

## **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 eligible for all 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 - FY16 Amount Budgeted: \$78,000*

*Form A1 - FY17 Amount Budgeted: \$48,750*

*Form A – FY16 Projected Clients Served: 12*

*Form A – FY17 Projected Clients Served: 8*

**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 an opening.

Upon facilitating or learning about the psychiatric hospitalization of a resident of San Juan County, the clinical director will keep a written record of psychiatric admissions, including the facility and dates of admission, discharge and follow-up appointment. If a client is scheduled to see a clinician outside of the LMHA upon discharge, a note will be made indicating where and with who the follow up appointment is scheduled to occur. Outreach phone calls will be made to clients if an outpatient appointment has not been set prior. All clients will be encouraged to participate in outpatient counseling. The clinical director or appropriate clinician will coordinate with the psychiatric unit staff as needed.

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.

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

All numbers used in the FY 2017 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.**

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

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

*Form A1 - FY17 Amount Budgeted: \$48,750*

*Form A – FY16 Projected Clients Served: 3*

*Form A – FY17 Projected Clients Served: 8*

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

All numbers used in the FY 2017 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.**

We do not expect significant programmatic changes from previous years.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

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

*Form A1 - FY17 Amount Budgeted: \$2,500*

*Form A – FY16 Projected Clients Served: 1*

*Form A – FY17 Projected Clients Served: 1*

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

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

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 - FY16 Amount Budgeted: \$2,500*

*Form A1 - FY17 Amount Budgeted: \$2,500*

*Form A – FY16 Projected Clients Served: 1*

*Form A – FY17 Projected Clients Served: 1*

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

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.

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

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 - FY16 Amount Budgeted: \$373,464*

*Form A1 - FY17 Amount Budgeted: \$370,471*

*Form A – FY16 Projected Clients Served: 312*

*Form A – FY17 Projected Clients Served: 275*

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

All numbers used in the FY 2017 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**

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

*Form A1 - FY16 Amount Budgeted: \$182,111*

*Form A1 - FY17 Amount Budgeted: \$256,540*

*Form A – FY16 Projected Clients Served: 152*

*Form A – FY17 Projected Clients Served: 188*

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

All numbers used in the FY 2017 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**

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

*Form A1 - FY16 Amount Budgeted: \$7,738*

*Form A – FY16 Projected Clients Served: 16*

*Form A1 - FY17 Amount Budgeted: \$29,878*

*Form A – FY17 Projected Clients Served: 54*

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

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. More specifically San Juan Counseling has seen an increase in 24 hour crisis care services this past 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 - FY16 Amount Budgeted: \$10,648*

*Form A1 - FY17 Amount Budgeted: \$14,667*

*Form A – FY16 Projected Clients Served: 22*

*Form A – FY17 Projected Clients Served: 24*

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

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. More specifically San Juan Counseling has seen an increase in 24 hour crisis care services this past 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 - FY16 Amount Budgeted: \$137,800*

*Form A1 - FY17 Amount Budgeted: \$175,155*

*Form A – FY16 Projected Clients Served: 352*

*Form A – FY17 Projected Clients Served: 229*

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

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. FY16 projected clients served was overstated. We anticipate that FY17 clients served will be close to actual FY16 clients served.

**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 - FY16 Amount Budgeted: \$28,224*

*Form A1 - FY17 Amount Budgeted: \$25,444*

*Form A – FY16 Projected Clients Served: 72*

*Form A – FY17 Projected Clients Served: 41*

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

All numbers used in the FY 2017 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**

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

*Form A1 - FY16 Amount Budgeted: \$350,906*

*Form A1 - FY17 Amount Budgeted: \$157,185*

*Form A – FY16 Projected Clients Served: 30*

*Form A – FY17 Projected Clients Served: 41*

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

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

More specifically San Juan Counseling is looking at ways to allocate costs more appropriately. In previous years the allocation was designating expenses equally and in this year we have developed a way to designate them closer to reality.

**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 - FY16 Amount Budgeted: \$70,182*

*Form A1 - FY17 Amount Budgeted: \$4,427*

*Form A – FY16 Projected Clients Served: 6*

*Form A – FY17 Projected Clients Served: 9*

**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. The Family Resource Facilitators that provide these services have been appropriately trained and supervised. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

More specifically San Juan Counseling is looking at ways to allocate costs more appropriately. In previous years the allocation was designating expenses equally and in this year we have developed a way to designate them closer to reality.

**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 - FY16 Amount Budgeted: \$27,720*

*Form A1 - FY17 Amount Budgeted: \$50,324*

*Form A – FY16 Projected Clients Served: 28*

*Form A – FY17 Projected Clients Served: 48*

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

All numbers used in the FY 2017 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**

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

*Form A1 - FY16 Amount Budgeted: \$14,866*

*Form A1 - FY17 Amount Budgeted: \$88,627*

*Form A – FY16 Projected Clients Served: 15*

*Form A – FY17 Projected Clients Served: 24*

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

All numbers used in the FY 2017 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 services)**

*Form A1 - FY16 Amount Budgeted: \$9,790*

*Form A1 - FY17 Amount Budgeted: \$2,500*

*Form A – FY16 Projected Clients Served: 2*

*Form A – FY17 Projected Clients Served: 3*

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

San Juan Counseling is currently looking at ways to meet the housing services needs of the community. SJC provides transitional housing through local motels and apartments.

