

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: San Juan Counseling

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character
Limit/Count**

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

2000

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

103

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

2000

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

103

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	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.	190
	How is this amount of public subsidy determined?	2000
	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	194
	How is information about eligibility and fees communicated to prospective clients?	2000
	<p>Eligibility and fees are explained during the intake process. A notice is posted at San Juan Counseling's main office that states:</p> <p>San Juan Counseling Center does not deny access to services to anyone due to their inability to pay. San Juan Counseling has a discounted fee schedule that is based on the current Federal Poverty Guidelines available for clients to utilize. In order to participate on the sliding fee schedule, you will need to provide us with updated income verification. This information must be updated annually to continue to utilize the sliding fee.</p> <p>If you have questions, please ask at the front desk or call 435-678-2992. We are happy to assist you. This information is also posted to www.sanjuance.org under Services.</p>	745

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx , or similar structured change model.	2000
	Previous walkthroughs indicated that the current parking lot and waiting areas are too small. SJC is in the process of building a multi-agency building that will add additional parking spaces and increase the waiting room area.	228
	Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.	2000
	Yes	3
	2) Subcontractor Monitoring	
	The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:	
	(1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.	
	Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.	2000

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.

FY18 Mental Health Area Plan & Budget													Local Authority: San Juan Counseling			Form A	
State General Fund				County Funds													
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue				
FY2018 Mental Health Revenue by Source	39120	281891	58618		75926	834907	11812			32621	109000	22750	95800	\$1,562,445			
State General Fund				County Funds													
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served		
Inpatient Care (170)		22500				75000							\$97,500	16	\$6,093.75		
Residential Care (171 & 173)		5000											\$5,000	2	\$2,500.00		
Outpatient Care (22-24 and 30-50)	4518	135253	46119		41005	410395	9293			85756	17898	85000	\$835,237	506	\$1,650.67		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	220	6596	2249		2000	20016	453			4182	872		\$36,588	85	\$430.45		
Psychotropic Medication Management (61 & 62)	1004	30062	10250		9114	91215	2066			19062	3980		\$166,753	291	\$573.03		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		64801			19646	196625							\$281,072	80	\$3,513.40		
Case Management (120 & 130)		11079			3358	33617							\$48,054	58	\$828.52		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		4375			128	1287						10800	\$16,590	8	\$2,073.75		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	20969	2225			675	6752			29903				\$60,524	50	\$1,210.48		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information									2718				\$2,718				
Services to persons incarcerated in a county jail or other county correctional facility	5000												\$5,000	5	\$1,000.00		
Adult Outplacement (USH Liaison)	7409												\$7,409	2	\$3,704.50		
Other Non-mandated MH Services													\$0		#DIV/0!		
FY2018 Mental Health Expenditures Budget	39120	281891	58618	0	75926	834907	11812	0	32621	109000	22750	95800	\$1,562,445				
State General Fund				County Funds													
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served		
ADULT	15992	196673	36587		55457	590044	9371		2562	68034	14200	10800	\$999,720	455	\$2,197.19		
YOUTH/CHILDREN	23128	85218	22031		20469	244863	2441		30059	40966	8550	85000	\$562,725	227	\$2,478.96		
Total FY2018 Mental Health Expenditures	39120	281891	58618	0	75926	834907	11812	0	32621	109000	22750	95800	\$1,562,445	682	\$2,290.98		

FY18 Proposed Cost & Clients Served by Population

Local Authority: San Juan Counseling

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
48750	ADULT	8	6093.75
48750	CHILD/YOUTH	8	6093.75
Residential Care Budget			
2500	ADULT	1	2500
2500	CHILD/YOUTH	1	2500
Outpatient Care Budget			
425923	ADULT	296	1438.929054
409314	CHILD/YOUTH	210	1949.114286
24-Hour Crisis Care Budget			
27771	ADULT	60	462.85
8817	CHILD/YOUTH	25	352.68
Psychotropic Medication Management Budget			
143492	ADULT	243	590.5020576
23261	CHILD/YOUTH	48	484.6041667
Psychoeducation and Psychosocial Rehabilitation Budget			
278438	ADULT	75	3712.506667
2636	CHILD/YOUTH	5	527.2
Case Management Budget			
39342	ADULT	44	894.1363636
8712	CHILD/YOUTH	14	622.2857143
Community Supports Budget (including Respite)			
10800	ADULT (Housing)	4	2700
5790	CHILD/YOUTH (Respite)	4	1447.5
Peer Support Services Budget			
8938	ADULT	5	1787.6
51587	CHILD/YOUTH (includes FRF)	45	1146.377778
Consultation & Education Services Budget			
1359	ADULT		
1359	CHILD/YOUTH		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority:

Form A2

	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue											
FY2018 Mental Health Revenue by Source	20969			4194					\$25,163		
	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
FY2018 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	19921			3985					\$23,906	15	\$1,593.73
FRF-ADMIN	1048			209					\$1,257		
School Based Behavioral Health-CLINICAL									\$0		#DIV/0!
School Based Behavioral Health-ADMIN									\$0		
FY2018 Mental Health Expenditures Budget	20969	0	0	4194	0	0	0	0	\$25,163	15	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: San Juan Counseling

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
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1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	48,750	Form A1 - FY18 Projected Clients Served:	8		
Form A1 - Amount Budgeted In FY17 Area Plan	48,750	Form A1 - Projected Clients Served In FY17 Area Plan	8		
Form A1 - Actual FY16 Expenditures Reported by Locals	22,325	Form A1 - Actual FY16 Clients Served as Reported By Locals	4		Character Limit/Count
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.					2,500
<p>There are no inpatient psychiatric facilities in San Juan County. This necessitates referring clients needing inpatient care to facilities outside the county. When inpatient needs arise, patients undergo a physical health evaluation at one of two county hospitals and receive medical clearance. After medical clearance has been obtained, arrangements are made for patients to be transported to a licensed acute inpatient facility within the state of Utah. San Juan County Sheriff's Office provides transportation for clients who are involuntarily committed. The sheriff's office has been extremely cooperative and helpful. They are a great partner. Such patients are often admitted to the Acute Rehabilitation Treatment Center (ARTC) at the Utah State Hospital (USH). Additionally, SJC uses the non-acute beds at the Utah State Hospital for long-term treatment needs. The USH has been excellent to provide beds and treatment for patients needing long term care. When the USH resources are unavailable efforts are made to have patients admitted to private facilities within the state. When the ARTC is at capacity and is not able to admit our clients we have working relationships with Provo Canyon Hospital and Mountain View Hospital. Admission to these hospitals is usually for a short duration until the ARTC has on opening.</p> <p>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.</p> <p>San Juan Counseling's professional staff maintains active certification as Designated Examiners for authority to enact involuntary commitments with the above scenarios.</p>					1,800
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).					1,000

	Numbers of clients served is expected to remain consistent.				59
	Describe any significant programmatic changes from the previous year.				400
	No significant programmatic changes are anticipated.				52
	1b) Children/Youth Inpatient				
	Form A1 - FY18 Amount Budgeted:	48,750	Form A1 - FY18 Projected Clients Served:	8	
	Form A1 - Amount Budgeted In FY17 Area Plan	48,750	Form A1 - Projected Clients Served In FY17 Area Plan	8	
	Form A1 - Actual FY16 Expenditures Reported by Locals	28,194	Form A1 - Actual FY16 Clients Served as Reported By Locals	5	Character Limit/Count
	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.				2,500

