

# 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!**

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

<b>Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?</b>
Residents of San Juan County are eligible for all services based upon medical need, not ability to pay.
<b>Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?</b>
Residents of San Juan County are eligible for all services based upon medical need, not ability to pay. At the time of this writing there are no wait lists for substance abuse services nor have we faced the need to cap certain programs and there are no waits for certain services provided in-house. If during the year staff changes or community needs change then clinicians will decide based on severity, need, etc as a way to manage the program. The wait time from assessment to next appointment is generally 1 week but this could change if our situation changes.
<b>What are the criteria used to determine who is eligible for a public subsidy?</b>
Income and medical necessity are the determining factors for use of public subsidies. Services are provided based upon need. When no other funding is available, public subsidies are used.
<b>How is this amount of public subsidy determined?</b>
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
<b>How is information about eligibility and fees communicated to prospective clients?</b>
Eligibility and fees are explained during the intake process. A notice is posted at San Juan Counseling's main office that states: 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. 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 <a href="http://www.sanjuancc.org">www.sanjuancc.org</a> under Services.
<b>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.</b>
Yes The requirements for participation in NHSC and processes to maintain eligibility are below ( found at <a href="https://nhsc.hrsa.gov/currentmembers/membersites/finalsiteagreement.pdf">https://nhsc.hrsa.gov/currentmembers/membersites/finalsiteagreement.pdf</a> ) National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC approved site.

1. Is located in and treats patients from a Federally designated Health Professional Shortage Area (HPSA).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation. [May or may not be applicable to Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs)].
  - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. (May or may not be applicable to ITUs, free clinics, or prisons.)
  - b. Uses a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (only nominal fees may be charged). Therefore, those with incomes between 100% and 200% of the Federal Poverty Guidelines must be charged in accordance with a sliding discount policy based on family size and income. (May or may not be applicable to ITUs, free clinics, or prisons.)
  - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. (May or may not be applicable to ITUs, free clinics, or prisons.)
  - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries. (May or may not be applicable to ITUs, free clinics, or prisons.)
  - e. Prominently displays a statement in common areas and on site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect. (May or may not be applicable to free clinics, or prisons.)
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit <http://minorityhealth.hhs.gov/>.
4. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care that either offers or assures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan onsite for review, and adopts recruitment policies to maintain clinical staffing levels needed to appropriately serve the community.
8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
9. Requires NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. The site administrator must review and know the clinician's specific NHSC service requirements. Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. Please refer to the NHSC Loan Repayment Program Application and Program Guidance for definitions of NHSC service requirements.
10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.
12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
13. Completes and submits NHSC Site Data Tables (requires six months of data) to NHSC at time of site application, recertification, and NHSC site visits.
14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.

## 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.**

San Juan Counseling currently has no active subcontractors. For inpatient services SJC relies on Northeastern Counseling Center's inpatient contract (for Medicaid services). Before paying for any inpatient bills the services are verified and documentation is received.

If the need arises for subcontractors depending on the type of subcontract there will be at least a yearly monitoring review. SJC would meet with the contracting entity to verify insurance, license, and anything that would be specific to the contract. Depending on location of subcontract the monitoring visit may be conducted in person and on-site. Work performed by subcontractors would be reviewed with the subcontractor at least annually for the contracted work.

### **3) DocuSign**

**Are you utilizing DocuSign in your contracting process?  
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes





**FY19 Mental Health Early Intervention Plan & Budget**

Local Authority: San Juan

**Form A2**

	State General Fund		County Funds									
FY2019 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue			
FY2019 Mental Health Revenue by Source	\$21,779.00								\$21,779.00			
	State General Fund		County Funds									
FY2019 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served	
MCOT 24-Hour Crisis Care-CLINICAL									\$0.00		#DIV/0!	
MCOT 24-Hour Crisis Care-ADMIN									\$0.00			
FRF-CLINICAL									\$0.00		#DIV/0!	
FRF-ADMIN									\$0.00			
School Based Behavioral Health-CLINICAL	\$20,690.00								\$20,690.00	10	\$2,069.00	
School Based Behavioral Health-ADMIN	\$1,089.00								\$1,089.00			
FY2019 Mental Health Expenditures Budget	\$21,779.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,779.00	10	#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!**

**1) Adult Inpatient**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$49,193</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>8</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$48,750</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>8</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$37,625</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>2</b>

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

There are no inpatient psychiatric facilities in San Juan County. This necessitates referring clients needing inpatient care to facilities outside the county. When inpatient needs arise, patients undergo a physical health evaluation at one of two county hospitals and receive medical clearance. After medical clearance has been obtained, arrangements are made for patients to be transported to a licensed acute inpatient facility within the state of Utah. San Juan County Sheriff's Office provides transportation for clients who are involuntarily committed. The sheriff's office has been extremely cooperative and helpful. They are a great partner. Such patients are often admitted to the Provo Canyon Hospital and Mountain View Hospital.

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

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

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

Numbers of clients served is expected to remain consistent.

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

No significant programmatic changes are anticipated.

**2) Children/Youth Inpatient**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$48,750</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>8</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$48,750</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>8</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$13,125</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>2</b>
<b>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.</b>			
<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>			
<b>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).</b>			
Because the inpatient numbers can greatly fluctuate between years we are budgeting for these amount/clients served to ensure that there are funds to cover the service if the need arises.			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant programmatic changes are anticipated.			

### 3) Adult Residential Care

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$2,500</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>1</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$2,500</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>1</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>0</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>0</b>

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

No mental health residential facilities are located within San Juan County. As a result, San Juan Counseling refers San Juan County residents who meet criteria for this level of care to facilities outside of the county. SJC has a cooperative relationship with other Utah Behavioral Health Committee (UBHC) agencies that have residential care facilities. By "cooperative relationship," it is the relationship that we as a center, have with each of the other LMHCs (Local Mental Health Centers) 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.

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

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

**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).**

Budget is a minimal amount to show that we will make attempts to provide this level of service if need arises.

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

No change anticipated.