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.

Our Family Resource facilitators do much to support families throughout the area. These services include housing, educational employment and social skills.

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

All numbers used in the FY 2017 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**

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

*Form A1 - FY16 Amount Budgeted: \$9,792*

*Form A1 - FY17 Amount Budgeted: \$14,736*

*Form A – FY16 Projected Clients Served: 2*

*Form A – FY17 Projected Clients Served: 6*

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

SJC provides respite care utilizing outplacement funds and Medicaid capitated funds. This service has been proven helpful when needed. All of SJC's case managers are now certified as children case managers. SJC is using the child case managers to provide respite services for clients in need. It is expected that need for this service will continue, especially with Medicaid eligible clients. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

All numbers used in the FY 2017 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**

**1q) Adult Peer Support Services**

*Form A1 - FY16 Amount Budgeted: \$16,649*

*Form A1 - FY17 Amount Budgeted: \$500*

*Form A – FY16 Projected Clients Served: 10*

*Form A – FY17 Projected Clients Served: 2*

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

San Juan Counseling currently has two Family Resource Facilitators who offer certified Peer Support services. We will continue to seek an individual who could be trained to fill a peer support position. SJC will continue to offer this service through the Family Resource Facilitators.

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

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. To date no peer support services were provided in FY16. Projections are based off of current trends.

**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 - FY16 Amount Budgeted: \$66,640*

*Form A1 - FY17 Amount Budgeted: \$85,544*

*Form A – FY16 Projected Clients Served: 40*

*Form A – FY17 Projected Clients Served: 50*

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

All numbers used in the FY 2017 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**

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

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

*Form A1 - FY17 Amount Budgeted: \$3,703*

*Form A – FY16 Projected Clients Served:*

*Form A – FY17 Projected Clients Served:*

**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, and San Juan County Drug and Alcohol Prevention Specialist. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No change.

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

*Form A1 - FY17 Amount Budgeted: \$3,703*

*Form A – FY16 Projected Clients Served:*

*Form A – FY17 Projected Clients Served:*

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

No change.

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

*Form A1 - FY17 Amount Budgeted: \$5,000*

*Form A – FY16 Projected Clients Served: 5*

*Form A – FY17 Projected Clients Served: 5*

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

San Juan Counseling provides outpatient care services to the county jail and to Canyonlands Juvenile Justice Center as requested. San Juan Counseling provides more than emergency services. We will provide individual therapy and medication management as needed.

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

No significant change.

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

*Form A1 - FY17 Amount Budgeted: \$7,293*

*Form A – FY16 Projected Clients Served: 2*

*Form A – FY17 Projected Clients Served: 2*

**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. On those 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

We assume adult outplacement services will remain consistent.

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

No programmatic change is anticipated.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

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

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

No 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 - FY16 Amount Budgeted: \$48,000*

*Form A1 - FY17 Amount Budgeted: \$42,646*

*Form A – FY16 Projected Clients Served: 48*

*Form A – FY17 Projected Clients Served: 48*

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

Decrease due to funding decrease.

**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 - FY16 Amount Budgeted: \$22,000*

*Form A1 - FY17 Amount Budgeted: \$16,105*

*Form A – FY16 Projected Clients Served: 22*

*Form A – FY17 Projected Clients Served: 14*

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

Decrease due to funding decrease.

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

No programmatic changes are anticipated

**Form A – Mental Health Budget Narrative**

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

*Form A1 - FY16 Amount Budgeted: \$14,080*

*Form A1 - FY17 Amount Budgeted: \$0*

*Form A – FY16 Projected Clients Served: 8*

*Form A – FY17 Projected Clients Served: 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.**

None.

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

Past funding came through the PASSAGE's program that San Juan Counseling no longer has.

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

**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.

**• 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. Clients have also been utilized by the IPASS program to help youth understand the potential long-term effects of drug use.

Form A – Mental Health Budget Narrative

**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. This work is currently being provided by case managers. This often involves close coordination and supervision of the newly employed and the employer. The results have been satisfying for center personnel, and even more so for clients. This effort sometimes includes training that qualifies clients for the desired job.

**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.

**• 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 increased access to services in Monticello, Monument Valley, and Montezuma Creek. 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**

SJC responds to community need as addressed. SJC continues to keep communication open with DCFS, JJS, hospitals and clinics, schools, law enforcement, courts, etc. to address needs and quality of services.

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

**• Coalition development**

San Juan Counseling members are working with several coalitions and have created a “multi-purpose” coalition. SJC is 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.

**• 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.

**• Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

Currently there is one nursing facility in San Juan County. San Juan Counseling coordinates care with the nursing facility and they refer clients for treatment when needed. SJC will also send staff to the facility if circumstances are warranted.

**• 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.

SJC is currently working together to implement Zero Suicide in our communities. Representative from both UNHS and SJC meet monthly to implement this initiative.

**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 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.**

Not applicable

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

**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.**

Not applicable

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

**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. SJC will serve all students needing services regardless of funding source as far as our current resources allow.

