*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Due to changes in expense allocation the administration feels that the current forecasting of expenses is more current than past years. There is no anticipation of an increase or decrease of psychotropic medication management services for the upcoming year.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$469,379*

*Form A1 - FY16 Amount Budgeted: \$127,288*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Due to changes in expense allocation the administration feels that the current forecasting of expenses is more current than past years. The Center understands that the forecasting in the past years has shown a large amount budgeted in this area. We believe the current budgeted amount most accurately portrays the realistic expense. The center does not anticipate an increase or decrease of services offered for adult psychoeducation services and psychosocial rehabilitation.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$15,000*

*Form A1 - FY16 Amount Budgeted: \$25,458*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With the increase of a full-time Family Resource Facilitator through TANF funds we are anticipating an increase in this area. The Center has also recently identified additional needs for this population and more case manager time is being spent with this age group than in the past.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

*Form A1 - FY15 Amount Budgeted: \$137,800*

*Form A1 - FY16 Amount Budgeted: \$9,047*

**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. 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Due to changes in expense allocation the administration feels that the current forecasting of expenses is more current than past years. The Center understands that the forecasting in the past years has shown a large amount budgeted in this area. We believe the current budgeted amount most accurately portrays the realistic expense. The center does not anticipate an increase or decrease of services offered for case management services.

**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**

*Form A1 - FY15 Amount Budgeted: \$10,158*

*Form A1 - FY16 Amount Budgeted: \$9,061*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. 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**

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

*Form A1 - FY15 Amount Budgeted: \$1,000*

*Form A1 - FY16 Amount Budgeted: \$11,667*

**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.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

The Center is seeing an increase in the need for housing. With our current Medicaid capitation contract through NCC we are now able to better fund this need. We anticipate an increase from the previous year.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$5,934*

*Form A1 - FY16 Amount Budgeted: \$15,667*

**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 currently have a contract with Right at Home Care, a newly formed agency offering respite services that we will use minimally for respite services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With our current Medicaid capitation contract through NCC we are now able to better fund this need. We anticipate an increase from the previous year.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

*Form A1 - FY15 Amount Budgeted:\$11,005*

*Form A1 - FY16 Amount Budgeted: \$16,640*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With the addition of a full-time FRF provided through Workforce Services TANF grant the number of clients and expenditures is expected to increase.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$33,014*

*Form A1 - FY16 Amount Budgeted: \$66,563*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

With the addition of a full-time FRF provided through Workforce Services TANF grant the number of clients and expenditures is expected to increase.

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

No significant programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY15 Amount Budgeted: \$5,000*

*Form A1 - FY16 Amount Budgeted: \$3,703*

**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 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. 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**

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

*Form A1 - FY15 Amount Budgeted: \$10,935*

*Form A1 - FY16 Amount Budgeted: \$3,703*

**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 1 part time and 1 full 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. 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**

**1u) Services to Incarcerated Persons**

*Form A1 - FY15 Amount Budgeted: \$0.00*

*Form A1 - FY16 Amount Budgeted: \$5,584*

**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 additional services to the county jail and to Canyonlands Juvenile Justice Center as requested. The services provided are emergency services.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Over the previous year San Juan Counseling has been doing more services within the jail. This was not the case in the past. We anticipate that we will continue to do services within the jail.

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

No programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

*Form A1 - FY15 Amount Budgeted: \$7,376*

*Form A1 - FY16 Amount Budgeted: \$7,264*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$0*

*Form A1 - FY16 Amount Budgeted: \$0*

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

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

*Form A1 - FY15 Amount Budgeted: \$52,285*

*Form A1 - FY16 Amount Budgeted: \$48,300*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

**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**

*Form A1 - FY15 Amount Budgeted: \$17,715*

*Form A1 - FY16 Amount Budgeted: \$21,700*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. 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**

*Form A1 - FY15 Amount Budgeted: \$28,000*

*Form A1 - FY16 Amount Budgeted: \$17,600*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

No increases or decreases are anticipated.

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

No significant programmatic changes 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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First** 62A-15-105.2 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. San Juan Counseling is hopeful that the PASSAGES program will continue on a part-time limited basis through the work of a case manager focusing on transition aged youth. Services will be similar to what they are now with a case management focus on transitioning youth into adulthood.

**• 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.

## **2. Client Employment (cont.)**

### **• Peer Specialists/Family Resource Facilitators providing Peer Support Services**

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.

Our long term FRF is well grounded and experienced in the wraparound process and has been effective in meeting needs of families. Discussing employment situations and helping locate meaningful employment is an important element to the team approach of strengthening individuals and families.

### **• Evidence-Based Supported Employment**

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. The job-coach like services 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.

Additionally, San Juan Counseling is working on training more of our case managers to a club-house type model instead of our current day treatment model. San Juan Counseling is looking to move towards a more supported employment approach through using models such as IPS.

**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.

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

• **Outcome Based Practices**

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.

• **Increased service capacity**

SJC, and its governing Board, are 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 Monticello, increased services in Monument Valley and the Montezuma Creek area. SJC currently has more clinical staff than in the past.

• **Increased access for Medicaid and Non-Medicaid funded individuals**

As mentioned above, services in Monticello, Monument Valley, and Montezuma Creek have been increased during the past year.

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.