**4) Children/Youth Residential Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$2,500</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>1</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$2,500</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>1</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>0</b>

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

Procedures for children and youth residential care are similar to the residential care for adults with the exception that they are placed in satisfactory children's facilities. Due to our close personal and working relationships with other LMHCs and their employees, they are willing to assist when asked for recommendations and help in finding residential placements for San Juan County children and youth. Relationships developed through UBHC sponsored meetings of directors, clinical directors and children's coordinators have facilitated such relationships and cooperative attitudes among various centers and their employees.

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

No change anticipated.

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

No change anticipated.

**5) Adult Outpatient Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$379,440</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>459</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$425,923</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>296</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$501,229</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>370</b>

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

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

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

No changes anticipated.

**Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.**

The majority of the civilly committed persons in our service area who are Seriously and Persistently Mentally Ill (SPMI) are maintained in an outpatient setting with a combination of outpatient counseling / medication management, case management and day treatment services. When civil commitment is necessary, the length of stay in an acute psychiatric facility is typically 7-10 days, just long enough to restore the client's capacity to maintain his/her safety. During calendar years 2016 and 2017, SJC had just two clients (both youth) placed in long term placements at the Utah State Hospital, with an average length of stay of 3 months. During that same time period, SJC had a 45% drop in acute psychiatric admissions (31 in 2016; 17 in 2017). These numbers reflect the commitment of SJC to respect the civil liberties of severely mentally ill persons by providing psychiatric care at the least restrictive level possible.

**6) Children/Youth Outpatient Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$472,315</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>399</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$409,314</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>210</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$452,395</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>239</b>

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

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

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

SJC is currently a member of the San Juan Early Childhood Coalition where an emphasis has been placed on assisting parents in completing the Ages and Stages Questionnaire (ASQ-3). Our primary Family Resource Facilitators are familiar with the instrument and can assist families in completing if for any young children with a potential developmental delay. In addition, SJC has made available the Denver II developmental screener for clinicians working with preschool aged toddlers and children to identify language, gross motor and social development delays. SJC has one clinician certified in Parent Child Interaction Therapy (PICT), an evidenced based approach to working with parents and young children with significant behavior problems. Another SJC clinician is a licensed foster parent with specialized training in recognizing and managing behaviors associated with fetal alcohol syndrome.

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.  
[To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 399 youth during this time and we are anticipating that we will serve the same number.](#)

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

No significant programmatic changes.

**7) Adult 24-Hour Crisis Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$22,801</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>68</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$27,771</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>60</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$35,075</b>	<b>Form A1 - Actual FY17 Clients Serviced as Reported by Locals</b>	<b>62</b>

**Describe access to crisis services during daytime work hours, after hours, 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.**

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.  
[To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 68 adults during this time and we are anticipating that we will serve the same number.](#)

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

No significant programmatic changes.

**8) Children/Youth 24-Hour Crisis Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$3,520</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>16</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$8,817</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>25</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$9,314</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>27</b>
<p><b>Describe access to crisis services during daytime work hours, after hours, 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.</b></p>			
<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>			
<p><b>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).</b></p>			
<p>All numbers used in the FY 2019 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><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>No significant programmatic changes.</p>			

**9) Adult Psychotropic Medication Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$119,929</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>330</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$143,492</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>243</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$157,301</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>226</b>

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

No significant programmatic changes.

#### 10) Children/Youth Psychotropic Medication Management

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$21,555</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>71</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$23,261</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>48</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$25,705</b>	<b>Form A1 - Actual FY17 Clients Serviced as Reported by Locals</b>	<b>48</b>

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

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends  
 To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 71 youth during this time and we are anticipating that we will serve the same number.

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

No significant programmatic changes.

**11) Adult Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$339,967</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>94</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$278,438</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>75</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$389,492</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>35</b>

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

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

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

We offer skill development oriented classes to the community.

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.  
 To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 94 adults during this time and we are anticipating that we will serve the same number.

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

No significant programmatic changes.

**12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY19 Amount Budgeted:</b>	2,136	<b>Form A1 - FY19 Projected clients Served:</b>	19
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$2,636	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	5
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$264	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	1

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.  
[To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 19 youth during this time and we are anticipating that we will serve the same number.](#)

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

No significant programmatic changes.

**13) Adult Case Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$26,636	<b>Form A1 - FY19 Projected clients Served:</b>	54
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$39,342	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	44
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$27,443	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	37

**Describe the activities you propose to undertake and identify where services are provided. For**

**each service, identify whether you will provide services directly or through a contracted provider.**

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.  
[To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 54 adults during this time and we are anticipating that we will serve the same number.](#)

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

No significant programmatic changes.

**14) Children/Youth Case Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$4,300</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>15</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$8,712</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>14</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$144</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>4</b>

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.  
[To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 15](#)

adults during this time and we are anticipating that we will serve the same number.

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

No significant programmatic changes

**15) Adult Community Supports (housing services)**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$10,800</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>4</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$10,800</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>4</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$8,707</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>4</b>

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

San Juan Counseling is 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.

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.

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

SJC will continue with leasing trailer for FY 19 to meet the needs for transitional housing.

**16) Children/Youth Community Supports (respite services)**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$4,829</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>2</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$5,790</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>4</b>
<b>Form A1 - Actual FY17</b>	<b>\$535</b>	<b>Form A1 - Actual FY17</b>	<b>2</b>

<b>Expenditures Reported by Locals</b>		<b>Clients Served as Reported by Locals</b>	
<b>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.</b>			
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.			
<b>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).</b>			
All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 2 youth during this time and we are anticipating that we will serve the same number.			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant programmatic changes.			

#### 17) Adult Peer Support Services

<b>Form A1 - FY19 Amount Budgeted:</b>	\$6,688	<b>Form A1 - FY19 Projected clients Served:</b>	7
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$8,938	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	5
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$11,995	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	7
<b>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.</b>			
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. <b>SJC is currently only using the FRF's to provide Adult Peer Support to the families in need. SJC will continue to look for opportunities to recruit an Adult Peer Specialist outside of the FRFs.</b>			
<b>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).</b>			
All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends To obtain the client expected counts and budget amounts we looked the most current year worth of services and expenses provided by San Juan Counseling starting with April 1, 2017 through March 31, 2018. We served 7 adults during this time and we are			

anticipating that we will serve the same number.