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

**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.)**

No programmatic changes are anticipated

**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 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.

SJC is currently working together to implement Zero Suicide in our communities. Representative from both UNHS and SJC meet monthly to implement this initiative. This group is currently in the implementation phase of the process.

**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.**

SJC completed the Zero Suicide Organizational Self-Study in FY15 which helped us identify our strengths as well as areas we could improve our services.

Strengths identified:

Clinical staff had been trained in the use of the C-SSRS instrument and the CAMS model and were regularly utilizing the C-SSRS and/or the PHQ-9.

Areas to improve:

Create written policies to help create a leadership-driven, safety oriented culture.

Provide clinical training specific to lethal means restriction for clients reporting suicide ideation.

Create Zero Suicide implementation team within the agency

Assess staff competence and confidence in identifying and responding to suicide risk and provide training to non-clinical staff in this area.

Steps we took in FY 2016 to implement Zero Suicide principles:

1. Director and Clinical Director attended Zero Suicide academy training
2. All clinical staff attended a 90 minute training on managing liability when conducting suicide assessments
3. Joined with FQHC in creating a committee to review ways to implement Zero Suicide practices.
4. Had all support staff trained in either safeTALK or ASIST.

Plan to establish, implement and monitor implementation of a suicide prevention plan in FY17:

1. The agency director and clinical director will participate in a multi-agency suicide prevention committee with FQHC (UNHS) that meets monthly using the guidelines given in the Zero Suicide program. This committee will send the Zero Suicide Workforce survey to all employees of UNHS, San Juan Health District and San Juan Counseling to gauge how familiar and comfortable staff are in identifying and responding to suicide risk. A training plan will then be established based on the results of the survey.
2. All professional clinical staff at SJC who proved suicide risk assessments will successfully complete the 4 hour on-line CAMS training.
3. All SJC support staff and case managers will be trained in either safeTALK or ASIST.
4. SJC support staff will run a bi-weekly report to identify clients who have reported suicidal thinking on the Y/OQ. The clinical director will then review the client's record to ensure a current safety plan is in place and follow up as needed with the client's therapist.
5. SJC will continue to participate in the state-wide performance improvement plan (PIP) by completing a C-SSRS as part of every mental health and substance abuse evaluation at the center with an associated safety plan, as needed.
6. SJC clinicians will be provided with the materials needed for clients to create a laminated, wallet-sized Stanley-Brown safety 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.

**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, Drug Court Therapist Dan Rogers. San Juan Counseling has worked with the implementation team to provide additional services to the drug court members.

**Describe the evidence-based mental health 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 and offer mental health services to our Drug Court clientele, such as assessment, individual therapy, and medication management.

**Identify your proposed outcome measures.**

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.

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

Instructions:

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

**1) Screening and Assessment**

*Form B - FY16 Amount Budgeted: \$27,721*

*Form B - FY17 Amount Budgeted: \$35,558*

*Form B – FY16 Projected Clients Served: 38*

*Form B – FY17 Projected Clients Served: 48*

**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.

The substance abuse assessment for adults and adolescents is guided by Recovery Oriented Systems of Care (ROSC) principles with emphasis on engaging the client in the treatment process. Consequently, a structured interview schedule is not used early in the process. Rather, clients are encouraged to identify their needs and goals for treatment and background information and psychosocial history is gathered within an on-going assessment process that is well supported within the electronic health record. For adolescent clients, background information and current concerns are obtained from the parents or guardians. The GAIN-Q is available to clinicians working with adolescent clients but is not systematically administered.

Clients referred to the drug court program undergo additional assessment protocols, including the Risk and Needs Triage (RANT) and staffing review with the drug court team who often have knowledge of the client's legal history. This information is added to what is gathered in the clinical interview to determine the level of treatment to be recommended.

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 and are not contracted to outside providers.

SJCC treatment staff have been formally trained in the use of Motivational Interviewing and utilize this model as a foundation of clinical treatment. Four staff members have also been trained in the Seeking Safety model which we plan to provide in group therapy in the coming fiscal year. One staff member has been trained thus far in Moral Reconciliation Therapy (MRT) which we plan to incorporate in our drug court treatment program in 2016-17. Lastly, the Matrix model materials are utilized in our drug court relapse prevention oriented substance abuse programming. Fidelity to these treatment modalities is sought through on-going supervision and clinical case reviews. We currently have a contract with Dr. Brad Lundahl to provide 20 hours of clinical supervision for Motivational Interviewing to assist with implementation of the model.

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

All numbers used in the FY 2017 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

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

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

***Form B - FY17 Amount Budgeted: \$0***

***Form B – FY16 Projected Clients Served: 0***

***Form B – FY17 Projected Clients Served: 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.

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

No 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)**

***Form B - FY16 Amount Budgeted: \$34,500***

***Form B - FY17 Amount Budgeted: \$34,500***

***Form B – FY16 Projected Clients Served: 6***

***Form B – FY17 Projected Clients Served: 6***

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

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

No change.