• **Efforts to respond to community input/need**

San Juan Counseling receives and responds to community inputs and needs when provided. With our partnerships with the County, Health Department, Health providers, School District, DCFS, among others we are able to access the community need and make changes as the need arises. San Juan Counseling's staff continue to work with many members of the community to meet the needs.

### **3. Quality and Access Improvements (cont.)**

- **Coalition development**

San Juan Counseling members are working with several coalitions to create “multi-purpose” coalitions. We are currently working with the local Domestic Violence coalition to incorporate substance use and suicide prevention. We are also working the Systems of Care team to create a more functional suicide prevention coalition.

- **Describe process for monitoring subcontractors**

San Juan Counseling has a few subcontractors. At least yearly the subcontractors meet with administrators to discuss terms of the contract and compliance. The subcontractors have monthly contact with either the clinical director or medical director regarding services and care that is being provided.

- **In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.**

San Juan Counseling is a part of the National Health Service Corp. We meet with NHSC representatives as needed. We work diligently to update our file and submit paperwork in a timely manner in order to maintain eligibility. NHSC is a valuable resource for our clinicians and we will continue to do what we need to do to maintain eligibility.

- **Other Quality and Access Improvements (if not included above)**

**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.

**4. Integrated Care (cont.)**

**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. Additionally, our APRN is highly versed with medical issues and he reviews medical issues for every client he meets with. Along with this nurse they work to coordinate follow-up issues with all medical issues.

**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.

**Form A – Mental Health Budget Narrative**

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

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

Because of the difficulties with maintaining good part-time FRF's SJC will not use Early Intervention dollars in this area.

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

No longer using Early Intervention funds for FRF. This will reflect in a decrease of services from last year.

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

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

**Form A – Mental Health Budget Narrative**

**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.**

**Form A – Mental Health Budget Narrative**

**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.**

Early intervention funding has allowed SJC to assign two therapists to spend one day each week at Whitehorse High School on the Navajo Reservation along with a therapist to spend a day at Monument Valley High School. This arrangement has the support of local school administration. Referrals are received from the school for students needing services.

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

Increase from previous year due to using early intervention funds for School-Based instead of FRF.

**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.)**

Instead of using funds for an FRF we are moving the funds to school based services.

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

San Juan Counseling staff will monitor grades, new office referrals, and suspensions on clients receiving services.

**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 trained QPR Gatekeeper instructors. QPR courses are presented throughout the county on an ongoing basis. These QPR courses are provided with community partners at least bi-annually. SJC will continue to look for opportunities to provide the courses more often.

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 the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.**

San Juan Counseling has been involved with community partners (i.e. health department, school districts, local FQHC) in assessing the suicide concerns of our citizens. We provide crisis service training to therapists annually. We will also continue to provide or sponsor suicide training for community stake holders as now required in law. We are joining the PIP on suicide prevention.

SJC clinical staff have also received training in the Collaborative Assessment and Management of Suicidality (CAMS) and will receive follow up training as needed. Up to this point, the CSSRS and CAMS have not been used systematically at SJC. Stanley/Brown safety plans have consistently been used with clients and will continue.

SJC will complete the Zero Suicide Organizational Self-Study in the first quarter of FY15 and develop an implementation and monitoring plan for a comprehensive suicide prevention plan.

**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.

The on-call therapist provides a copy of the Stanley/Brown safety plan to the attending ER doctor and nurse as well as to the client. This includes contact information to local counseling services providers as well as informal supports the client has identified as helpful in times of crisis. When possible, the client's next appointment time is listed on the safety plan. ER providers are therefore provided information they can highlight with the client just prior to discharge.

Form A – Mental Health Budget Narrative

**7. Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

San Juan County Sheriff Rick Eldredge (representing Corrections), Drug Court Therapist Dan Rogers, Tammy Squires, and San Juan County Attorney Kendell Laws.

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

Due to the small funding for JRI that San Juan Counseling is receiving we plan to supplement our Drug Court program and offer mental health services to our Drug Court clientele, such as assessment, individual therapy, and medication management.

**Identify your proposed outcome measures.**

We are still formulating our proposed outcome measures. San Juan Counseling will continue to be active participants on the Performance Development Committee to develop and implement appropriate outcome measures.

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

Instructions:

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

**1) Screening and Assessment**

*FY15 Amount Budgeted: \$17,709*

*FY16 Amount Budgeted: \$27,721*

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

During the initial session the therapist uses a Substance Abuse Subtle Screen Inventory (SASSI) as he interacts with 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. 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. Due to staff resources we assess everyone that seeks a substance abuse evaluation.

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

There are no significant programmatic changes expected.

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

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

*FY15 Amount Budgeted: \$0*

*FY16 Amount Budgeted: \$0*

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

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. Detoxification services can be funded by us when necessary.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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

*FY15 Amount Budgeted: \$30,000*

*FY16 Amount Budgeted: \$34,500*

**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 and House of Hope is also a possibility for those needing residential services. 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

There are no significant programmatic changes expected.

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

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

*FY15 Amount Budgeted: \$0*

*FY16 Amount Budgeted: \$0*

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

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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

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

*FY15 Amount Budgeted: \$286,331*

*FY16 Amount Budgeted: \$255,201*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. The budget decrease is due to the available funds decreasing. We anticipate that we can meet the capacity due to providing more groups to meet the need.