**How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?**

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:

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

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.

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

No significant programmatic changes.

**18) Children/Youth Peer Support Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$20,374</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>11</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$51,587</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>45</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$80,917</b>	<b>Form A1 - Actual FY17 Clients Serviced as Reported by Locals</b>	<b>3</b>

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

Children/Youth peer support services are provided by the Family Resource Facilitators that are employees of San Juan Counseling.

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

In FY 2017 and FY 2018 we received funding through TANF. We no longer have the funding which is why there is a significant decrease in the budget.

**How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?**

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:

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

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.

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

No significant programmatic changes.

**19) Adult Consultation & Education Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$		
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$1,359		
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$		

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

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

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

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

No significant programmatic changes.

**20) Children/Youth Consultation & Education Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$		
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$1,359		
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$		

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

San Juan Counseling has 1 part time and 1 full time Family Resource Facilitators. Working with Frontiers for Families, the FRFs works closely with families in crisis to educate families about available services and provide carefully crafted wrap-around services for families in need. Family team meetings are held to personalize the service of each family. The services are coordinated in both the family team meetings and the System of Care.

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

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

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

[Ryan Heck, Clinical Director, regularly attends the Systems of Care Regional Advisory Council. Efforts are currently underway in this council to organize a meeting of social service providers serving the Navajo Nation.](#)

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

No significant programmatic changes.

**21) Services to Incarcerated Persons**

<b>Form A1 - FY19 Amount</b>	<b>\$5,000</b>	<b>Form A1 - FY19 Projected</b>	<b>5</b>
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<b>Budgeted:</b>		<b>clients Served:</b>	
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$5,000	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	5
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$6,954	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	13

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

San Juan Counseling provides outpatient care services to the county jail and to Canyonlands Juvenile Justice Center as requested.

San Juan Counseling currently provides crisis mental health assessments at the San Juan County Jail when requested by jail staff. From July 2017 to June 2018, 7 emergency evaluations were conducted, most for persons not previously seen by SJC staff.

SJC has also provided individual therapy in the jail for current mental health or substance abuse clients on a limited basis. In the past 12 months, 4 agency clients were seen in face to face sessions at the jail; one substance abuse evaluation was conducted there for a drug court candidate.

SJC has provided increased services in the jail via telehealth. Two clients were seen for medication management by Stephen Hatt, APRN. In addition, 3 drug court clients were able to join in weekly group therapy sessions from jail with the assistance of the SJC Recovery Support Coordinator who set up the video link and then supervised the inmates during the group.

Justice Reinvestment Initiative (JRI) funds have enabled SJC to provide targeted case management and skills development in the jail setting. Over the past year, a total of 36 such services were provided.

In the coming year, SJC plans to provide Prime for Life programming and Moral Reconciliation Therapy (MRT) groups in the jail setting on a consistent and on-going basis.

For incarcerated youth, SJC clinicians provided 16 mental health services for youth at the Canyonlands Youth Center over the past year. We will continue to provide on-call mental health evaluations for youth in crisis and meet with current clients for individual and family counseling as needed at the youth detention.

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

~~All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.~~

Due to the fact that jail services can greatly fluctuate between years we are budgeting for these amount/clients served to ensure that there are funds to cover the service when the need arises.

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

No significant programmatic changes.

## 22) Adult Outplacement

<b>Form A1 - FY19 Amount Budgeted:</b>	\$7,793	<b>Form A1 - FY19 Projected clients Served:</b>	2
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<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$7,409	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	2
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	0
<b>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.</b>			
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.			
<b>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).</b>			
We assume adult outplacement services will remain consistent. Because the adult outplacement numbers can greatly fluctuate between years we are budgeting the minimum amount/clients served to ensure that there are funds to cover the service if the need arises.			
<b>Describe any significant programmatic changes from the previous year.</b>			
No programmatic change is anticipated.			

### 23) Children/Youth Outplacement

<b>Form A1 - FY19 Amount Budgeted:</b>	\$	<b>Form A1 - FY19 Projected clients Served:</b>	0
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	0
<b>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.</b>			
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.			
<b>Describe any significant programmatic changes from the previous year.</b>			

No programmatic changes are anticipated.

**24) Unfunded Adult Clients**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$135,611	<b>Form A1 - FY19 Projected clients Served:</b>	135
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$135,611	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	135
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$185,485	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	172

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

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

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

No programmatic changes are anticipated.

**25) Unfunded Children/Youth Clients**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$13,007	<b>Form A1 - FY19 Projected clients Served:</b>	13
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$13,007	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	13
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$25,511	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	35

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

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

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. [With the Early Intervention School Based funding we are finding more youth are being funded through that source than are being viewed as "unfunded".](#)

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

No significant programmatic changes.

**26) Other non-mandated Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$	<b>Form A1 - FY19 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	

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

San Juan Counseling strives to respond to community needs and requests from our system of care partners to provide as many services locally as possible. For instance, we have and will continue to partner with Division of Child and Family Services to provide a parenting class at no cost to the attendees. Two 10-session classes will be provided in the coming year. In addition, we will continue to facilitate a support group for persons affected by suicide loss. This group is also provided to community members at no cost. SJC has also provided internship opportunities for BSW and MSW candidates at Utah State University - Blanding needing practicum placements.

**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).**

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

**27) Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

**In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2**

**Competitive employment in the community (include both adults and transition aged youth).**

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

Efforts continue to be made to create a consumer-run curbside recycling program in partnership with the San Juan Foundation, Workforce Service, Blanding City, Utah State University and the San Juan School District. Funding to cover start-up costs has been the primary barrier to moving forward. Recently however, funding has been made available through DSAMH that make the project very promising. We anticipate it will be well received based on a community survey conducted in the Blanding area in July 2017 showing considerable interest in the recycling services. In all, 161 households responded to the survey (representing 15.8% of the population) with 82.5% indicating an interest in recycling; 61.4% reported being willing to pay for such a service.