	<p>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.</p> <p>As with the adult population, intensive wraparound 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.</p> <p>San Juan Counseling's professional staff maintain active certification as Designated Examiners for authority to enact associated involuntary commitments with the above scenarios</p>	1,357
	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).	1,000
	Numbers of clients served is expected to remain consistent.	59
	Describe any significant programmatic changes from the previous year.	500

	No significant programmatic changes are anticipated.					100
1c) Adult Residential Care						
	Form A1 - FY18 Amount Budgeted:	2,500	Form A1 - FY18 Projected Clients Served:	1		
	Form A1 - Amount Budgeted In FY17 Area Plan	2,500	Form A1 - Projected Clients Served In FY17 Area Plan	1		
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
	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.					3,000

	<p>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 restrictive setting while at the same time addressing their unique needs.</p> <p>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.</p> <p>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.</p>	2,336
	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).	1,000
	No change anticipated.	23
	Describe any significant programmatic changes from the previous year.	400

	No change anticipated.				23
1d) Children/Youth Residential Care					
	Form A1 - FY18 Amount Budgeted:	2,500	Form A1 - FY18 Projected Clients Served:	1	
	Form A1 - Amount Budgeted In FY17 Area Plan	2,500	Form A1 - Projected Clients Served In FY17 Area Plan	1	
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count
	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.				3,000
	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. 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.				632
	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).				1,000

	No change anticipated.				22
	Describe any significant programmatic changes from the previous year.				500
	No change anticipated.				22
	1e) Adult Outpatient Care				
	Form A1 - FY18 Amount Budgeted:	425,923	Form A1 - FY18 Projected Clients Served:	296	
	Form A1 - Amount Budgeted In FY17 Area Plan	370,471	Form A1 - Projected Clients Served In FY17 Area Plan	275	
	Form A1 - Actual FY16 Expenditures Reported by Locals	470,940	Form A1 - Actual FY16 Clients Served as Reported By Locals	287	Character Limit/Count
	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.				5,000

	<p>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.</p> <p>Other services include: 1) indicate and/or prescribe residential or inpatient treatment as needed and, 2) referral to appropriate treatment agency.</p> <p>All clinical staff practice under the Department of Professional Licensing Guidelines as Licensed Mental Health Professionals or as certified Case Managers.</p>	1,042
	<p>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).</p>	1,000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.</p>	186
	<p>Describe any significant programmatic changes from the previous year.</p>	400
	<p>No changes anticipated.</p>	23

1f) Children/Youth Outpatient Care					
Form A1 - FY18 Amount Budgeted:	409,314	Form A1 - FY18 Projected Clients Served:	210		
Form A1 - Amount Budgeted In FY17 Area Plan	258,517	Form A1 - Projected Clients Served In FY17 Area Plan	188		
Form A1 - Actual FY16 Expenditures Reported by Locals	363,802	Form A1 - Actual FY16 Clients Served as Reported By Locals	194		Character Limit/Count
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.					5,000
<p>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.</p> <p>Other services include: 1) indicate and/or prescribe residential or inpatient treatment as needed and, 2) referral to appropriate treatment agency.</p> <p>All clinical staff practice under the Department of Professional Licensing Guidelines as Licensed Mental Health Professionals or as certified Case Managers.</p>					1,042
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).					1,000
<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.</p> <p>With the increase in TANF school-based funding there is also an increase in amount budgeted and individuals served.</p>					303
Describe any significant programmatic changes from the previous year.					1,000

No significant programmatic changes.				36
1g) Adult 24-Hour Crisis Care				
Form A1 - FY18 Amount Budgeted:	27,771	Form A1 - FY18 Projected Clients Served:	60	
Form A1 - Amount Budgeted In FY17 Area Plan	29,878	Form A1 - Projected Clients Served In FY17 Area Plan	54	
Form A1 - Actual FY16 Expenditures Reported by Locals	34,555	Form A1 - Actual FY16 Clients Served as Reported By Locals	46	Character Limit/Count
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
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.				1,114
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).				1,000

	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.				186
	Describe any significant programmatic changes from the previous year.				400
	No significant programmatic changes.				36
	1h) Children/Youth 24-Hour Crisis Care				
	Form A1 - FY18 Amount Budgeted:	8,817	Form A1 - FY18 Projected Clients Served:	25	
	Form A1 - Amount Budgeted In FY17 Area Plan	14,667	Form A1 - Projected Clients Served In FY17 Area Plan	24	
	Form A1 - Actual FY16 Expenditures Reported by Locals	19,779	Form A1 - Actual FY16 Clients Served as Reported By Locals	23	Character Limit/Count
	Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500

	<p>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.</p>	1,114
	<p>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).</p>	1,000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.</p>	186
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000
	<p>No significant programmatic changes.</p>	36

1i) Adult Psychotropic Medication Management				
Form A1 - FY18 Amount Budgeted:	143,492	Form A1 - FY18 Projected Clients Served:	243	
Form A1 - Amount Budgeted In FY17 Area Plan	175,155	Form A1 - Projected Clients Served In FY17 Area Plan	229	
Form A1 - Actual FY16 Expenditures Reported by Locals	200,580	Form A1 - Actual FY16 Clients Served as Reported By Locals	224	Character Limit/Count
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.				2,000
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 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.				953
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).				1,000
All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends				185
Describe any significant programmatic changes from the previous year.				400

	No significant programmatic changes.				36
1j) Children/Youth Psychotropic Medication Management					
	Form A1 - FY18 Amount Budgeted:	23,261	Form A1 - FY18 Projected Clients Served:	48	
	Form A1 - Amount Budgeted In FY17 Area Plan	25,444	Form A1 - Projected Clients Served In FY17 Area Plan	41	
	Form A1 - Actual FY16 Expenditures Reported by Locals	31,519	Form A1 - Actual FY16 Clients Served as Reported By Locals	46	Character Limit/Count
	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.				2,500
	<p>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 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.</p> <p>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.</p>				1,275
	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).				1,000

	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends				185
	Describe any significant programmatic changes from the previous year.				1,000
	No significant programmatic changes.				36
	1k) Adult Psychoeducation Services & Psychosocial Rehabilitation				
	Form A1 - FY18 Amount Budgeted:	278,438	Form A1 - FY18 Projected Clients Served:	75	
	Form A1 - Amount Budgeted In FY17 Area Plan	157,185	Form A1 - Projected Clients Served In FY17 Area Plan	41	
	Form A1 - Actual FY16 Expenditures Reported by Locals	283,045	Form A1 - Actual FY16 Clients Served as Reported By Locals	41	Character Limit/Count
	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.				2,500

	<p>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.</p> <p>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.</p> <p>We offer smoking cessations and skill development oriented classes to the community.</p>	1,153
	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).	1,000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most c</p>	184
	Describe any significant programmatic changes from the previous year.	400

No significant programmatic changes.				36
1) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation				
Form A1 - FY18 Amount Budgeted:	2,636	Form A1 - FY18 Projected Clients Served:	5	
Form A1 - Amount Budgeted In FY17 Area Plan	4,427	Form A1 - Projected Clients Served In FY17 Area Plan	9	
Form A1 - Actual FY16 Expenditures Reported by Locals	2,373	Form A1 - Actual FY16 Clients Served as Reported By Locals	7	Character Limit/Count
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.				2,500
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.				653
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).				1,000

	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends				184
	Describe any significant programmatic changes from the previous year.				1,000
	No significant programmatic changes.				37
1m) Adult Case Management					
	Form A1 - FY18 Amount Budgeted:	39,342	Form A1 - FY18 Projected Clients Served:	44	
	Form A1 - Amount Budgeted In FY17 Area Plan	50,324	Form A1 - Projected Clients Served In FY17 Area Plan	48	
	Form A1 - Actual FY16 Expenditures Reported by Locals	40,089	Form A1 - Actual FY16 Clients Served as Reported By Locals	47	Character Limit/Count
	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.				2,500