**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)**

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

***Form B - FY17 Amount Budgeted: \$0***

***Form B – FY16 Projected Clients Served: 0***

***Form B – FY17 Projected Clients Served: 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/or any expected increase or decrease in the number of individuals served (15% or greater change).**

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)**

*Form B - FY16 Amount Budgeted: \$255,201*

*Form B – FY16 Projected Clients Served: 138*

*Form B - FY17 Amount Budgeted: \$230,160*

*Form B – FY17 Projected Clients Served: 130*

**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. Currently the only group offered is an outpatient drug court group. San Juan Counseling will continue to monitor needs of the community and add additional groups if the client numbers are evident.

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

All numbers used in the FY 2017 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**

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

*Form B - FY16 Amount Budgeted: \$10,000*

*Form B – FY16 Projected Clients Served: 3*

*Form B - FY17 Amount Budgeted: \$10,000*

*Form B – FY17 Projected Clients Served: 3*

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

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

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**

*Form B - FY16 Amount Budgeted: \$4,500*

*Form B - FY17 Amount Budgeted: \$4,500*

*Form B – FY16 Projected Clients Served: 10*

*Form B – FY17 Projected Clients Served: 10*

**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.

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.

San Juan Counseling's Medical Director is in the process of implementing policies and procedures for Naloxone Rescue Kits. SJC will purchase and administer the kits as needed to reduce opioid overdoses within our community.

San Juan Counseling provides help with employment, housing, or childcare needs on a case by case basis. When appropriate and possible funds will be used to fill this need.

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

No change.

**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 use programs.

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

**8) Drug Testing**

*Form B - FY16 Amount Budgeted: \$10,500*

*Form B - FY17 Amount Budgeted: \$25,000*

*Form B – FY16 Projected Clients Served: 100*

*Form B – FY17 Projected Clients Served: 100*

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

The increase in cost is due to the increased drug testing that we are providing per client, primarily through the Drug Court Program.

**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. We are also expanding into Montezuma Creek for FY 2017

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. 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**

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

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.**

There are no significant programmatic changes expected.

**The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.**

Our County does not use SAPT block grant dollars to provide treatment in penal or correctional institutions.

**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**

*Form B - FY16 Amount Budgeted: \$ 80,896*

*Form B - FY17 Amount Budgeted: \$107,480*

**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. San Juan Counseling offers all outpatient services to women including individual therapy and group therapy. SJC will continue to monitor the need for a specific Women’s treatment group and when appropriate will add the service. SJC is also working on acquiring Naltrexone to help women with opioid dependence. The Medical Director can prescribe Naltrexone and we will work with local pharmacies to help mitigate the cost of the medication.

When residential is required we will work with a residential program to ensure appropriate placement. Our past women’s residential placements have taken place at House of Hope where their children can accompany them.

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

All numbers used in the FY 2017 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**

*Form B - FY16 Amount Budgeted: \$78,485*

*Form B - FY17 Amount Budgeted: \$20,758*

**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 throughout the county regularly receive referrals from the schools. Evaluations and individual therapy is provided for those referred. Referrals from other schools are treated with a similar protocol.

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

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

All numbers used in the FY 2017 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**

**14) Drug Court**

*Form B - FY16 Amount Budgeted: \$30,083*

*Form B - FY17 Amount Budgeted: Felony- 30,416*

*Form B - FY17 Amount Budgeted: Family Dep.*

*Form B - FY17 Amount Budgeted: Juvenile*

*Form B1 - FY16 Recovery Support Budgeted: \$3,500*

*Form B1 - FY17 Recovery Support Budgeted: \$3,500*

**Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).**

San Juan Counseling only has a Felony Drug Court. To be eligible an individual has to have drug related charges and they need to agree to enter the drug court program (take a plea in abeyance). Approval from all the drug court team is required before an individual will be admitted into the program.

**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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).**

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/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).**

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

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

San Juan Counseling only charges treatment sliding scale fees for drug court participants.

**Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

There are no significant programmatic changes expected.

**Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).**

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**

*Form B - FY16 Amount Budgeted: \$23,327*

*Form B - FY17 Amount Budgeted: \$34,150*

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

San Juan County Sheriff Rick Eldredge, Drug Court Therapist Dan Rogers, San Juan County Attorney, and Drug Court Judge. JRI funds will be used to supplement the Drug Court Program in San Juan County.

**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 supplements 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.

San Juan Counseling's policy on serving sex offenders or individuals with prior convictions for violent crimes is to monitor the needs and services on a case by case basis.

San Juan Counseling currently uses the Matrix Model and have trained a drug court therapist in MRT. SJC will use these models to address criminogenic risk.

**Identify training and/or technical assistance needs.**

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

**16) Drug Offender Reform Act \*\*DORA is not available in San Juan County**

***Form B - FY16 Amount Budgeted:***

***Form B - FY17 Amount Budgeted:***

**In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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 2017? 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, 2016)?
  
- 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.)**

A large empty rectangular box with a black border, occupying most of the page. It is intended for content related to the '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>
------------------------------	-----------

(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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Application for Facilities  
Seeking a Provisional  
Mental Health/Substance Use Disorder Justice Certification

**Please note that only treatment sites identified in this application will be certified**

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

**Provisional MH/SUD Justice Certification Application Continued†**

**SITE 1:**

Site Name: San Juan Counseling

Site Administrator's Name: Tammy Squires

Address: 356 South Main St.