Competitive employment options will also be pursued concurrent to the development of the consumer run business in the coming year. Provided DSAMH funding comes through as anticipated, a full time supported employment specialist will be hired through September 30, 2018 to assist with identifying and educating local business owners about supported employment opportunities. We anticipate this employee will remain with SJC as a VISTA volunteer and part-time case manager after the initial funding expires.

**Collaborative efforts involving other community partners.**

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

**Employment of people with lived experience as staff.**

SJC has currently hired 3 people with lived experience as custodians.

**Peer Specialists/Family Resource Facilitators providing Peer Support Services.**

SJC does not currently employ Peer Support personnel other than FRFs, but has made significant efforts to hire additional Peer Support personnel. Although, not successful, our efforts will continue.

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

**Evidence-Based Supported Employment.**

There has been some success helping clients find meaningful employment 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.

SJC has had limited success in the past few years assisting clients to find work in competitive employment settings. We believe this is due to a combination of factors including higher than average unemployment in this

region of the state and employers not being aware of the advantages of providing supported employment. We hope to remedy the latter by training three case managers in Individual Placement and Support (IPS) with a specific goal of contacting area businesses and helping place three clients in competitive employment jobs by March 2019. To support this effort, employment focussed programming will be available at our day treatment with emphasis on resume writing, interview skills and the like.

## 28) Quality & Access Improvements

### Identify process improvement activities including implementation and training of:

#### Describe access and quality improvements

SJC has built new outpatient facility in Blanding to be completed. We occupied the new building in December 2017. 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 includes a dedicated play room and group rooms, which our current building lacks.

#### Identify process improvement activities - Implementation

San Juan Counseling administration administered a job satisfaction survey to clinical and support staff in October 2017. We received many candid replies about ways to improve morale and increase cohesion. This led the implementation of a bi-weekly peer supervision group during the business day. Attendance is optional and clinicians are allowed to count this time toward clinical productivity.

SJC administration is still in the process of adopting an annual employee evaluation instrument. This process was prolonged following the results of employee survey in an effort to identify a well understood and welcomed instrument staff experiences as helpful. Our plan is to implement such a process by the end of 2018.

SJC provided internships for two BSW students in the 2017-18 school year and will do the same for the 2018-19 school year. We continue to believe that providing these experiences we increase our opportunity to hire professionals from this area. In fact, we have been able to retain one of the BSW graduates as an employee / VISTA volunteer for the upcoming year.

#### Identify process improvement activities - Training of Evidence Based Practices

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

SJC currently employs therapists formally trained in the following EBPs: Seeking Safety, Motivational Interviewing, Eye Movement Desensitization Reprocessing, Trauma Focused CBT, Attachment, Self-Regulation and Competency (ARC), Parent Child Interaction Therapy (PCIT) and Moral Reconnection Therapy. A SJC therapist is trained as a trainer in motivational interviewing who, starting in August 2018, provide training to our clinical staff in the modality. This will be followed by real-play practice sessions where clinicians will code one another in the use of the skills to help increase fidelity to the model.

#### Identify process improvement activities - Outcome Based Practices

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

**Identify process improvement activities - Increased service capacity**

SJC, and its governing Board, are aware of the possible need to increase service capacity. The situation is constantly monitored and reviewed to assure that the Center has the capacity to meet the demand. SJC will continue to monitor outlying areas that are in need of services.

**Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals**

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.

**Identify process improvement activities - Efforts to respond to community input/need**

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

**Identify process improvement activities - Coalition Development**

San Juan Counseling members are working with several coalitions and have created a "multi-purpose" coalition. SJC is currently working with the local Domestic Violence coalition to incorporate substance use and suicide prevention. 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.

**Describe how mental health needs for people in Nursing Facilities are being met in your area**

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

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

**29) Integrated Care**

**Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.**

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

SJC is currently working together to implement Zero Suicide in our communities. Representative from both UNHS

and SJC have been meeting monthly since February 2016.

SJC's current facility is a part of 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 this has increased access to physical health for our clients.

**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.**

~~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.~~

San Juan Counseling is now located in the same building as San Juan County Public Health and the San Juan Health District medical clinic. This has resulted in greater communication between our agencies and easier access for clients. SJC clinicians have been more able to respond to requests by medical providers for immediate consultation with patients presenting in the clinic with acute mental health symptoms. San Juan Public Health educators have provided tobacco cessation instruction at our adult day treatment program following conversations that occurred since our mutual relocation.

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. Our prescriber, Stephen Hiatt, APRN has 25 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.

Clients presenting with a primary diagnosis of substance abuse are screened for co-occurring mental health conditions with this information recorded on the ASAM evaluation. All agency clients are screened for suicide risk using the Columbia Suicide Severity Rating Scale (CSSRS.)

**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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).**

Client medical and dental needs are regularly and routinely monitored for all SPMI clients involved with our adult day treatment program. Our current policy and practice is for a case manager to attend medical appointments with clients the majority of the time to help ensure any needed coordination and communication occurs with the medical provider.

Our adult day treatment program also invites nurses from the health department and providers from other agencies to present health and wellness information to our SPMI clients as part of the psychosocial rehabilitative services provided there. Topics include safe sex practices, disease prevention, health diet practices and the like. More generally, 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.

**Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.**

During the intake process each client is asked to report their smoking history. When indicated, smoking cessation becomes part of the therapeutic process. ~~Those who smoke are encouraged to attend smoking cessation classes.~~ Clients are informed of our smoke-free policy during the intake process and by prominently posted signs. [Because the overall numbers for classes have been too small tobacco cessation services are provided on an individual basis. San Juan Counseling will continue to monitor the demand and provide classes if the demand is warranted.](#)

**30) Children/Youth Mental Health Early Intervention**

**Describe the *Family Resource Facilitation with Wraparound* activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.**

n/a

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

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

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO**

n/a

**31) Children/Youth Mental Health Early Intervention**

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

n/a

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

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

**Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.**

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### 32) Children/Youth Mental Health Early Intervention

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

Early intervention funding has allowed SJC to assign therapists to spend more time at more area schools than before. Each week during the school year SJC sends a licensed therapist to Whitehorse High School in Montezuma Creek, UT, Montezuma Creek Elementary, Monument Valley High School, Tse'biin'idzsigai Elementary (Monument Valley), Albert R. Lyman Middle School for a combined 39 hours per week. This arrangement has the support of local school administration. Referrals are received from the school for students needing services. SJC will serve all students needing services regardless of funding source as far as our current resources allow.

**Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).**

SJC will use TANF funds to cover school based services. This is an increase from previous years.

**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.)**

With TANF funding we have therapists at eight schools in the county.

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

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

### 33) Suicide Prevention, Intervention & Postvention

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

A qualified mental health therapist is on-call 24 hours a day through a crisis 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.

Postvention services include joining with our systems of care partners in outreaching to those affected by suicide. This has often involved working with the school district crisis response team in the schools. Our on-call therapists have also been called to meet with family members soon after a suicide. Finally, SJC currently offers a support group for persons affected by suicide on Thursday evenings at our main office in Blanding.

**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 Performance Improvement Plan (PIP).**

Our efforts have included:

- 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 an agency staff trained as SafeTALK trainers with plans to then present this material to the general public throughout the county.

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.

**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.**

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.

**34) Justice Reinvestment Initiative (JRI)**

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

San Juan County Sheriff Rick Eldredge, Drug Court Therapist Cameron Palmer, Recovery Support Coordinator Jay Sherrow, San Juan County Attorney, and Drug Court Judge. JRI funds will be used to supplement the Drug Court Program in San Juan County.

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

San Juan Counseling supplements our Drug Court program to offer more services to more clients. As of 2017, SJC received additional JRI funding that allowed the hiring of a full-time recovery support coordinator (RSC) to provide targeted case management and skills development for court involved persons. The RSC typically meets first with newly referred court involved clients to build rapport, complete a brief screen instrument and begin gathering information to complete the Daily Living Activities (DLA-20.)

Part of the assessment for all Drug Court and outpatient substance abuse clients will be assessing criminal risk factors using the Risk and Needs Assessment Triage (RANT.) The Substance Abuse Subtle Screening Inventory (SASSI) is also utilized. Substance abuse assessments are conducted using recovery oriented system of care (ROSC) principles. Treatment modalities include Mind Body Bridging, Moral Reconciliation Therapy and cognitive behavior therapy.

San Juan Counseling will not use any JRI funds for Mental Health services. However, all justice involved clients will be screened and referred for mental health when appropriate.

**Identify your outcome measures.**

As of April 2018, our recovery support coordinator served 22 clients with the following results:

- 5 of these clients have successfully completed treatment (including 4 Prime for Life attendees);
- 4 clients have dropped out of treatment;
- Therefore, 76% of clients our RSC has met with who have not yet completed recommended treatment are still engaged in counseling.
- 50% of RSC served clients (not including Prime for Life attendees) have returned for a least one addition visit with the RSC (9 out of 18). For those that returned, the average number of visits with the RSC is 3.77.
- 13% of the clients have returned to jail (2 who dropped out of treatment; 1 who remains in the drug court program.)



FY19 Drug Offender Reform Act & Drug Court Expenditures						Local Authority:	San Juan Counseling				Form B1
FY2019 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2019 Expenditures						
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)					\$0						
Residential Services					\$0						
Outpatient					\$0						
Outpatient		\$16,324			\$16,324						
Intensive Outpatient					\$0						
Recovery Support (includes housing, peer support,		\$4,767			\$4,767						
Other (Screening & Assessment, Drug testing, MAT)		\$16,732			\$16,732						
FY2019 DORA and Drug Court	\$0	\$37,823	\$0	\$0	\$37,823						

# 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!**

**1) Screening and Assessment Only**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$27,122</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>19</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>0</b>
<b>Describe 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.</b>			
Screenings and assessments are conducted in-house by a licensed therapist (CSW, LCSW, CMHC, PhD.) Assessments can be conducted at our offices in Blanding, Monticello and Montezuma Creek. On a case-by-case basis, evaluations can also be conducted at the county jail. The process begins with an initial meeting with a recovery support specialist (a licensed adult case manager) who completes the Risk Assessment Needs Triage (RANT) and begins the Daily Living Assessment (DLA-20.) Clients also complete the Substance Abuse Subtle Screening Instrument (SASSI).			
<b>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).</b>			
All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.			
<b>Describe any significant programmatic changes from the previous year.</b>			
None			

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

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>0</b>
<b>Form B - Amount Budgeted in FY18 Area</b>	<b>\$</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	

<b>Plan</b>			
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	0
<b>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.</b>			
<p>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 Provo Canyon Behavioral in Orem, UT. 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.</p>			
<b>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).</b>			
No increase or decrease from previous year is expected.			
<b>Describe any significant programmatic changes from the previous year.</b>			
There are no significant programmatic changes expected.			
<b>If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?</b>			
<p>The need for medical detoxification services is typically assessed at a hospital ER using the Clinical Institute Withdrawal Assessment for Alcohol (CIWA.) For clients not experiencing acute medical need overnight observation in the ER is common. SJC is also able to provide medication evaluations on an emergency basis for clients experiencing non-lethal withdrawal, such as from methamphetamine. Detoxification services are paid for with Indian Health Service (IHS) funds, private insurance, Medicaid, Medicare or private insurance providers.</p>			

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

<b>Form B - FY19 Amount Budgeted:</b>	\$34,500	<b>Form B - FY19 Projected clients Served:</b>	6
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$34,500	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	6
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	0

**Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.**

There are no residential facilities in San Juan County. San Juan Counseling refers clients needing this level of care to facilities outside of the county. SJC utilizes several facilities in the 4 Corners Region that provide residential services and maintains collaborative working relationship with a number of such facilities. We have sent people to NCI in Gallup, an organization that has funds available for Navajos, Salvation Army Residential Treatment in Grand Junction, and Denver, Colorado, and Phoenix, Arizona. Odyssey House and House of Hope is also a possibility for those needing residential services. Native American clients are eligible for other programs such as Red Pines Residential Treatment in Fort Duchesne, Utah. A significant number of SJC clients meet the criteria for residential placement according to ASAM ([American Society of Addiction Medicine](#)) criteria.