	<p>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.</p>	1,255
	<p>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).</p>	1,000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends</p>	184
	<p>Describe any significant programmatic changes from the previous year.</p>	400
	<p>No significant programmatic changes.</p>	36

1n) Children/Youth Case Management						
Form A1 - FY18 Amount Budgeted:	8,712	Form A1 - FY18 Projected Clients Served:	14			
Form A1 - Amount Budgeted In FY17 Area Plan	88,627	Form A1 - Projected Clients Served In FY17 Area Plan	24			
Form A1 - Actual FY16 Expenditures Reported by Locals	32,419	Form A1 - Actual FY16 Clients Served as Reported By Locals	25			Character Limit/Count
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.						2,500
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.						215
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).						1,000
All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends						184
Describe any significant programmatic changes from the previous year.						1,000

No significant programmatic changes				35
1o) Adult Community Supports (housing services)				
Form A1 - FY18 Amount Budgeted:	10,800	Form A1 - FY18 Projected Clients Served:	4	
Form A1 - Amount Budgeted In FY17 Area Plan	2,500	Form A1 - Projected Clients Served In FY17 Area Plan	3	
Form A1 - Actual FY16 Expenditures Reported by Locals	2,556	Form A1 - Actual FY16 Clients Served as Reported By Locals	2	Character Limit/Count
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.				2,000
<p>San Juan Counseling is continuing to look at ways to meet the housing needs of the community. SJC provides transitional housing occasionally through local motels and apartments. SJC has secured a trailer that is used for transitional housing to be used as needs arise.</p> <p>SMI clients, especially those who attend Day Treatment receive extensive in home, housing and other case management services. SJC's case managers work with local low income housing providers to meet housing needs in the community. Case managers also work with housing authorities and owners to help clients be compliant with housing standards so their housing is not at risk.</p>				651
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).				1,000

	Increase due to secured trailer rental and expenses.				52
	Describe any significant programmatic changes from the previous year.				400
	SJC will continue with leasing trailer for FY 18 to meet the needs for transitional housing.				92
	1p) Children/Youth Community Supports (respite services)				
	Form A1 - FY18 Amount Budgeted:	5,790	Form A1 - FY18 Projected Clients Served:	4	
	Form A1 - Amount Budgeted In FY17 Area Plan	14,736	Form A1 - Projected Clients Served In FY17 Area Plan	6	
	Form A1 - Actual FY16 Expenditures Reported by Locals	1,574	Form A1 - Actual FY16 Clients Served as Reported By Locals	3	Character Limit/Count
	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.				2,500

	<p>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.</p>	549
	<p>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).</p>	1,000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends</p>	184
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000
	<p>No significant programmatic changes.</p>	36

1q) Adult Peer Support Services					
Form A1 - FY18 Amount Budgeted:	8,938	Form A1 - FY18 Projected Clients Served:	5		
Form A1 - Amount Budgeted In FY17 Area Plan	500	Form A1 - Projected Clients Served In FY17 Area Plan	2		
Form A1 - Actual FY16 Expenditures Reported by Locals	459	Form A1 - Actual FY16 Clients Served as Reported By Locals	2		Character Limit/Count
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.					2,000
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.					288
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).					1,000
All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends					184
How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?					1,000

	<p>The clinical director, Ryan Heck, meets with the peer support specialists for group clinical supervision and training 3-4 times per month. Because both our peer support specialists are also Family Resource Facilitator, they have been extensively trained in the wrap around to fidelity model which informs their direct service practice. Training is also provided in house as to:</p> <ol style="list-style-type: none"> 1. Medicaid definitions and requirements around peer support services; 2. Entering of timely and accurate documentation in the EHR for all Medicaid clients receiving PSS; 3. De-escalation techniques for use with upset and emotional clients 4. Use of the Daily Living Assessment (DLA-20) 5. Other clinical information as needed and request <p>The clinical director is trained and licensed as a clinical worker and attends 40+ hours of training every two years as required by DOPL Utah.</p>				897
	Describe any significant programmatic changes from the previous year.				400
	No significant programmatic changes.				36
1r) Children/Youth Peer Support Services					
	Form A1 - FY18 Amount Budgeted:	51,587	Form A1 - FY18 Projected Clients Served:	45	
	Form A1 - Amount Budgeted In FY17 Area Plan	85,544	Form A1 - Projected Clients Served In FY17 Area Plan	50	
	Form A1 - Actual FY16 Expenditures Reported by Locals	88,178	Form A1 - Actual FY16 Clients Served as Reported By Locals	35	Character Limit/Count
	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.				2,500

	<p>There has been some success helping clients find meaningful employment such as janitorial work at our main office. The employees are coached and trained to maintain their employment. Jobs are difficult to find in San Juan County under the best of circumstances. 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.</p> <p>SJC will continue to participate on a sub-committee of our Intergenerational Poverty work group to explore the feasibility of organizing a recycling business under an already existing non-profit (e.g. the San Juan Foundation) to provide employment opportunities for our SPMI and/or substance use clients. We will assist in gathering a community survey to determine whether there is sufficient interest and support for this project in the community by August 2017 and proceed or suspend the project based on that data. We will seek additional technical assistance from the Individual Placement and Support (IPS) trainer for guidance in this and other possible projects.</p>	1,111
	<p>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).</p>	1,000
	<p>SJC will lose funding through Workforce Services TANF program in 2018. To help supplement this loss of funding SJC will use Early Intervention Funds to help cover the gap. This represents a decrease in funding.</p>	212
	<p>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000

	<p>The clinical director, Ryan Heck, meets with the peer support specialists for group clinical supervision and training 3-4 times per month. Because both our peer support specialists are also Family Resource Facilitator, they have been extensively trained in the wrap around to fidelity model which informs their direct service practice. Training is also provided in house as to:</p> <ol style="list-style-type: none"> 1. Medicaid definitions and requirements around peer support services; 2. Entering of timely and accurate documentation in the EHR for all Medicaid clients receiving PSS; 3. De-escalation techniques for use with upset and emotional clients 4. Use of the Daily Living Assessment (DLA-20) 5. Other clinical information as needed and request <p>The clinical director is trained and licensed as a clinical worker and attends 40+ hours of training every two years as required by DOPL Utah.</p>							897	
	Describe any significant programmatic changes from the previous year.								1,000
	No significant programmatic changes.								36
	1s) Adult Consultation & Education Services								
	Form A1 - FY18 Amount Budgeted:	1,359							
	Form A1 - Amount Budgeted In FY17 Area Plan	3,703							
	Form A1 - Actual FY16 Expenditures Reported by Locals	18,149							Character Limit/Count
	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.								2,000

	<p>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.</p> <p>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.</p> <p>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.</p> <p>San Juan Counseling therapists provide wellness-oriented presentations at various community seminars and gatherings.</p>	1,234
	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).	1,000
	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends	184
	Describe any significant programmatic changes from the previous year.	400

	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends				184
	Describe any significant programmatic changes from the previous year.				1,000
	No significant programmatic changes.				36
	1u) Services to Incarcerated Persons				
	Form A1 - FY18 Amount Budgeted:	5,000	Form A1 - FY18 Projected Clients Served:	5	
	Form A1 - Amount Budgeted In FY17 Area Plan	5,000	Form A1 - Projected Clients Served In FY17 Area Plan	5	
	Form A1 - Actual FY16 Expenditures Reported by Locals	6,936	Form A1 - Actual FY16 Clients Served as Reported By Locals	12	Character Limit/Count
	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.				2,000