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

There are no significant programmatic changes expected.

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

**6) Intensive Outpatient (ASAM II.5 or II.1)**

*FY15 Amount Budgeted: \$10,000*

*FY16 Amount Budgeted: \$10,000*

**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 programs 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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

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**

**7) Recovery Support Services**

***FY15 Amount Budgeted:\$0***

***FY16 Amount Budgeted: \$4,500***

**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. SJC intends to continue housing the local AA group. Along with this SJC provides books and other AA supplies.

In addition and recent drug court graduate volunteers his time through a college program to support and advocate for drug court participants. It has been our desire to hire him on as a peer support specialist, but his previous criminal charges are hindering his efforts to pass a background check.

**Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.**

San Juan Counseling has identified a local transitional housing that we have used to help clients with transitional housing. We will continue to use this resource as needed.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

In the past San Juan Counseling has not budgeted any amount for recovery support. We are starting to see the need rise and are looking at ways to meet this need. SJC has devoted funds to hosting the local AA group, along with buying books, posters, and other needed materials.

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

San Juan Counseling staff is making efforts to increase recovery support in our drug court as well as substance abuse programs.

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

**8) Drug Testing**

*FY15 Amount Budgeted:*

*FY16 Amount Budgeted: \$10,500*

**Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.**

Clients are screened by therapists and are determined on a needs basis whether to be randomly drug tested or not. During the intake process each client receives a drug screen. If it is determined that a client needs a drug test then they are set up on a random schedule. The client is responsible to call each morning to see if they need to test that day. For clients in the Blanding area they come into the main office to receive the testing by SJC staff. For clients in Monticello they go to the Public Safety building for their tests. SJC covers the expense of the tests and testing supplies for all clients needing testing.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

There are no significant programmatic changes expected.

## Form B – Substance Abuse Treatment Budget Narrative

### 9) Quality and Access Improvements

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

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.

For better ease to services for clients we have clinicians providing services at San Juan Hospital in Monticello.

As part of our assessment for Substance Use Disorders we have eliminated the requirement of clients to see a SSW for pre-screening, then come back for another appointment with a clinician. Clients are evaluated only by clinical staff and usually in one appointment setting. This effort is getting our clients into service in a much quicker timeframe.

#### **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. As stated above we have therapists seeing clients two days a week at the San Juan Hospital. This cooperative agreement has given more access to clients throughout the county. It has also helped to increase coordinated efforts between the two entities.

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.

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

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

*FY15 Amount Budgeted: \$0*

*FY16 Amount Budgeted: \$3,000*

*FY16 SAPT Funds Budgeted: \$0*

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

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. SJC provides additional services to the county jail and to Canyonlands Juvenile Justice Center as requested.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

As more need arises we are doing more services within the Jail for Drug Court and non-Drug Court Clients.

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

We will continue to serve the clients that need services in the jail.

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

**11) Integrated Care**

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

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.

**Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.**

Every client seeking services is given the opportunity to receive tobacco cessation services. Clinicians frequently ask about tobacco use offer services to help with cessation.

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

**12) Women’s Treatment**

*FY15 Amount Budgeted: \$109,612*

*FY16 Amount Budgeted: \$80,895*

**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 by San Juan Counseling staff. We will continue to make any and all efforts for women to get the best treatment available. Women will receive all needed services through San Juan Counseling. Gender specific women and parenting issues may be addressed in therapy sessions. Women with families may be referred to work with the FRF for wrap around services. When appropriate SJC will work with referrals and funding for residential services for women and their children.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

There are no significant programmatic changes expected.

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

**13) Adolescent (Youth) Treatment**

*FY15 Amount Budgeted: \$27,384*

*FY16 Amount Budgeted: \$78,485*

**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. An increasing number of these referrals are substance abuse related. Outpatient services such as evaluations and individual therapy are provided for those referred. These services are mostly provided inside the schools. Our intention is to increase our presence in more high schools throughout the county. 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. SJC will also refer and fund adolescents in need of residential treatment. Odyssey House in Salt Lake City has been our primary residential treatment facility for those youth.

**Describe efforts to provide co-occurring services to adolescent clients.**

All of San Juan Counseling clinicians are trained to assess for both mental health and substance use disorders. All clinicians are in the practice of providing both mental health and substance use disorder treatment services. Clinicians provide the services that best fit the needs of the clients.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

All numbers used in the FY 2016 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

San Juan Counseling is seeing more youth through school-based services. Many of these youth have substance use disorders. The projections are showing that these trends will continue.

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

There are no significant programmatic changes expected.

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

**14) Drug Court**

*FY15 Amount Budgeted: \$37,650*

*FY16 Amount Budgeted: \$30,083*

*FY15 Recovery Support Budgeted:*

*FY16 Recovery Support Budgeted: \$3,500*

**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.

**Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.**

Decrease in funding is due to loss of funding through state contract.

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

There are no significant programmatic changes expected.

**Describe the Recovery Support Services you will provide with Drug Court RS funding.**

San Juan Counseling will use the funding to help with needs to support Drug Court clients through their recovery. We will use the funds for housing, transportation, dental, and minimal medical when necessary.

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

**15) Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

San Juan County Sheriff Rick Eldredge (representing Corrections), Drug Court Therapist Dan Rogers, Tammy Squires, and San Juan County Attorney Kendell Laws.