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

Most residential programs utilized by San Juan Counseling clients are at least 2 months in duration, with some needing residential care for up to 6 months. With no such facilities available in San Juan County, efforts are made to find a facility that best suits the needs of each client.

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

No change.

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

There are no significant programmatic changes expected.

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

<b>Form B - FY19 Amount Budgeted:</b>	\$	<b>Form B - FY19 Projected clients Served:</b>	0
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	0

**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.**

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 by an APRN ([Advanced Practice Registered Nurse](#)) employed by the agency. Some of these clients are referred by local medical practitioners.

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

No increase or decrease from previous year is expected

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

There are no significant programmatic changes expected.

**5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$29,612</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>10</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$0</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>0</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	

**Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.**

An APRN employed by the agency will continue to provide these medications as needed to clients needing and interested in medication assisted treatment. All clients receiving a substance abuse evaluation receives written material describing MAT ([Medication-Assisted Treatment](#)) that includes an encouragement to inquire about this option if they believe such treatment would be benefit the. In addition, SJCC ([San Juan Counseling Center](#)) reviews our client database periodically in search of clients with a diagnosis that could potentially be treated with MAT to ensure all clients who might benefit are given a chance to discuss this option with their therapist.

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

No increase or decrease from previous year is expected

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

There are no significant programmatic changes expected.

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

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$249,951</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>90</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$238,256</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>77</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$245,119</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>80</b>

**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.**

Because the number of outpatient substance abuse clients who attend consistently fluctuates, the majority of outpatient substance abuse counseling takes the form of individual therapy sessions. If however a client is assessed to be high risk / high need, he/she may be considered for inclusion in the ongoing group therapy provided for drug court clients. Current drug court programing includes Moral Reconation Therapy (MRT), Seeking Safety, parenting skills, relationships skills and the Helping Men / Women Recover programs.

SJCC has three practitioners whose primary responsibility is to provide outpatient substance abuse treatment. Two are licensed clinicians (one male, the other female); we also have a full-time recovery support coordinator (RSC). This allows for substance abuse groups to be co-facilitated as needed.

Newly referred substance abuse clients first meet with our recovery support coordinator to complete the Risk and Needs Triage (RANT) and begin the Daily Living Assessment (DLA-20). This contact is intended to help establish rapport between the client and the RSC who is available to provide case management services and skills development services for court involved clients.

The American Society of Addiction Medicine criteria (ASAM) is completed for all clients who present with a primary substance abuse diagnosis to assist with a treatment recommendation (e.g residential, outpatient, etc.).

The Prime for Life psychoeducation course whose ASAM indicates this to be an appropriate level of care.

General outpatient substance abuse programs are for both individuals who are voluntary and court ordered. The programs provide a less restrictive environment with the possibility of three to four hours of programming hour 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 either as a voluntary client or court-ordered.

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 needed, case management and transportation services are provided to ensure that women and children have access to appropriate medical and mental health support services. Case management and be provided by the RSC or a Family Resources Facilitator (FRF).

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

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

All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends.

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

No changes anticipated.

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

<b>Form B - FY19 Amount Budgeted:</b>	\$	<b>Form B - FY19 Projected clients Served:</b>	0
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$0	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	0
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	0
<b>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.</b>			
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).			
<b>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).</b>			
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.			
<b>Describe any significant programmatic changes from the previous year.</b>			
No changes			

#### 8) Recovery Support Services

<b>Form B - FY19 Amount Budgeted:</b>	\$63,867	<b>Form B - FY19 Projected clients Served:</b>	20
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$2,908	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	5
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$400	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	1
<b>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.</b>			
SJCC employs a full-time Recovery Support Coordinator (RSC) who is available to provide case management services and skills development for clients under court order to complete treatment. The objectives for the RSC is to improve treatment engagement and treatment follow through, divert clients from criminal justice system into community services, help clients re-enter community and improve treatment access, retention and support. Family Resource Facilitation, including wrap-around to fidelity is also available on a case-by-case basis to clients with dependent children in the home.			
San Juan Counseling supports 12-step programs like AA and similar faith-based groups. 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.
<b>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).</b>
All numbers used in the FY 2019 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Increase is due to additional JRC funding.
<b>Describe any significant programmatic changes from the previous year.</b>
Programmatic changes due to hiring of a RSC using JRC funding.

**9) Peer Support Services**

<b>Form B - FY19 Amount Budgeted:</b>	\$	<b>Form B - FY19 Projected clients Served:</b>	0
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	
<b>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.</b>			
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.			
<b>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).</b>			
No change.			
<b>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</b>			
<b>Describe any significant programmatic changes from the previous year.</b>			

**10) Opioid (STR) Treatment Funds**

The allowable uses for this funding are described in the SFY 18 Division Directives:

1. Contract with Opioid Treatment Programs (OTP);
2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT);
3. Provision of evidence based-behavioral therapies for individuals with OUD;
4. Support innovative telehealth in rural and underserved areas;
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD;
6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
7. Enhance or support the provision of peer and other recovery supports.

**Describe the activities you propose and identify where services will be provided.**

SJC's APRN has completed the requirements that allow him to prescribe buprenorphine. Procedures require individual participation in ongoing groups and outpatient treatment. These services will be provided at San Juan Counseling's main office.

**How will you identify, engage and retain individuals in your area with opioid use disorders?**

Individuals will be identified through the evaluation process. The individual therapists, prescriber, and nurse will work with individuals to keep them engaged and retained in the services.

**Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.**

The additional resource of SJC's APRN will improve access for the community.

**For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.**

Services will be provided directly through San Juan Counseling.