	<p>San Juan Counseling provides outpatient care services to the county jail and to Canyonlands Juvenile Justice Center as requested.</p>	<p>129</p>
	<p>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).</p>	<p>1,000</p>
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends</p>	<p>184</p>
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>400</p>
	<p>No significant programmatic changes.</p>	<p>36</p>

1v) Adult Outplacement					
Form A1 - FY18 Amount Budgeted:	7,409	Form A1 - FY18 Projected Clients Served:	2		
Form A1 - Amount Budgeted In FY17 Area Plan	7,293	Form A1 - Projected Clients Served In FY17 Area Plan	2		
Form A1 - Actual FY16 Expenditures Reported by Locals	2,000	Form A1 - Actual FY16 Clients Served as Reported By Locals	1		Character Limit/Count
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.					1,000
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.					480
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).					1,000
We assume adult outplacement services will remain consistent.					61
Describe any significant programmatic changes from the previous year.					400

	No programmatic change is anticipated.	38
	1w) Children/Youth Outplacement	Character Limit/Count
	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.	2,000
	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.	559
	Describe any significant programmatic changes from the previous year.	1,000

No programmatic changes are anticipated				40
1x) Unfunded Adult Clients				
Form A1 - FY18 Amount Budgeted:	135,611	Form A1 - FY18 Projected Clients Served:	135	
Form A1 - Amount Budgeted In FY17 Area Plan	102,646	Form A1 - Projected Clients Served In FY17 Area Plan	121	
Form A1 - Actual FY16 Expenditures Reported by Locals	115,095	Form A1 - Actual FY16 Clients Served as Reported By Locals	147	Character Limit/Count
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.				2,000
<p>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.</p> <p>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.</p> <p>The funds made available to serve the unfunded makes this service possible and are invaluable to our center.</p>				495

	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).	1,000
	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends	184
	Describe any significant programmatic changes from the previous year.	400
	No programmatic changes are anticipated	39
1y) Unfunded Children/Youth Clients		
Form A1 - FY18 Amount Budgeted:	13,007	Form A1 - FY18 Projected Clients Served: 13
Form A1 - Amount Budgeted In FY17 Area Plan	31,105	Form A1 - Projected Clients Served In FY17 Area Plan 29
Form A1 - Actual FY16 Expenditures Reported by Locals	26,170	Form A1 - Actual FY16 Clients Served as Reported By Locals 27
		Character Limit/Count
	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.	2,500

	<p>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.</p> <p>The money for unfunded clients makes it possible for these clients to be served.</p>	266
	<p>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).</p>	1,000
	<p>Many of SJC's unfunded youth are being served through school-based TANF funding, thus decreasing the funding for youth.</p>	119
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000
	<p>No significant programmatic changes.</p>	36

1z) Other non-mandated Services				
Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:		
Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan		
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count
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.				3,000
				0
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).				1,000
				0
Describe any significant programmatic changes from the previous year.				400

	<p>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. .</p>	488
	<p>Employment of people with lived experience as staff.</p>	1,500
	<p>SJC has currently hired 3 people with lived experience as custodians. We anticipate that we will hire more when we move into a larger building.</p>	144
	<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500
	<p>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.</p> <p>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.</p>	497
	<p>Evidence-Based Supported Employment.</p>	1,500

	<p>There has been some success helping clients find meaningful employment such as janitorial work at our main office. The employees are coached and trained to maintain their employment. Jobs are difficult to find in San Juan County under the best of circumstances. 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.</p> <p>SJC will continue to participate on a sub-committee of our Intergenerational Poverty work group to explore the feasibility of organizing a recycling business under an already existing non-profit (e.g. the San Juan Foundation) to provide employment opportunities for our SPMI and/or substance use clients. We will assist in gathering a community survey to determine whether there is sufficient interest and support for this project in the community by August 2017 and proceed or suspend the project based on that data. We will seek additional technical assistance from the Individual Placement and Support (IPS) trainer for guidance in this and other possible projects.</p>	1,111
	3) Quality & Access Improvements	
	Identify process improvement activities including implementation and training of:	Character Limit/Count
	Describe access and quality improvements	1,500
	SJC is in the process of building a new outpatient facility in Blanding to be completed in the Fall of 2017. The new building is over double the size of our current building. The location of the building is central to other medical facilities, stores, and other community centers. The building is part of three agency project which include San Juan Clinic and San Juan Public Health. The larger building and parking lot will increase access. The building will include a dedicated play room and group rooms, which our current building lacks.	547
	Identify process improvement activities - Implementation	1,500

	<p>The San Juan Counseling administration team is currently in the process of refining and adopting an annual employee evaluation instrument for use with all agency employees. It is anticipated this will be in place the beginning of FY 2018 and will encourage employees to identify personal goals and activities that increase their professional aptitude and capacity while at the same time giving attention to agency and client needs.</p> <p>The SJC administration will also research employee engagement tools to poll attitudes, experience and concerns of employees to help identify areas we as an agency can improve and retain employees.</p> <p>We have also made a decision to provide the supervision time and other resources necessary to be designated as an internship site for the USU BSW and MSW programs. Thus far, we have provided 4 paid internships for master's level students and in FY 18 will have two BSW interns provide school based, prevention and case management services. We believe that by providing these experiences, we increase our opportunity to hire professionals from this area already acquainted with our policies and practices.</p>	1,139
	Identify process improvement activities - Training of Evidence Based Practices	1,000
	<p>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.</p>	707
	Identify process improvement activities - Outcome Based Practices	1,000
	<p>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.</p>	249
	Identify process improvement activities - Increased service capacity	1,000

	<p>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. The new building will increase service capacity by allowing us to hire more trained professionals. Additionally, SJC will continue to monitor outlying areas that are in need of services.</p>	396
	<p>Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals</p>	1,000
	<p>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.</p>	620
	<p>Identify process improvement activities - Efforts to respond to community input/need</p>	1,000
	<p>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.</p>	206
	<p>Identify process improvement activities - Coalition Development</p>	1,000

	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. SJC is also working with UNHS on a Zero Suicide Coalition in San Juan County. The Zero Suicide Coalition has been meeting regularly since February 2016.	387
	Describe how mental health needs for people in Nursing Facilities are being met in your area	1,000
	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.	249
	Other Quality and Access Improvements (not included above)	1,000
		0

	4) Integrated Care	Character Limit/Count
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	1,500
	<p>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.</p> <p>SJC is currently working together to implement Zero Suicide in our communities. Representative from both UNHS and SJC have been meeting monthly since February 2016.</p> <p>SJC is currently building a new outpatient facility to be completed in the Fall of 2017. The facility is a multi-agency facility with San Juan Clinic (part of San Juan Hospital) and San Juan Public Health. With the close proximity to the other entities we are hopeful that this will increase access to physical health for our clients.</p>	780
	Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	1,500
	<p>In the fall of 2017, we will be relocating our main office to a newly constructed building we'll share with the San Juan Health District medical clinic and the San Juan County Health Department. We anticipate this will create increased integration as clients / patients visiting any of the three agencies will be placed in proximity to all. Providers at each agency will have easy access to one another when acute client needs arise as well as in more routine instances.</p> <p>At intake, all clients at San Juan Counseling are asked to complete a medical history to identify possible health concerns, including tobacco use history. This is then reviewed by the clinician with a referral made to a medical provider as needed. With the increased use of MAT by local physicians, we have received several referrals for clients being treated with Suboxone. These clients have in every case been willing to allow communication between their therapist and physician. We will continue to invite these clients to sign a release of information to allow this communication.</p> <p>Our prescriber, Stephen Hiatt, APRN has 23 years of experience at San Juan Counseling and provides a robust evaluation and follow up care for all his patients. He and his full-time RN assistant, routinely check client vital signs and other health indicators which are included in the E/M notation. We believe Mr. Hiatt's work is as good as any being provided by LMHA's statewide.</p>	1,444
	Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	1,500