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

San Juan Counseling plans to supplement our Drug Court program to offer more services to more clients. Part of the assessment for all Drug Court clients will be assessing criminal risk factors. With the short amount of turnover time required for this report the implementation plan has not been fully designed. We will continue to look for the best ways to address criminal risk factors and once discovered they will be implemented.

**Identify your proposed outcome measures.**

We are still formulating our proposed outcome measures. San Juan Counseling will continue to be active participants on the Performance Development Committee to develop and implement appropriate outcome measures.

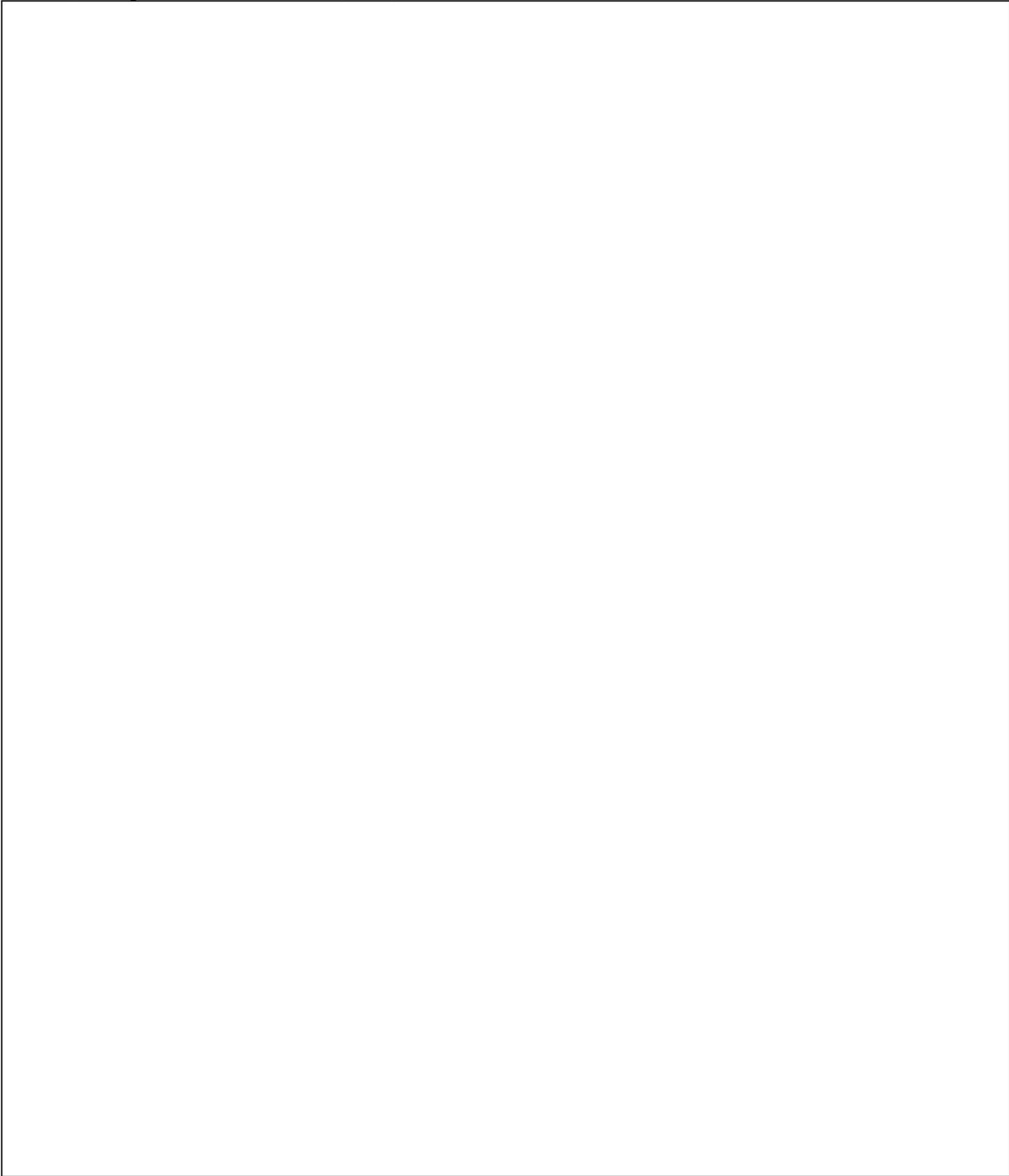
**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act \*\* DORA is not available in San Juan County**  
***FY15 Amount Budgeted:*** \_\_\_\_\_ ***FY16 Amount Budgeted:*** \_\_\_\_\_

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:**

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.
  
- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?
  
- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.
  
- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.
  
- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan..