## 11) Quality & Access Improvements

**Identify process improvement activities including implementation and training of:**

**Describe how you will increase access to treatment?**

SJCC is making efforts to expand outpatient services to the Mexican Hat, Utah area as well as the San Juan County jail in FY 2019. We will continue to provide school-based therapeutic services in six of the eleven public schools in the county.

**Describe your plan to improve the quality of care.**

SJCC will continue to provide and facilitate formal training for our clinicians who provide substance abuse treatment. This will include trainings provided by the DSAMH such as the Fall Substance Abuse Conference and use of the ASAM.

SJCC will remain committed to having increased clinical staff treating our drug court and outpatient treatment populations so that both programs do not fall primarily to one provider, as has been the case in the recent past. Clinicians will therefore have more manageable caseloads with adequate time set aside to prepare for groups and communicate as needed with the courts.

**Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.**

SJCC will provide in-house training and supervision in Motivational Interviewing that includes direct review of client interviews using an established MI supervision instrument. A clinician who is certified as an MI trainer will provide the bulk of the direct supervision from June – August 2018 for two clinicians providing substance abuse treatment. Both clinicians will have at least 5 clinical sessions transcribed and reviewed using the identified fidelity instrument with follow-up occurring between each taped interview.

**Describe Clinical Supervision Protocol or Plan.**

Both SJCC substance abuse counselors are currently have CSW licensure which means both receive weekly clinical supervision from the clinical director. In addition, both have the option of receiving additional clinical support from a local clinician versed in work with personality disorder and court compelled clients.

**How do you evaluate client outcomes?**

Client outcomes are currently measured primarily through an evaluation of each client's specific treatment plan goals and objectives. SJCC is also considering implementing a recovery capital evaluation instrument like the Brief Assessment of Recovery Capital (BARC-10).

Client treatment plans are reviewed and updated regularly during counseling sessions. SJC administration also conducts treatment plan reviews to ensure these are being created by the client and therapist. Agency clients with substance abuse diagnosis are reviewed for possible inclusion in medication assisted treatment (MAT) services. Administration also reviews DSAMH scorecard data and TEDs data to help determine treatment effectiveness agency wide. SJC will inquire how other local mental health authorities are tracking client outcomes, particularly those who use the same electronic health record.

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

**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.**

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.

When appropriate SJC provides individual therapy and medication management in the jail. If SJCC receives additional JRI funding for a Recovery Support Case Manager then we hope to provide skills groups within the jail.

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

All numbers used in the FY 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.

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

No changes.

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

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

**13) Integrated Care**

**Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.**

San Juan Counseling has positive, professional relationships with all primary care organizations in the county, including the four FQHC ([Federally Qualified Health Centers](#)) clinics. Services and referrals are coordinated between agencies and therapists. SJCC also works closely with the Health Department on many aspects including distribution of Naloxone kits. In the fall of 2017 SJCC moved 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.

**Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.**

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

**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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).**

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..

**Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.**

Every client seeking services is given the opportunity to receive tobacco cessation services. Clinicians frequently ask about tobacco use offer services to help with cessation. [Because the overall numbers for classes have been too small tobacco cessation services are provided on an individual basis.](#) San Juan Counseling will continue to monitor the demand and provide classes if the demand is warranted. San Juan Public Health has provided smoking cessation education to our day treatment programs as requested.

**14) Women's Treatment**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$139,883</b>		
<b>Form B - Amount</b>	<b>\$147,963</b>		

<b>Budgeted in FY18 Area Plan</b>			
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$141,233</b>		
<b>Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.</b>			
SJCC has instituted a Seeking Safety group that is specific to women with Substance Use Disorders. The seeking safety group addresses the relationship between trauma and substance use. This group meets weekly. Additionally, many of our providers have received training in trauma informed care.			
<b>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with Division of child and family services (DCFS) for women with children at risk of, or in state custody.</b>			
SJCC employees two play therapists trained in child centered and TF-CBT ( <a href="#">trauma focused cognitive behavioral therapy</a> ) to assist children in processing traumatic experiences. Children referred for services receive an assessment that takes into account developmental delays and needs.			
SJCC works with DCFS regularly. Our FRF's ( <a href="#">Family Resource Facilitators</a> ) facilitate family team meetings and our therapist frequently attend family team meetings. SJCC is a part of the SOC ( <a href="#">System of Care</a> ) committee that meets monthly with DCFS, JJS, WFS, and schools to attend to the needs of women and children.			
<b>Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.</b>			
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.			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant changes.			

#### 15) Adolescent (Youth) Treatment

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$11,026</b>		
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$7,394</b>		
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$3,264</b>		
<b>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 /</b>			

**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. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.**

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

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

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

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

All numbers used in the FY 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.

**Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.**

No changes.

**16) Drug Court**

<b>Form B - FY18 Amount Budgeted: Felony</b>	<b>\$42,573</b>	<b>Form B - FY19 Amount Budgeted: Felony</b>	<b>\$37,823</b>
<b>Form B - FY18 Amount Budgeted: Family Dep.</b>	<b>\$</b>	<b>Form B - FY19 Amount Budgeted: Family Dep.</b>	<b>\$</b>
<b>Form B - FY18 Amount Budgeted: Juvenile</b>	<b>\$</b>	<b>Form B - FY19 Amount Budgeted: Juvenile</b>	<b>\$</b>
<b>Form B - FY18 Recovery Support Budgeted</b>	<b>\$</b>	<b>Form B - FY19 Recovery Support Budgeted</b>	<b>\$</b>

**Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).**

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

**Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).**

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.

**Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).**

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.

**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 Specialty Courts, etc).**

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.

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).**

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

**Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).**

No changes

**Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)**

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.

**17) Justice Reinvestment Initiative (JRI)**

<b>Form B - FY18 Amount Budgeted:</b>	<b>\$32,053</b>	<b>Form B - FY19 Amount Budgeted:</b>	<b>\$32,064</b>
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**Identify the members of your local JRI Implementation Team.**

San Juan County Sheriff Rick Eldredge, Drug Court Therapist Cameron Shumway, Recovery Support Coordinator, Jay Sherrow, San Juan County Attorney, and Drug Court Judge. JRI funds will be used to supplement the Drug Court Program in San Juan County.