Blanding, UT 84511

Phone Number: 435) 678-2992 Administrator's Email Address: tsquires@sanjuancc.org

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 2:**

Site Name: \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Administrator's Email Address: \_\_\_\_\_

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

**SITE 3:**

Site Name: \_\_\_\_\_

Site Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Administrator's Email Address: \_\_\_\_\_

Type of Services:     Substance Use Disorders         Mental Health Disorders         Co-occurring Disorders  
                           Education/Prevention     Outpatient     Intensive Outpatient     Inpatient  
                           Residential

† Please copy this page and complete for additional sites being submitted in this request

**Supplemental Check List**  
Community Based Treatment Services Continued

**Agency Name:** San Juan Counseling

**Agency Director's Name:** Tammy Squires

**Agency Director's Email Address:** tsquires@sanjuancc.org

**1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :**

- a. Type of license from The Utah Office of Licensing for each site being certified; Outpatient Treatment for Adults and Youth
- b. Accreditations;
- c. Levels of care:
  - i. Criminogenic- High, Moderate, Low, - All
  - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and - Outpatient
  - iii. Substance Use Disorders per ASAM; Evaluation and Outpatient
- d. Population Capacity for Males and Females – 40 Males and/or 40 Females
- e. Evidence Based Practices currently being used – Motivational Interviewing, Matrix Model, MRT

**2. ASSURANCES**

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).\*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.\*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.\*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.\*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

\_\_\_\_\_  
Signature of Authorizing Officer

\_\_\_\_\_  
Date

**Form C – Substance Abuse Prevention Narrative**

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
SAN JUAN COUNTY	Low Commitment to School	Rewards for Prosocial Involvement	*Coalition is very close to specific identification of area issues, as per SHARPS survey data, etc.
SAN JUAN COUNTY	Low Neighborhood Attachment	Opportunities for Prosocial Involvement	
SAN JUAN COUNTY	Early Initiation of Anti-Social Behavior		
SAN JUAN COUNTY	Laws & Norms favorable to Drug Use		
SAN JUAN COUNTY	Reduce Depressive Symptoms		
SAN JUAN COUNTY	Perceived Risk of ATOD Use		

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

The San Juan County Prevention, Action, Collaboration (SJCPAC) Coalition will be sending 11 individuals to the Coalition Training Summit in Bryce Valley – in June of this year. This is a new Coalition, but has some great members who are willing and excited to learn about Coalition and capacity building. Our center Clinical Director will be a part of that group.

We will also be sending the Prevention Coordinator and a coalition member to the mid-year CADOC training in Las Vegas in July of this year.

We are also looking at implementing a little more of the CTC model with the SPF model, to create an effective framework for our unique area.

We are planning on HOPE Squad implementation in the following schools: Monticello High School, San Juan High School, Albert R. Lyman School, Montezuma Creek High School, Montezuma Creek Elementary, Bluff Elementary, and Monument Valley High School. We hope to target 10-12 students each school.

\*Still in the planning stages and evaluation of data for our Coalition. We feel that we have made real good progress this first year, but are not THERE YET☺

3. Attach Logic Models for each program or strategy.

Program Name: COMMUNITY EVENTS			Cost to run program \$8,775		Evidence Based: No			
Agency: SAN JUAN COUNSELING			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	To reduce youth use of E-Cigarettes.  Reduce use of underage drinking.	Early initiation of ASB; Favorable attitudes toward ATOD use; Perceived Risk of ATOD use.	Universal Indirect – targets the community/county at large in public settings: including health fairs, Family Support Conference, church and civic groups and other public venues. Includes all ages, male and female and all ethnic and socioeconomic backgrounds.			Presentations will be offered as requested and pertinent educational information will be given out so that community members will better understand the ATOD issues and risks to the community, as well as the important role of Prevention Science and how it works.	Decrease the Perceived risk of drug use from 33% to 31% by 2019.	Reduce youth use of Lifetime E-cigarette use from 13% to 11% in all grades by 2019  Reduce the use of underage drinking in all grades from 12% to 10% in 2019

Measures & Sources	SHARP survey 2015  Self-report – suspended from school, drunk or high at school	SHARP survey 2015	Evaluation and number of attendees		SHARP survey 2015	SHARP survey 2019
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Program Name: EASY COMPLIANCE CHECKS			Cost to run program \$500		Evidence Based: YES			
Agency: SAN JUAN COUNSELING			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage drinking.	Laws and norms favorable to drug use.	INDICATED: Collaboration with law enforcement; reporting of compliance checks; target clerks and cashiers in off-premise beer product retail outlets.  Collaboration with EASY training and follow-up with law enforcement.			Encourage through collaborative efforts with local law enforcement to have them complete and support EASY program.	Reduce laws and norms favorable to drug use.	Underage drinking will decrease from 12% lifetime use in 2015; to 10% lifetime use in 2019.
Measures & Sources	SHARP Survey 2015	SHARP Survey 2015	San Juan County Sherriff's Office Law Enforcement  EASY training  Dates and annual report.			Support and encourage Law Enforcement for completion of EASY checks.	SHARPS survey 2017; 2019	SHARPS survey 2017; 2019