	<p>SJC will use Early Intervention funds to supplement the loss of WFS-TANF funds for our full-time FRF position. This current FRF has been working with families all through San Juan County. She is currently spending 20% of her time in Montezuma Creek to increase services in that area of the county. The FRF is a member of the SOC committee that meets monthly and regularly coordinates with workers from DHS agencies.</p>	418
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000
	<p>Early Intervention funds will be used for FRF instead of school-based services.</p>	79
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000
	<p>No significant programmatic changes, just funding changes.</p>	58

	<p>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</p>	<p>[1]</p>
<p>5b) Children/Youth Mental Health Early Intervention</p>		<p>Character Limit/Count</p>
	<p>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.</p>	<p>5,000</p>
	<p>n/a</p>	<p>3</p>
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	<p>1,000</p>
		<p>0</p>
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>1,500</p>

	<p>Early intervention funding has allowed SJC to assign therapists to spend more time at more area schools than before. 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.</p>	370
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.</p>	1,000
	<p>SJC will use TANF funds to cover school based services. This is an increase from previous years.</p>	97
	<p>Describe any significant programmatic changes from the previous year, including TANF. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)</p>	1,500
	<p>With TANF funding we have therapists at eight schools in the county.</p>	68

	Describe outcomes that you will gather and report on.	1,500
	San Juan Counseling staff will monitor grades, new office referrals, and suspensions on clients receiving services.	116
	6) Suicide Prevention, Intervention & Postvention	Character Limit/Count
	Describe the current services in place in suicide prevention, intervention and postvention.	3,000
	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 on the Zero Suicide Initiative. Representative from both UNHS and SJC meet monthly to implement this initiative. This group is currently in the planning phase of the process.	871
	Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.	1,500

	<p>Our efforts have included:</p> <ul style="list-style-type: none"> •Having all our clinical staff trained in the Collaborative Assessment and Management of Suicidality (CAMS), an evidenced based suicide specific clinical intervention; •Regularly reviewing (typically weekly) client responses on the OQ instruments and PHQ-9 to identify those who've had suicidal ideation. Clients who received a crisis psychotherapy service are also identified. These clients are then flagged in our EHR as having a potentially heightened risk of suicide so that immediate follow up can occur if an appointment is cancelled or missed; •Participating monthly in a suicide prevention coalition that includes the local FQHC, the Health Department, SJ Health District and school district. This group is using the assessment and implementation tools recommended by Zero Suicide; •Having two agency staff trained as SafeTALK trainers with plans to then present this material to the general public throughout the county. <p>SJC has been participating in the Suicide Prevention Medicaid PIP with our implementation outcomes being reported with those of NCC. During implementation in 2015, our collective screen rate was 17.4% and our same day safety plan administration was 84.6%. In 2016, SJC recorded a 56.1% screen rate with 77.8% of clients reporting current suicidal ideation receiving a same day safety plan. .</p>	1,354
	Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well as specific efforts for your clients.	1,500
	<p>There are two emergency room departments in San Juan County, one at Blue Mountain Hospital in Blanding and another at San Juan Hospital in Monticello. Coordination between these ER departments and San Juan Counseling has been occurring regularly for many years being that both utilize the San Juan Counseling crisis on-call service for all suicide-related emergencies since neither employs an in-house medical social worker. As result, discharge planning and follow up care is planned for and handled by San Juan Counseling from the beginning which means, of course, we are very aware of these clients before they are discharged from the ER.</p>	643

			0
		Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.	1,500
			0
		Identify your proposed outcome measures.	1,000
			0

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: San Juan Counseling		Form B	
FY2018 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 FY2018 Revenue				
Drug Court	30030					6343				6200		\$42,573				
Drug Offender Reform Act												\$0				
JRI	26711		5342									\$32,053				
Local Treatment Services	78559	9350		17582	62842	69670	23487		1000	6200		\$268,690				
Total FY2018 Substance Use Disorder Treatment Revenue	\$135,300	\$9,350	\$5,342	\$17,582	\$62,842	\$76,013	\$23,487	\$0	\$1,000	\$12,400	\$0	\$343,316				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
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)	15000			4500	15000							\$34,500	6	\$5,750		
Outpatient (Methadone: ASAM I)												\$0		#DIV/0!		
Outpatient (Non-Methadone: ASAM I)	70465	8318	4752	11638	42559	67709	20894		890	11031		\$238,256	77	\$3,094		
Intensive Outpatient (ASAM II.5 or II.1)												\$0		#DIV/0!		
Recovery Support (includes housing, peer support, case management and other non-clinical)	2908											\$2,908	5	\$582		
Other (Screening & Assessment, Drug testing, MAT)	46927	1032	590	1444	5283	8304	2593		110	1369		\$67,652	77	\$879		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$135,300	\$9,350	\$5,342	\$17,582	\$62,842	\$76,013	\$23,487	\$0	\$1,000	\$12,400	\$0	\$343,316	165	\$2,081		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	46339	2776	1625	5219	18655	22325	23487		297	3681		\$124,404				
All Other Women (18+)	9655	707	414	1330	4752	5687			76	938		\$23,559				
Men (18+)	76222	5641	3303	10608	37917	46184			603	7481		\$187,959				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	3084	226		425	1518	1817			24	300		\$7,394				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$135,300	\$9,350	\$5,342	\$17,582	\$62,842	\$76,013	\$23,487	\$0	\$1,000	\$12,400	\$0	\$343,316				

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: San Juan Counseling

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:			
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000
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.					1504
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).					2000

	No increase or decrease from previous year is expected				54
	Describe any significant programmatic changes from the previous year.				2000
	There are no significant programmatic changes expected.				55
	2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)				
	Form B - FY18 Amount Budgeted:	\$34,500	Form B - FY18 Projected Clients Served:	\$6	
	Form B - Amount Budgeted In FY17 Area Plan	34,500	Form B - Projected Clients Served In FY17 Area Plan	6	
	Form B - Actual FY16 Expenditures Reported by Locals	6,840	Form B - Actual FY16 Clients Served as Reported By Locals	2	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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.</p> <p>The client's progress is monitored and after-care services are offered by San Juan Counseling at the time of discharge.</p> <p>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.</p>	1133
	<p>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).</p>	2000
	<p>No change.</p>	10
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>There are no significant programmatic changes expected.</p>	55

3) Outpatient (Methadone - ASAM I)						
Form B - FY18 Amount Budgeted:			Form B - FY18 Projected Clients Served:			
Form B - Amount Budgeted In FY17 Area Plan			Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals			Form B - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.						2000
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.						426
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).						2000
No increase or decrease from previous year is expected						54
Describe any significant programmatic changes from the previous year.						2000

	There are no significant programmatic changes expected.				55
4) Outpatient (Non-methadone – ASAM I)					
	Form B - FY18 Amount Budgeted:	\$238,256	Form B - FY18 Projected Clients Served:	\$77	
	Form B - Amount Budgeted In FY17 Area Plan	233,394	Form B - Projected Clients Served In FY17 Area Plan	130	
	Form B - Actual FY16 Expenditures Reported by Locals	272,066	Form B - Actual FY16 Clients Served as Reported By Locals	78	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	1785
	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).	2000
	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.	186
	Describe any significant programmatic changes from the previous year.	2000