**16) Drug Offender Reform Act (Cont.)**



## Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

### Personnel

**Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.**

<b>Total Personnel Costs</b>	<b>\$</b>
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(Provide budget detail and narrative here)

### Contract Services

**Briefly describe the Contract Services you will pay for with DORA funding.**

<b>Total Contract Costs</b>	<b>\$</b>
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(Provide budget detail and narrative here)

### Equipment, Supplies and Operating (ESO)

**Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.**

<b>Total ESO Costs</b>	<b>\$</b>
------------------------	-----------

(Provide budget detail and narrative here)

### Travel/Transportation

**Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.**

<b>Total Travel/Training Costs</b>	<b>\$</b>
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(Provide budget detail and narrative here)

<b>Total Grant</b>	<b>\$</b>
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**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).**

We currently are in the beginning but progressive stages of training our coalition members within the SPF model. We have had approval from our area trainer to bring training directly to our area within the next couple of months. Our coalition members will drive a new assessment based on our prioritized Risk and Protective Factors.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

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

Parental Attitude Favorable to ASB; and Favorable Attitude Toward the Problem Behavior and Perceived Availability of Drugs.

Protective Factors are: Belief in the Moral Order and Opportunities for Pro-Social Involvement.

In addition, with the new SHARP coming out in September we are going to re-evaluate these factors. We have training set up for the end of April (2015) to train them how to read that SHARP survey, use it and plan from it.

Our two main goals are to train our coalition within the SPF model with the PFS money and with this in place our coalition will drive a needed assessment which will help us to further identify other/new risk/protective factors. We will also re-evaluate the 2015 SHARP.

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

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

We will be utilizing our PFS money to help inform, build and train our coalition members. We have chosen the Strategic Prevention Framework to help drive us. We are awaiting the funding and information from our area supervisor to give us further direction. We aim to work together strategically to carry out a plan of action and prevention strategies by prioritizing and identifying our risk and protective factors from our SHARP Survey.

Our coalition, which includes 24 key members from our community, will also implement a community assessment so we can also address problematic areas that are not addressed in the SHARP Survey. We are also awaiting further direction from our area supervisor for this.

While we wait for direction and funding we have started teaching the board members what the SHARP Survey contains and its purpose. We also are reviewing our county's needs and why a trained SPF modeled coalition would be beneficial in helping us to identify and combat our risk and protective factors and how we can strategically work together.

If there is enough carry over money we would like to add an additional capacity building activity on the Reservation. A coalition member has been assigned to talk to tribal members about their needs and wants which we hope will include a Empowered Parents Sign as we recognize that parents play an important part in our strategies.

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

The planning process will come after our SPF trainings, identifying our Risk/Protective Factors and a new community assessment driven by the coalition.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

We will be evaluating the outcomes from the SHARP survey, EASY checks, and Community Readiness. We will also collect data from community questionnaires to be filled out during the yearly Family Support Conference held in Blanding. San Juan Counseling Staff will seek additional support and technical assistance on how to best evaluate our efforts.

**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 FY2015 and describe why they were discontinued.**

We will not carry the logic models for the SYNAR and EASY but will still be involved either directly or indirectly as needed.

The IPASS program has recently been changed to PRI. However, both programs are and have been funded by the courts and not with Prevention dollars so there will no longer be a logic model for them as well.

The Coalition Logic Model has taken a new shape and was re-submitted.

The Empowered Parents logic model surpassed expectations which already include over 23 events.

**Form C – Substance Abuse Prevention Narrative**

**8) Justice Reinvestment Initiative**

**Identify the members of your local JRI Implementation Team.**

Due to the limited funds from JRI we will not use any funds for Prevention at this time.

**Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.**

**Identify your proposed outcome measures.**

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 use of ATOD in grades 6 - 12.	Favorable Attitudes toward ATOD use; Perceived Risk of ATOD use.	<p><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 &amp; socioeconomic backgrounds.</p> <p>We anticipate serving 400 people during the next year.</p>			<p>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.</p>	<p>Decrease of 1% of teens who have been suspended from school in 2013.</p> <p>Decrease in the # of teens who attacked someone with the idea of seriously hurting them by 3%.</p>	<p>Decrease in inhalant use in 12<sup>th</sup> grade from 3.2% in 2013 to 1.5% by 2019.</p>

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 Parents Empowered Campaign								
San Juan County								
	Goal	Factors	Focus Population			Outcomes	Short	Long
			Universal	S	I			
Logic	Reduce early initiation of ASB in Monticello, San Juan and White Horse High Schools grades 6 – 12.	*Parental Permission/Attitudes	UNIVERSAL:  Community wide- approximately 2,500  Parents of Youth ages 10-18  Youth ages 10-18	Offer Parents Empowered presentations, videos, supplies and handouts to classrooms and schools requesting information on alcohol and the teenage brain.  Pass out handouts to take home to parents.  Present Parents Empowered videos at local movie theatre.  Present Parents Empowered in	Will decrease parental permission/attitudes favorable to ASB from 21.7 in 2013 to 19.7 in 2017.	Will decrease early initiation of ASB Of 28.3 in 2013 to 26.3 by 2019.		

				<p>local paper.</p> <p>Will offer presentations and handouts at local fairs and other community events, including annual Family Resource Fair.</p>		
Measures & Sources	SHARP Survey	SHARP Survey	Data forms by staff conducting presentation		SHARP Survey 2017.	SHARP Survey 2017.