Program Name: HOPE SQUADS			Cost to run program \$8,100		Evidence Based: YES			
Agency: SAN JUAN COUNSELING			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce lifetime use of alcohol	Reduce Depressive symptoms	<p>UNIVERSAL DIRECT</p> <p>We are planning on HOPE Squad implementation in the following schools: Monticello High School, San Juan High School, Albert R. Lyman Middle School, Montezuma Creek High School, Montezuma Creek Elementary, Bluff Elementary, and Monument Valley High School. We hope to target 10-12 students in each school.</p>			<p>Form a HOPE squad in each of the following schools: Monticello High School, San Juan High School, Albert R. Lyman Middle School, Montezuma Creek High School, Montezuma Creek Elementary, Bluff Elementary, and Monument Valley High School.</p> <p>Help identify and train peers to evaluate and support other students who may</p>	<p>Percent reporting depressive symptoms will reduce from 21% to 19% in 2019.</p>	<p>Will decrease overall lifetime use of alcohol from 12% to 10% in 2019.</p>

				<p>be at risk for depressive symptoms.</p> <p>Plan to spend 1 hr. a week for each identified school.</p>		
Measures & Sources	SHARP survey 2015	SHARP survey 2015	Form HOPE squads in various San Juan County schools.	Form HOPE squads in area schools.	SHARP survey 2017	SHARP survey 2017; and 2019

Program Name: PARENTS EMPOWERED CAMPAIGN			Cost to run program \$12,150		Evidence Based: YES			
Agency: SAN JUAN COUNSELING			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage drinking.	Early initiation of anti-social behavior.	UNIVERSAL: Target parents of community underage youth.			<p>Present Parents Empowered presentations to classrooms/schools and requesting education on alcohol and the adolescent brain.</p> <p>Present PE presentations to groups on request.</p> <p>Distribute PE collateral items to 10 schools throughout the county, and to key locations in the community.</p>	Decrease Early Initiation of Anti-social behavior from 32% in 2015 to 30% in 2019.	Decrease Underage drinking from 12% to 10% in all grades by 2019.

Measures & Sources	SHARP survey 2015	SHARP survey 2015	Collateral counts by staff conducting PE presentations.	Staff forms	SHARP 2017 survey	SHARP 2019 survey
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Program Name: <b>San Juan County Prevention, Action, Collaboration (SJCPAC) Coalition</b>			Cost to run program \$27,000		Evidence Based: <b>YES</b>			
Agency: <b>SAN JUAN COUNSELING</b>			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce 30-Day E-Cigarette use in the 10 <sup>th</sup> grade.	Low Neighborhood Attachment  Low Commitment to School	Universal: Local organizations, key leaders, and agencies will participate in our county-wide SJCPAC. Participation is open to community members of all socio-economic and ethnic backgrounds.  Existing Coalitions include SJCPAC.			Will try to form youth coalitions throughout San Juan County, to be monitored under the SJCPAC umbrella.  Existing coalitions will receive training in the SHARP survey to better help them identify and address local issues. Will train key leaders and SJCPAC	Reduce Low Neighborhood Attachment  Reduce Low Commitment to School	Reduce 30 Day E-Cigarette use in 2015 from 12% to 10% in grade 10.

				members in CTC and SPF model.		
Measures & Sources	SHARP survey 2015	SHARP Survey 2015	Coalition rolls and Key Leader survey results. Meeting minutes. Attendance rosters.	Member attendance and participation. Meeting minutes.	SHARP survey 2015	SHARP survey 2015

Program Name: YOUTH PREVENTION COALITIONS			Cost to run program \$11,475		Evidence Based: Yes or No			
Agency: San Juan Counseling			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Lifetime use of Alcohol	Rewards for Pro-Social Involvement	Middle & High School students @ schools in San Juan County.			Form Youth Coalitions in schools. Meet at least monthly for 1 hour with Coalition leaders from schools.	Percent reports Rewards for pro-social involvement will increase from 62% in 2015 to 64% in 2019.	Will Reduce lifetime use of alcohol from 12% in 2015 to 10% in 2019.
Measures & Sources	SHARPS Survey	SHARPS Survey					SHARPS Survey 2017; and 2019.	SHARPS Survey 2017; and 2019.

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source		\$ 262,801	\$ 58,751		\$ 78,161	\$ 790,965	\$ 11,627		\$ 88,871	\$ 81,000	\$ 20,000	\$ 8,000	\$ 1,400,176