No changes anticipated.				23
5) Intensive Outpatient (ASAM II.5 or II.1)				
Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0	
Form B - Amount Budgeted In FY17 Area Plan	10,000	Form B - Projected Clients Served In FY17 Area Plan	3	
Form B - Actual FY16 Expenditures Reported by Locals	388	Form B - Actual FY16 Clients Served as Reported By Locals	1	Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
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).				256
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).				2000

	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.				186
	Describe any significant programmatic changes from the previous year.				2000
	No changes				10
	6) Recovery Support Services				
	Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.				
	Form B - FY18 Amount Budgeted:	\$2,908	Form B - FY18 Projected Clients Served:	\$5	
	Form B - Amount Budgeted In FY17 Area Plan	4,500	Form B - Projected Clients Served In FY17 Area Plan	10	
	Form B - Actual FY16 Expenditures Reported by Locals	2,640	Form B - Actual FY16 Clients Served as Reported By Locals	2	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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.</p> <p>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.</p>	538
	<p>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).</p>	2000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.</p>	186
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>No changes expected.</p>	20

7) Peer Support Services					
Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:			
Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan			
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
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.					2,000
SJC has worked with several individuals in the hope of moving them into a Peer Support position. We have faced many obstacles and have been unsuccessful at securing a Peer Support Specialist. We will continue to pursue Peer Support Services.					242
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).					1,000
No change.					10
How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?					1,000

		SJC's APRN has completed the requirements that allow him to prescribe buprenorphine. He is currently working on policies and procedures for this service. Procedures would require individual participation in ongoing groups and outpatient treatment. These services will be provided at San Juan Counseling's main office.	320
		Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000
		SJC will work with medical clinics, drug court, and therapists to identify high risk individuals appropriate for treatment.	123
		Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000
		Currently buprenorphine is only available in San Juan County through two medical providers. The additional resource of SJC's APRN will improve access for the community.	169
		For each service, identify whether you will provide services directly or through a contracted provider.	2000

	Services will be provided directly through San Juan Counseling.	63
	9) Quality & Access Improvements	
	Identify process improvement activities including implementation and training of:	Character Limit/Count
	Describe access and quality improvements.	2000
	<p>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.</p> <p>Efforts are made to access funds for people who have transportation needs.</p> <p>For better ease to services for clients we have clinicians providing services at San Juan Hospital in Monticello and in Montezuma Creek.</p>	427
	Identify process improvement activities - implementation.	2000

	<p>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.</p>	338
	<p>Identify process improvement activities - Training of Evidence Based Practices.</p>	2000
	<p>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.</p> <p>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.</p>	1281
	<p>Identify process improvement activities - Outcome Based Practices.</p>	2000
	<p>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.</p>	250

	Identify process improvement activities - Increased Service Capacity.	2000
	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. The new building will increase service capacity by allowing us to hire more trained professionals. Additionally, SJC will continue to monitor outlying areas that are in need of services.	396
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000
	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.	649
	Identify process improvement activities - Efforts to respond to community input/need.	2000
	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.	206

	Identify process improvement activities - Coalition Development	2000
	SJC is the driving force behind the SJC-PAC which is the prevention coalition throughout San Juan County. The coalition works with every part of the county in the effort to make the county "smaller not bigger." The SJC-PAC coalition is well attended and is working towards many goals.	286
	Other Quality and Access Improvements (not included above)	2000
		0
	10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000

	<p>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.</p> <p>When appropriate SJC provides individual therapy and medication management in the jail. If SJC receives additional JRI funding for a Recovery Support Case Manager then we hope to provide skills groups within the jail.</p>	504
	<p>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).</p>	2000
	<p>All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.</p>	186
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>No changes.</p>	11

	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.	2000
	Our County does not use SAPT block grant dollars to provide treatment in penal or correctional institutions.	110
	11) Integrated Care	Character Limit/Count
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	2000
	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. SJC also works closely with the Health Department on many aspects including distribution of Naloxone kits. In the fall of 2017 SJC will move into a new building that will include San Juan Clinic and San Juan Public Health. The planning and building of this multi-agency building has increased partnerships with all the agencies. It is expected that the partnerships will continue and become stronger when we move into the building together.	660
	Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	2000

	<p>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.</p>	336
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000
	<p>All mental health and substance abuse clients who complete an intake packet for mental health services also complete a medical history form that asks them to indicate their HIV, TB, Hep-C, diabetes and pregnancy status. This is then followed-up on as part of intake and early treatment. We have routinely referred clients for follow-up with their medical provider when concerns in these area are indicated or suspected..</p>	423
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.</p>	2000

	<p>SJC employees two play therapists trained in child centered and TF-CBT to assist children in processing traumatic experiences. Children referred for services receive an assessment that takes into account developmental delays and needs.</p> <p>SJC works with DCFS regularly. Our FRF's facilitate family team meetings and our therapist frequently attend family team meetings. SJC is a part of the SOC committee that meets monthly with DCFS, JJS, WFS, and schools to attend to the needs of women and children.</p>	502
	Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.	2000
	SJC's Family Resource Facilitators work with families to provide case management and other services. Childcare and transportation are provided on an as needed basis.	166
	Describe any significant programmatic changes from the previous year.	2000
	No significant changes.	23

13) Adolescent (Youth) Treatment							
	Form B - FY18 Amount Budgeted:	\$7,394					
	Form B - Amount Budgeted In FY17 Area Plan	20,811					
	Form B - Actual FY16 Expenditures Reported by Locals	747					Character Limit/Count
	Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation.						2000
	<p>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.</p> <p>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.</p> <p>Adolescents who need more out of home treatment are usually placed by Juvenile Justice or DCFS.</p>						649
	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).						2000
	All numbers used in the FY 2018 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.						186

	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.				2000
	No changes.				11
14) Drug Court					
	Form B - FY17 Amount Budgeted: Felony	30,416	Form B - FY18 Amount Budgeted: Felony	\$42,573	
	Form B - FY17 Amount Budgeted: Family Dep.		Form B - FY18 Amount Budgeted: Family Dep.		
	Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile		
	Form B - FY17 Recovery Support Budgeted	3,500	Form B - FY18 Recovery Support Budgeted		Character Limit/Count
	Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000
	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.				304

	Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).	2000
	San Juan County Drug Court participants are given individual and group therapy according to their needs. 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.	265
	Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).	2000
	Drug court participants are eligible for all MAT services that SJC provides. This is determined by individual participant need. MAT services will be provided directly by SJC.	176
	Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)	2000

	<p>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.</p>	<p>166</p>
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	<p>2000</p>
	<p>San Juan Counseling only charges treatment sliding scale fees for drug court participants.</p>	<p>90</p>
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	<p>2000</p>
	<p>No changes</p>	<p>10</p>

	Describe the Recovery Support Services you will provide with Drug Court RSS funding.				2000
	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.				209
15) Justice Reinvestment Initiative					
	Form B - FY17 Amount Budgeted:	34,150	Form B - FY18 Amount Budgeted:	\$32,053	Character Limit/Count
	Identify the members of your local JRI Implementation Team.				2000
	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.				202
	Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.				2000

	<p>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.</p>	2000
		0
	<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?</p>	2000
		0
	<p>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 2018, 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.</p>	2000

			0
	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.		2000
			0

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: San Juan Counseling				Form C						
State Funds		County Funds												
FY2018 Substance Abuse Prevention 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 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 FY2018 Revenue		
FY2018 Substance Abuse Prevention Revenue						39925	15000					\$54,925		
State Funds		County Funds												
FY2018 Substance Abuse Prevention Expenditures Budget	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 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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
Universal Direct						3993							\$3,993	
Universal Indirect						33936	15000						\$48,936	
Selective Services						1996							\$1,996	
Indicated Services													\$0	
FY2018 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$39,925	\$15,000	\$0	\$0	\$0	\$0	\$0	\$54,925	\$0
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total						
Primary Prevention Expenditures		11977	11978			15970		\$39,925						