Program Name : San Juan County Domestic Violence and Prevention Coalition			Evidence Based Y					
LSAA : San Juan Counseling								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Lower 30 day ATOD use in San Juan County.	<p>Low community attachment and awareness due to lack of training and education.</p> <p>Community Laws and Norms Favor Drug Use</p> <p>Parental perceived of risk</p>	UNIVERSAL: Key Population will target 2,500 in 2014.			<p>Will augment current functioning coalition with Prevention strategies. Will have all key leaders be trained in the Communities That Care model.</p> <p>Members of coalition will facilitate a new community assessment.</p> <p>Existing coalitions will focus goals identified from the SHARP survey to help them address local issues. Focus will be on focusing on how to support and strengthen individuals and families</p>	<p>Have coalition members trained in the CTC model.</p> <p>Raise Low Neighborhood Attachment from 31.2 in 2013 by 2% in 2019.</p>	<p>Lower 30 day ATOD use by 7.4% for cigarettes in 2013 to 5.4% in 2019, alcohol 3.1% in 2013 to 2.1% in 2019 and marijuana from 5.6% in 2013 to 4.6% in 2019.</p>

				<p>within various neighborhoods that are struggling with challenges which include drug/alcohol use.</p> <p>Continued efforts to invite key youth and adult leaders from Blanding and the Navajo Reservation.</p>		
Measures & Sources	SHARP survey 2013  Key Leaders	SHARP survey	Coalition rolls and Key Leaders  Meeting minutes  Attendance rosters	Community Member, Attendance/Participation.  Meeting minutes  Attendance rosters	SHARP	SHARP

# San Juan Counseling's Sliding Fee Schedule

\*\*Including all programs: Mental Health, Substance Abuse, & Drug Court

Effective 5-1-2009

Estimated 2009 Poverty Guideline

Estimated 2009 200% Poverty

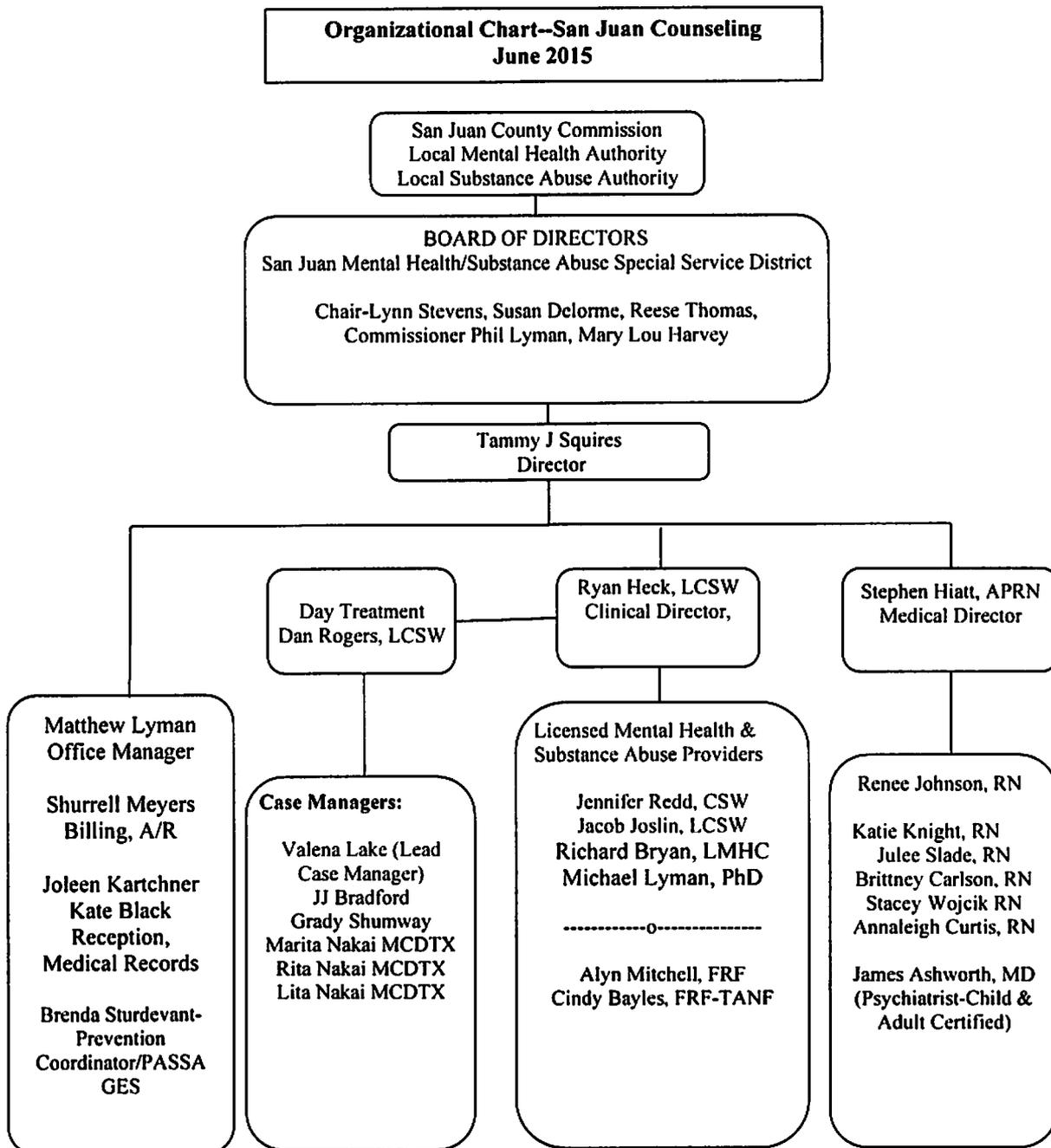

Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty*	Monthly Income	1	2	3	4	5	6	7	8
100%	\$0-\$851	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
150%	\$852-\$1277	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
200%	\$1278-\$1702	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00
250%	\$1703-\$2127	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00
300%	\$2128-\$2552	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
350%	\$2553-\$2977	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
400%	\$2978-\$3402	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00
450%	\$3403-\$3827	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00
500%	\$3828-\$4252	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00
550%	\$4253-\$4667	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00
600%	\$4668-\$5102	Full Fee	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00
	\$5103+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