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		22,500				75,000							\$ 97,500	16	\$ 6,094
Residential Care (171 & 173)		5,000											\$ 5,000	2	\$ 2,500
Outpatient Care (22-24 and 30-50)		111,724	43,887		38,615	353,717	8,367			58,286	14,392		\$ 628,988	463	\$ 1,359
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		7,621	4,054		2,681	24,563	581			4,047	999		\$ 44,546	78	\$ 571
Psychotropic Medication Management (61 & 62)		38,183	10,810		12,367	113,284	2,679			18,667	4,609		\$ 200,599	270	\$ 743
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		35,326			12,430	113,856							\$ 161,612	50	\$ 3,232
Case Management (120 & 130)		30,372			10,687	97,892							\$ 138,951	72	\$ 1,930
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		3,890			1,068	9,779						2,500	\$ 17,237	9	\$ 1,915
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		892			313	2,874			81,465			500	\$ 86,044	52	\$ 1,655
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												5,000	\$ 5,000	5	\$ 1,000
Adult Outplacement (USH Liaison)		7,293											\$ 7,293	2	\$ 3,647
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2017 Mental Health Expenditures Budget	\$ -	\$ 262,801	\$ 58,751	\$ -	\$ 78,161	\$ 790,965	\$ 11,627	\$ -	\$ 88,871	\$ 81,000	\$ 20,000	\$ 8,000	\$ 1,400,176		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		170,911	42,646		51,072	505,322	9,224			52,998	13,086	8,000	\$ 853,259	448	\$ 1,905
YOUTH/CHILDREN		91,890	16,105		27,089	285,643	2,403		88,871	28,002	6,914		\$ 546,917	191	\$ 2,863
Total FY2017 Mental Health Expenditures	\$ -	\$ 262,801	\$ 58,751	\$ -	\$ 78,161	\$ 790,965	\$ 11,627	\$ -	\$ 88,871	\$ 81,000	\$ 20,000	\$ 8,000	\$ 1,400,176	639	\$ 2,191

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue									
FY2017 Mental Health Revenue by Source		\$ 22,702		\$ 4,145					\$ 26,847

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2017 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		21,666		3,938					\$ 25,604	15	\$ 1,707
School Based Behavioral Health-ADMIN		1,036		197					\$ 1,233		
FY2017 Mental Health Expenditures Budget	\$ -	\$ 22,702	\$ -	\$ 4,135	\$ -	\$ -	\$ -	\$ -	\$ 26,837	15	\$ 1,789

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

**FY2017 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	FY2017 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$ 48,750	ADULT	8	\$ 6,094
\$ 48,750	CHILD/YOUTH	8	\$ 6,094
<b>Residential Care Budget</b>			
\$ 2,500	ADULT	1	\$ 2,500
\$ 2,500	CHILD/YOUTH	1	\$ 2,500
<b>Outpatient Care Budget</b>			
\$ 370,471	ADULT	275	\$ 1,347
\$ 258,517	CHILD/YOUTH	188	\$ 1,375
<b>24-Hour Crisis Care Budget</b>			
\$ 29,878	ADULT	54	\$ 553
\$ 14,667	CHILD/YOUTH	24	\$ 611
<b>Psychotropic Medication Management Budget</b>			
\$ 175,155	ADULT	229	\$ 765
\$ 25,444	CHILD/YOUTH	41	\$ 621
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 157,185	ADULT	41	\$ 3,834
\$ 4,427	CHILD/YOUTH	9	\$ 492
<b>Case Management Budget</b>			
\$ 50,324	ADULT	48	\$ 1,048
\$ 88,627	CHILD/YOUTH	24	\$ 3,693
<b>Community Supports Budget (including Respite)</b>			
\$ 2,500	ADULT (Housing)	3	\$ 833
\$ 14,736	CHILD/YOUTH (Respite)	6	\$ 2,456
<b>Peer Support Services Budget</b>			
\$ 500	ADULT	2	\$ 250
\$ 85,544	CHILD/YOUTH (includes FRF)	50	\$ 1,711
<b>Consultation &amp; Education Services Budget</b>			
\$ 3,703	ADULT		
\$ 3,703	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 5,000	ADULT Jail Services	5	\$ 1,000
<b>Outplacement Budget</b>			
\$ 7,293	ADULT	2	\$ 3,647
<b>Other Non-mandated Services Budget</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

<b>Totals</b>	
\$ 853,259	Total Adult
\$ 546,915	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>			
\$ 42,646	ADULT	48	\$ 888
\$ 16,105	CHILD/YOUTH	14	\$ 1,150
<b>Unfunded (all other)</b>			
\$ 60,000	ADULT	73	\$ 822
\$ 15,000	CHILD/YOUTH	15	\$ 1,000

FY2017 Substance Use Disorder Treatment Area Plan and Budget

San Juan Counseling

Form B

Local Authority

FY2017 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other 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 FY2017 Revenue
Drug Court	25,804					4,612				5,000		\$35,416
Drug Offender Reform Act												\$0
JRI	26,419		5,284					2,447				\$34,150
Local Treatment Services	84,321	7,748		17,767	59,535	70,528	23,487		2,500	7,500		\$273,386
Total FY2017 Substance Use Disorder Treatment Revenue	\$136,544	\$7,748	\$5,284	\$17,767	\$59,535	\$75,140	\$23,487	\$2,447	\$2,500	\$12,500	\$0	\$342,952

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	10,760	1,058		1,811	6,081	10,593	3,207		341	1,707		\$35,558	48	\$741
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)	71,284	6,690	5,284	11,456	38,454	64,547	20,280	2,447	2,159	10,793		\$233,394	130	\$1,795
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	25,000											\$25,000	100	\$250
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$136,544	\$7,748	\$5,284	\$17,767	\$59,535	\$75,140	\$23,487	\$2,447	\$2,500	\$12,500	\$0	\$342,952	297	\$1,155