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

Local Authority: San Juan Counseling

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

**Character
Limit/Count**

In this section, **please write an overview or executive summary of the entire plan**. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

3,500

San Juan Counseling's main effort in substance abuse prevention are being headed up through the SJCPAC coalition. SJCPAC is a coalition in San Juan County that meets monthly and includes members from San Juan Counseling, SJ County Attorney's Office, White Mesa Ute Tribe, SJ School District, Help Me Grow Utah, UNHS, Monticello City Residents, Rural Utah Child Development Headstart, SJ Public Health, USU Small Business Development, Gear-up, SJ Sheriff's Office, NASNTI, SJ Foundation, USU Student Body, and Blanding Community among others. SJCPAC is using the 2015 SHARPS data to assess the community's needs. They are also attempting to gather additional information from law enforcement, county court records, Navajo Nation, and other tribal data sources. After assessing the community the coalition is working a capacity building in the form of helping the community understand and address the risk and protective factors identified. Several of the coalition members will be attending the 2-week CADCA training. SJCPAC has identified 4 goals to work towards. They are 1) Reduce Underage Drinking, 2) Suicide Prevention, 3) To Reduce Youth use of E-Cigarettes, and 4) Reduce Marijuana Use. SJCPAC is working to implement activities to reach the goals. Subcommittees have been formed to address all the goals but they are still working on activities. SJCPAC hopes that through continued implementation of evidence based models and capacity building within our community we will better be able to evaluate the specific needs in our area. Our efforts in proper evaluation will be better supported after finishing a more comprehensive community assessment – currently in process.

1692

1) Assessment

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character
Limit/Count**

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?
 Who was involved in looking at data?
 How did you come up with the prioritization?
 Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.

1,000,000

	<p>Several coalition members have studied the data from the 2015 SHARPS. From that study, the following Problem Behaviors have been identified as priority areas: Reducing Underage Drinking; Reduce Marijuana Use; Reduce E-Cigarette use; and Suicide Prevention. The identified risk factors that affect these problem behaviors are as follows: family conflict, low commitment to school, perceived risk of drug use, attitudes favorable to antisocial behavior, and depressive symptoms. We are currently attempting to gather information from law enforcement; county court records; Navajo Nation and other tribal data sources; the state Division of Substance Abuse and Mental Health, local public health – as well as Navajo health systems; and surveys conducted in southern San Juan communities. With this and other data, we hope to complete a true snapshot of the entire county, rather than relying solely on SHARPS data, which is only administered in the northern part of the county schools.</p>	1012				
	2) Capacity Building					
	Example:					
	In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.	Character Limit/Count				
	<p>Things to Consider/Include: Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)</p>	1,000,000				
	Our goal is to help our communities understand and address the identified risk and protective factors. We have 3 coalition members who will be attending the 2-week CADCA training. We hope that this training will strengthen our knowledge base in how to run effective community coalitions. We also plan to have several members attend the Coalition Summit in June. We continually train our SJCPAC members in the SPF model and Risk and Protective Factors. We have also created a SJCPAC Facebook page to help with awareness in the community.	544				
	3) Planning					
	Example:					
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.					

	<p>Reducing Underage Drinking. Clayton Most, sheriff's deputy, is the subcommittee chair over this subcommittee. Law Enforcement does the EASY checks. Autumn Secody, is starting a sub-coalition in Monument Valley and Navajo Mt. to help fight that battle.</p> <p>Reducing e-cigarette use. Donna Harlow is the subcommittee chair over this subcommittee. The health Department implements the tobacco buys in reducing smoking. The subcommittee is looking at activities to implement.</p> <p>Suicide Prevention. Trevor Olsen is the chair over the Depressive Symptoms subcommittee. They plan on working in tandem with the school district to implement Hope Squads and Youth Coalitions.</p> <p>Reducing Marijuana Use. Karen Wells is the subcommittee chair for this subcommittee. The subcommittee is in the planning phase. They are working with law enforcement while looking for activities to implement.</p>	881				
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5) **Evaluation**

Example:

Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.

Character Limit/Count

Things to Consider/Include:
 What do you do to ensure that the programming offered is
 1) implemented with fidelity
 2) appropriate and effective for the community
 3) seeing changes in factors and outcomes

1,000,000

We have made good progress this past year in helping coalition members understand the concept of risk and protective factors and prevention science. We hope through continued implementation of evidence based models and capacity building within our community we will better be able to evaluate the specific needs in our area. Our efforts in proper evaluation will be better supported after finishing a more comprehensive community assessment – currently in process.

466

6) Attach Logic Models for each program or strategy.

Logic Model 1

Program Name	Cost to Run Program	Evidence Based: Yes or No
San Juan County Prevention, Action, Collaboration (SJCPAC) Coalition	30000	Yes
Agency	Tier Level:	
San Juan Counseling	Level 0	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce Lifetime E-Cigarette use in the 10th grade.	Early Initiation of Anti-Social Behavior 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 members in CTC and SPF model.	Will reduce Early Initiation of Anti-Social behavior in the 8th grade, from 40.4% in 2015 to 38% in 2019. Reduce Low Commitment to School in grade 10 from 66.5% in 2015 to 64% by 2019.	Reduce Lifetime E-Cigarette use in 2015 in grade 10 from 16.3% to 14% in 2019.
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 2019	SHARP survey 2025
Logic Model 2						
Program Name			Cost to Run Program		Evidence Based: Yes or No	
Parents Empowered Campaign			8000		Yes	
Agency			Tier Level:			
San Juan Counseling			Level 0			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long

					Present Parents Empowered presentations to classrooms/schools and requesting education on alcohol and the adolescent brain. Present PE presentations to groups on request. Distribute PE collateral items to 10 schools throughout the county, and to key locations in the community.	Decrease attitudes favorable to Anti-social behavior in All Grades from 31.4% in 2015 to 29% in 2019. Decrease Early Initiation of drug use in Grade 10 from 15.7% in 2015 to 14% in 2019.	Decrease Underage drinking from 12.1% to 9% in all grades by 2023.						
	Logic	Reduce underage drinking.	Attitudes favorable to Anti-Social behavior. Early Initiation of drug use.	UNIVERSAL: Target parents of community underage youth.									
	Measures & Sources	SHARP survey 2015	SHARP survey 2015	Collateral counts by staff conducting PE presentations.	Staff forms	SHARP 2019 survey	SHARP 2023 survey						
	Logic Model 3												
	Program Name			Cost to Run Program		Evidence Based: Yes or No							
	Youth Prevention Coalitions			10000		Yes							
	Agency			Tier Level:									
	San Juan Counseling			Level 0									
		Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes						
				Universal/Selective/Indicated			Short	Long					

						Percent reports Rewards for pro-social involvement in Grade 10 will increase from 50.2% in 2015 to 53% in 2019. Percent reporting depressive symptoms in grade 10 will reduce from 38.6% in 2015 to 36% in 2019. Will reduce the Perceived risk of ATOD use in grade 10 from 38.2% in 2015 to 36% by 2019.									
	Logic	Reduce Lifetime use of Marijuana	Rewards for Pro-Social Involvement Perceived risk of ATOD use. Depressive symptoms Suicide Prevention	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.										
	Measures & Sources	SHARPS Survey 2015	SHARPS 2015	Meeting Minutes and Attendance Rosters. Student and Environmental surveys.	Member attendance and participation. Meeting minutes.	SHARPS Survey 2017; and 2019.	SHARPS Survey 2015; and 2025.								
	Logic Model 4														
	Program Name			Cost to Run Program		Evidence Based: Yes or No									
	Hope Squads			3992		Yes									
	Agency			Tier Level:											
	San Juan Counseling			Level 1											
		Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes								
				Universal/Selective/Indicated			Short	Long							