\* based on 2009 Poverty Guidelines

MONTHLY MAX**		NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty	Monthly Income	1	2	3	4	5	6	7	8
100%	\$0-\$851	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
150%	\$852-\$1277	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
200%	\$1278-\$1702	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 30.00	\$ 30.00	\$ 30.00
250%	\$1703-\$2127	\$ 180.00	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 30.00
300%	\$2128-\$2552	\$ 240.00	\$ 180.00	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00
350%	\$2553-\$2977	\$ 300.00	\$ 240.00	\$ 180.00	\$ 120.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00
400%	\$2978-\$3402	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	\$ 70.00	\$ 70.00	\$ 70.00
450%	\$3403-\$3827	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	\$ 70.00	\$ 70.00
500%	\$3828-\$4252	\$ 560.00	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00	\$ 70.00
550%	\$4253-\$4667	\$ 630.00	\$ 560.00	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00	\$ 140.00
600%	\$4668-\$5102	Full Fee	\$ 630.00	\$ 560.00	\$ 490.00	\$ 420.00	\$ 350.00	\$ 280.00	\$ 210.00
	\$5103+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

\*\* Max based on an equivalent of 6/7 outpatient visits per month

# Organizational Chart for San Juan Counseling



FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 36,173	\$ 227,084	\$ 2,500	\$ 70,000	\$ 500	\$ 66,703	\$ 798,989	\$ 11,580		\$ 112,871	\$ 91,700	\$ 26,200		\$ 1,444,300

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		22,500					75,000							\$ 97,500	15
Residential Care (171 & 173)		5,000												\$ 5,000	2
Outpatient Care (22-24 and 30-50)	24,093	115,030	2,500	52,500	500	40,693	441,932	8,685			68,775	19,650		\$ 774,358	464
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	6,496	2,590		1,400		941	9,950	232			1,834	524		\$ 23,967	38
Psychotropic Medication Management (61 & 62)		34,496		16,100		12,235	132,531	2,663			21,091	6,026		\$ 225,142	424
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		29,397				10,410	112,939							\$ 152,746	36
Case Management (120 & 130)		2,639				930	10,139			4,400				\$ 18,108	43
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		8,009				1,439	15,886			2,000				\$ 27,334	4
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		159				55	612			81,465				\$ 82,291	50
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information										7,406				\$ 7,406	
Services to persons incarcerated in a county jail or other county correctional facility	5,584													\$ 5,584	5
Adult Outplacement (USH Liaison)		7,264												\$ 7,264	2
Other Non-mandated MH Services										17,600				\$ 17,600	10
<b>FY2016 Mental Health Expenditures Budget</b>	<b>\$ 36,173</b>	<b>\$ 227,084</b>	<b>\$ 2,500</b>	<b>\$ 70,000</b>	<b>\$ 500</b>	<b>\$ 66,703</b>	<b>\$ 798,989</b>	<b>\$ 11,580</b>	<b>\$ -</b>	<b>\$ 112,871</b>	<b>\$ 91,700</b>	<b>\$ 26,200</b>	<b>\$ -</b>	<b>\$ 1,444,300</b>	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT	8,832	156,688	2,500	48,300	500	46,025	596,652	9,187		31,415	63,273	18,078		\$ 981,450	425
YOUTH/CHILDREN	27,341	70,396		21,700		20,678	202,337	2,393		81,456	28,427	8,122		\$ 462,850	185
<b>Total FY2016 Mental Health Expenditures</b>	<b>\$ 36,173</b>	<b>\$ 227,084</b>	<b>\$ 2,500</b>	<b>\$ 70,000</b>	<b>\$ 500</b>	<b>\$ 66,703</b>	<b>\$ 798,989</b>	<b>\$ 11,580</b>	<b>\$ -</b>	<b>\$ 112,871</b>	<b>\$ 91,700</b>	<b>\$ 26,200</b>	<b>\$ -</b>	<b>\$ 1,444,300</b>	<b>610</b>

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue									
FY2016 Mental Health Revenue by Source	\$ 24,093			\$ 4,819					\$ 28,912

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2016 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL									\$ -		#DIV/0!
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL	22,888			4,578					\$ 27,466	20	\$ 1,373
School Based Behavioral Health-ADMIN	1,205			241					\$ 1,446		
FY2016 Mental Health Expenditures Budget	\$ 24,093	\$ -	\$ -	\$ 4,819	\$ -	\$ -	\$ -	\$ -	\$ 28,912	20	\$ 1,446