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	23,916	1,357	925	3,112	10,428	13,161	23,487	459	438	2,189		\$79,472
All Other Women (18+)	12,350	701	478	1,607	5,385	6,796		237	226	1,131		\$28,911
Men (18+)	91,314	5,182	3,534	11,882	39,814	50,250		1,751	1,672	8,359		\$213,758
Youth (12- 17) (Not Including pregnant women or women with dependent children)	8,964	508	347	1,166	3,908	4,933			164	821		\$20,811
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$136,544	\$7,748	\$5,284	\$17,767	\$59,535	\$75,140	\$23,487	\$2,447	\$2,500	\$12,500	\$0	\$342,952

FY2017 Drug Offender Reform Act and Drug Court Expenditures

San Juan Counseling  
Local Authority

Form B1

FY2017 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 FY2017 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)		21,916			21,916
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		5,000			5,000
<b>FY2017 DORA and Drug Court Expenditures Budget</b>	<b>0</b>	<b>30,416</b>	<b>0</b>	<b>0</b>	<b>30,416</b>

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue						\$ 40,292	\$ 15,000			\$ 4,050	\$ 6,000	\$ 65,342

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct													\$ -	
Universal Indirect						38,277	15,000						\$ 53,277	
Selective Services						2,015							\$ 2,015	
Indicated Services										4,050	6,000	35	\$ 10,050	
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,292	\$ 15,000	\$ -	\$ -	\$ 4,050	\$ 6,000	35	\$ 65,342	\$ -

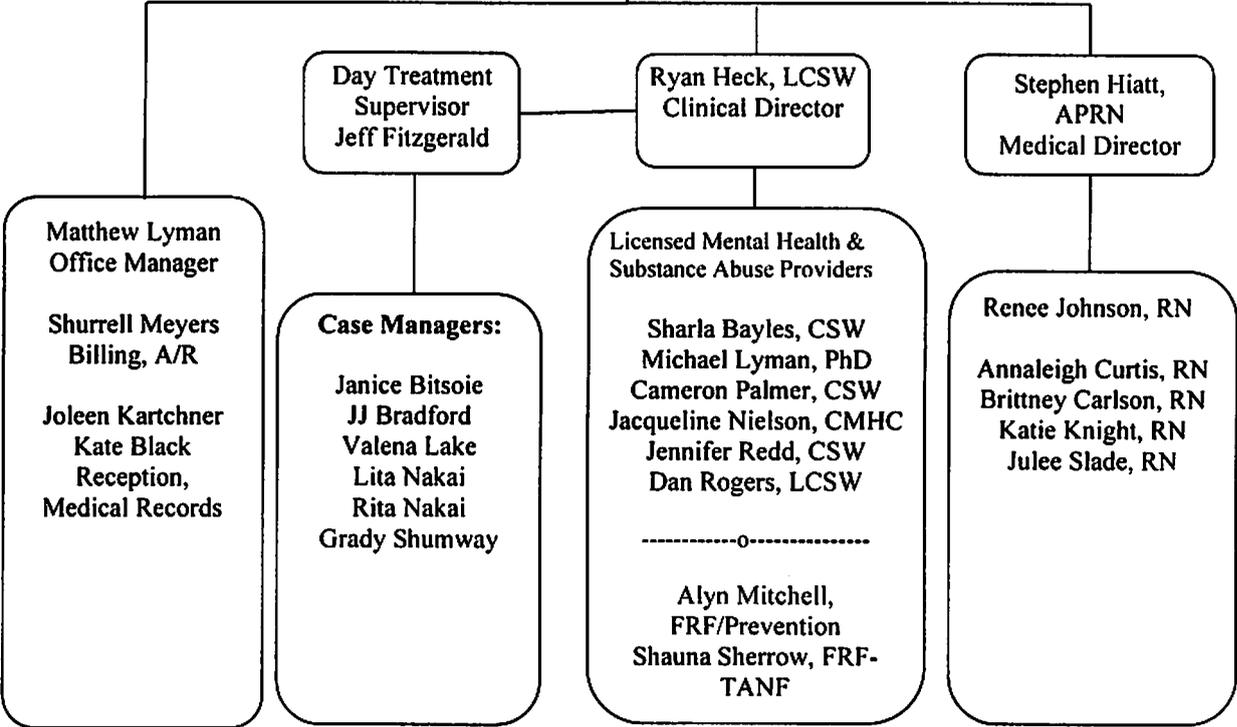
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 12,088	\$ 12,088			\$ 16,116		\$ 40,292

**Organizational Chart  
San Juan Counseling  
May 2016**

San Juan County Commission  
Local Mental Health Authority  
Local Substance Abuse Authority

**BOARD OF DIRECTORS**  
San Juan Mental Health/Substance Abuse Special Service District  
  
Chair-Lynn Stevens, Susan Delorme, Reese Thomas,  
Commissioner Phil Lyman, Mary Lou Harvey

**Tammy J Squires**  
Director



## San Juan Counseling Fee Policy

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

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

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

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

# 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