Logic	Reduce lifetime use of alcohol	Reduce Depressive symptoms Family Conflict	UNIVERSAL DIRECT 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.	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. Help identify and train peers to evaluate and support other students who may be at risk for depressive symptoms. Plan to spend 1 hr. a week for each identified school.	Percent reporting depressive symptoms will reduce in Grade 10 from 38.6% in 2015 to 36% in 2019. Percent reporting family conflict in Grade 10 will reduce from 34.1% in 2015 to 32% in 2019.	Will decrease overall lifetime use of alcohol in Grade 10 from 18.4% in 2015 to 12% in 2025.
Measures & Sources	SHARP survey 2015	SHARP survey 2015	Meeting attendance and minutes.	Meeting attendance and minutes.	SHARP survey 2019	SHARP survey 2015; and 2025

Logic Model 5

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Easy Compliance Checks				0 Yes	
Agency		Tier Level:			
San Juan Counseling		Level 1			
	Goal	Factors	Focus Population: U/S/I Universal/Selective/Indicated	Strategies	Outcomes Short Long
Logic	Reduce underage drinking.	Attitudes favorable to Anti-social behavior	INDICATED	Encourage through collaborative efforts with local law enforcement to have them complete and support EASY program.	Reduce attitudes favorable to Anti-social behavior in All Grades from 31.4% in 2015 to 29% in 2019. Underage drinking will decrease in Grade 10 from 18.4% lifetime use in 2015; to 12% lifetime use in 2025.
Measures & Sources	SHARP Survey 2015	SHARP Survey 2015	San Juan County Sherriff's Office Law Enforcement EASY training Dates and annual report.	Law enforcement records of EASY checks.	SHARPS survey 2015; 2019 SHARPS survey 2015; 2025

Logic Model 6

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Community Events		7933		No	
Agency		Tier Level:			
San Juan Counseling					
	Goal	Factors	Focus Population: U/S/I Universal/Selective/Indicated	Strategies	Outcomes Short Long
Logic	To reduce youth use of E-Cigarettes. Reduce use of underage drinking.	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 in All Grades from 33.8% in 2015 to 31% by 2019. Decrease attitudes favorable to ATOD in All Grades from 31.4% in 2015 to 29% in 2019. Reduce youth use of Lifetime E-cigarette use in grade 10 from 16.3% in 2015; to 11% by 2025. Reduce the use of underage drinking in grade 10 from 18.4% in 2015; to 14% in 2025.
Measures & Sources	SHARP survey 2015	SHARP survey 2015	Evaluation and number of attendees	Meeting attendance, surveys	SHARP survey 2019 SHARP survey 2025

FY18 Substance Use Disorder Treatment Federal Opioid Grant

Local Authority: San Juan Counseling

Form B-OG

FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	17234	\$17,234
Total FY2018 Substance Use Disorder Treatment Revenue	\$17,234	\$17,234

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)				#DIV/0!
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)	12234	\$12,234	7	\$1,748
Intensive Outpatient (ASAM II.5 or II.1)				#DIV/0!
Recovery Support (includes housing, peer support, case management and other non-clinical)				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)	5000	\$5,000	5	\$1,000
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$17,234	\$17,234	12	\$1,436

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	3000	\$3,000
All Other Women (18+)	2234	\$2,234
Men (18+)	12000	\$12,000
Youth (12- 17) (Not Including pregnant women or women with dependent children)		

San Juan Counseling's Sliding Fee Schedule

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

Approved 12/12/16

Estimated 2016 Poverty Guideline

Estimated 2016 200% Poverty

Individual Fee		NUMBER of HOUSEHOLD DEPENDENTS							
% of Poverty*	Monthly Income*	1	2	3	4	5	6	7	8
100%	\$0-\$990	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
150%	\$991-\$1238	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
200%	\$1239-\$1980	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00	\$ 5.00
250%	\$1981-\$2475	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00
300%	\$2476-\$2970	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
350%	\$2971-\$3465	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
400%	\$3466-\$3960	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00
450%	\$3960-\$4455	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00
500%	\$4456-\$4950	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00
550%	\$4950-\$5445	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00
600%	\$5446-\$5940	Full Fee	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00
	\$5941+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

* based on Current Year Poverty Guidelines

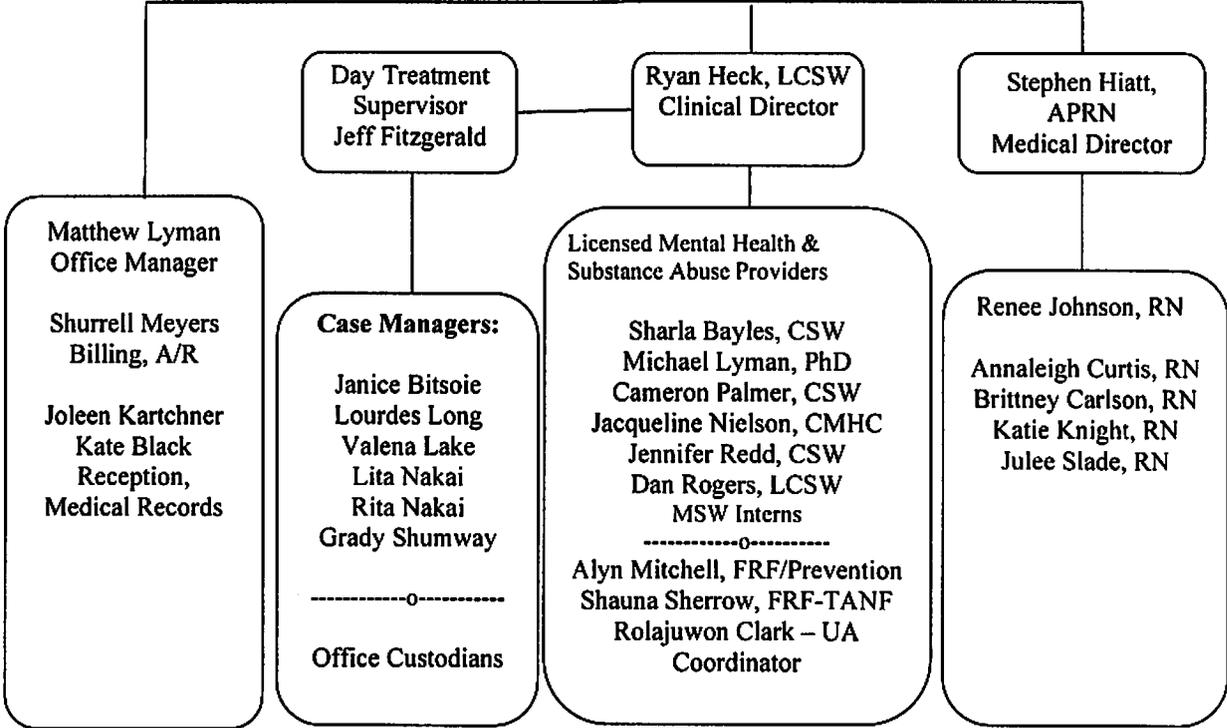
**Organizational Chart
San Juan Counseling
May 2017**

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



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 152314 152315, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: San Juan Counseling

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

PLEASE PRINT:

Name: Phil Lyman

Title: San Juan County Commissioner

Date: 5/1/17