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

**FY2016 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**

MH Budgets		Clients Served	FY2016 Expected Cost/Client Served
<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>			
\$ 505,161	ADULT	312	\$ 1,619
\$ 269,196	CHILD/YOUTH	152	\$ 1,771
<b>24-Hour Crisis Care Budget</b>			
\$ 10,085	ADULT	16	\$ 630
\$ 13,882	CHILD/YOUTH	22	\$ 631
<b>Psychotropic Medication Management Budget</b>			
\$ 186,911	ADULT	352	\$ 531
\$ 38,232	CHILD/YOUTH	72	\$ 531
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 127,288	ADULT	30	\$ 4,243
\$ 25,458	CHILD/YOUTH	6	\$ 4,243
<b>Case Management Budget</b>			
\$ 9,047	ADULT	28	\$ 323
\$ 9,061	CHILD/YOUTH	15	\$ 604
<b>Community Supports Budget (including Respite)</b>			
\$ 11,667	ADULT (Housing)	2	\$ 5,834
\$ 15,667	CHILD/YOUTH (Respite)	2	\$ 7,834
<b>Peer Support Services Budget</b>			
\$ 16,640	ADULT	10	\$ 1,664
\$ 66,563	CHILD/YOUTH (includes FRF)	40	\$ 1,664
<b>Consultation &amp; Education Services Budget</b>			
\$ 3,703	ADULT		
\$ 3,703	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 5,584	ADULT Jail Services	5	\$ 1,117
<b>Outplacement Budget</b>			
\$ 7,264	ADULT	2	\$ 3,632
<b>Other Non-mandated Services Budget</b>			
\$ 17,600	ADULT	\$ 10	\$ 1,760
	CHILD/YOUTH		#DIV/0!

Summary

<b>Totals</b>	
\$ 981,450	Total Adult
\$ 463,762	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>			
\$ 48,300	ADULT	48	\$ 1,006
\$ 21,700	CHILD/YOUTH	22	\$ 986
<b>Unfunded (all other)</b>			
\$ 42,000	ADULT	116	\$ 362
\$ 18,000	CHILD/YOUTH	50	\$ 360

FY2016 Substance Use Disorder Treatment Area Plan and Budget

San Juan Counseling

Form B

FY2016 Substance Use Disorder Treatment Revenue	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	53,946		23,327	4,665							2,500		\$84,438
Drug Offender Reform Act													\$0
Local Treatment Services	66,887	3,303			18,810	55,110	69,211	23,487		1,600	10,000		\$248,408
Total FY2016 Substance Use Disorder Treatment Revenue	\$120,833	\$3,303	\$23,327	\$4,665	\$18,810	\$55,110	\$69,211	\$23,487	\$0	\$1,600	\$12,500	\$0	\$332,846

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority												Total FY2016 Client Served	Total FY2016 Cost/ Client Served	
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue			TOTAL FY2016 Expenditures
Assessment Only	13,325	330			1,431	4,011	6,921	2,349		160	1,250		\$29,777	38	\$784
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)													\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	15,000				4,500	15,000							\$34,500	6	\$5,750
Outpatient (Methadone: ASAM I)													\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	67,508	2,973	23,327	4,665	12,879	36,099	62,290	21,138		1,440	11,250		\$243,569	138	\$1,765
Intensive Outpatient (ASAM II.5 or II.1)	10,000												\$10,000	3	\$3,333
Recovery Support (includes housing, peer support, case management and other non-clinical )	4,500												\$4,500	10	\$450
Drug testing	10,500												\$10,500	100	\$105
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$120,833	\$3,303	\$23,327	\$4,665	\$18,810	\$55,110	\$69,211	\$23,487	\$0	\$1,600	\$12,500	\$0	\$332,846	295	\$1,128

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	14,137	386		546	2,201	6,448	8,098	23,487		187	1,463		\$56,953
All Other Women (18+)	7,612	208	2,333	294	1,185	3,472	4,360			101	788		\$20,353
Men (18+)	69,358	1,896	20,994	2,678	10,797	31,633	39,727			918	7,174		\$185,175
Youth (12- 17) (Not Including pregnant women or women with dependent children)	29,725	813		1,148	4,627	13,557	17,026			394	3,075		\$70,365
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$120,833	\$3,303	\$23,327	\$4,665	\$18,810	\$55,110	\$69,211	\$23,487	\$0	\$1,600	\$12,500	\$0	\$332,846

FY2016 Drug Offender Reform Act and Drug Court Expenditures

San Juan Counseling  
Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act( DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only					0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)					0
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)		100,203			100,203
Intensive Outpatient (ASAM II.5 or II.1)					0
Recovery Support (includes housing, peer support, case management and other non-clinical )		3,500			3,500
Drug testing		15,000			15,000
<b>FY2016 DORA and Drug Court Expenditures Budget</b>	<b>0</b>	<b>118,703</b>	<b>0</b>	<b>0</b>	<b>118,703</b>

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue							\$ 39,728					\$ 13,000	\$ 52,728

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct							35,755							\$ 35,755	\$ 25,029
Universal Indirect														\$ -	
Selective Services							3,973							\$ 3,973	\$ 2,781
Indicated Services												13,000	35	\$ 13,000	\$ 13,000
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,728	\$ -	\$ -	\$ -	\$ -	\$ 13,000	\$ 35	\$ 52,728	\$ 40,810

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 9,932	\$ 15,891			\$ 11,919	\$ 1,986	\$ 39,728