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

~~San Juan Counseling supplements our Drug Court program to offer more services to more clients. Part of the assessment for all Drug Court clients will be assessing criminal risk factors.~~

San Juan Counseling supplements our Drug Court program to offer more services to more clients. As of 2017, SJC received additional JRI funding that allowed the hiring of a full-time recovery support coordinator (RSC) to provide targeted case management and skills development for court involved persons. The RSC typically meets first with newly referred court involved clients to build rapport, complete a brief screen instrument and begin gathering information to complete the Daily Living Activities (DLA-20.)

Part of the assessment for all Drug Court and outpatient substance abuse clients will be assessing criminal risk factors using the Risk and Needs Assessment Triage (RANT.) The Substance Abuse Subtle Screening Inventory (SASSI) is also utilized. Substance abuse assessments are conducted using recovery oriented system of care (ROSC) principles. Treatment modalities include Mind Body Bridging, Moral Reconciliation Therapy and cognitive behavior therapy.

San Juan Counseling will not use any JRI funds for Mental Health services. However, all justice involved clients will be screened and referred for mental health when appropriate.

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

**18) Drug Offender Reform Act**

<b>Form B - FY19 Amount Budgeted:</b>	\$		
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$		
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$		

**Local Drug Offender Reform Act (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 Adult Probation and Parole (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.

**Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

**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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

**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.



# FORM C - SUBSTANCE USE PREVENTION NARRATIVE

**Local Authority:** San Juan Counseling

## **Instructions:**

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**

**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.**

San Juan Counseling's main efforts in substance abuse prevention are being headed up through the SJCPAC (San Juan County Prevention, Action, Collaboration) 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, Utah Navajo Health Systems (UNHS), Monticello City Residents, Rural Utah Child Development Headstart, SJ Public Health, USU Small Business Development, Blanding Rotary, Gearup, SJ Sheriff's Office, SJ Foundation, USU Extension Services, USU Student Body, and Blanding City among others. SJCPAC is using the 2017 SHARPS data to assess San Juan County 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 several communities in the county the coalition is working on capacity building in the form of helping communities understand and address the risk and protective factors identified. A member of the Coalition will be attending the Mid-Year CADCA training in Orlando, FL.

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 – nearing completion.

## **1) Assessment**

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.

**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 LSAA's did for this fiscal year.

We recently restructured our SJCPAC Coalition subcommittees. Our Data Analysis & Evaluation subcommittee will be going over the 2017 SHARPS survey, a community survey led by the youth, and other data as found. From the SHARP 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.

To date we have completed 21 Community Readiness Assessment Interviews. We are waiting on a few more interviews to complete the Assessments in the communities of White Mesa, Monument Valley, and Montezuma Creek. Blanding and Monticello community interviews have been completed and are currently undergoing the scoring process.

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.

**2) Capacity Building**

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.

**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)

Our goal is to help our communities understand and address the identified risk and protective factors. We have 11 coalition members who will be attending the Bryce Coalition Summit in June. We hope that this training will continue to strengthen our knowledge base in how to run effective community coalitions. We also plan to have 14-16 youth attend the Youth Leadership Training at Snow College in July. 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.

**3) Planning**

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.

**Things to Consider/Include:**

Write in a logical format or In a narrative. Logical Format is:  
Goal: 1  
Objective: 1.1

Measures/outcomes  
Strategies:  
Timeline:  
Responsible/Collaboration:

What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?

Goal: 1 Reduce Underage Drinking

Objective: 1.1 Attitudes Favorable to Antisocial Behavior

Measures: Decrease attitudes favorable to antisocial behavior in all grades from 31.4% in 2015 to 29% in 2019. Decrease underage drinking from 12.1% to 9% in all grades by 2023.

Strategies: Parents Empowered, Community Events, Youth Prevention Coalitions, EASY Compliance Checks  
Responsible Coalition subcommittee work groups over PLANNING, with SJCPAC support

Goal: 2 Reduce Lifetime use of Alcohol Objective 2.1: Family Conflict, Reduce depressive symptoms

Measures: Percent reporting depressive symptoms in grade 10 will reduce 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.

Strategies: Hope Squads, Youth Prevention Coalitions

Responsible: Coalition subcommittee work groups over PLANNING, and San Juan County school district and SJCPAC Jr. Youth Coalition, with SJCPAC support.

Goal: 3 To Reduce Youth use of E-Cigarettes.

Objective 3.1: Early Initiation of Antisocial Behavior

3.2 Low Commitment to School

Measures: Reduce Lifetime E-Cigarette use in grade 10 from 16.3% in 2015 to 14% in 2019.

Reduce Low Commitment to School in grade 10 from 66.5% in 2015; to 64% by 2019.

Lower Early Initiation of Antisocial Behavior in grade 8 from 40.4% in 2015 to 38% in 2019.

Strategies: SJCPAC Coalition – continued training and collaboration. Youth Prevention Coalitions, Community Events, Public Health

Responsible: Coalition subcommittee work groups over PLANNING, and San Juan County school district and SJCPAC Jr. Youth Coalition, with SJCPAC support. Health Dept. – tobacco buys.

Goal: 4 Reduce Lifetime Marijuana Use

Objective 4.1: Reduce Perceived Risk of ATOD in grade 10 from 38.2% in 2015; to 36% in 2019.

Measures: Reduce Lifetime Marijuana use in grade 12 from 26.3% in 2015 to 20% in 2025.

Strategies: Community Events, Youth Prevention Coalitions

Responsible: Coalition subcommittee work group over PLANNING and San Juan County school district and SJCPAC Jr. Youth Coalition, with SJCPAC support.

#### 4) Implementation

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.

#### Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions?

\*\*Unlike in the Planning section (above), it is only required to share what

activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).

Law Enforcement does the EASY checks. Coalition member, Autumn Secody, has been instrumental in starting a strong youth prevention group as an outreach effort from SJCPAC in Monument Valley and Navajo Mt. to help fight that battle.

Reducing e-cigarette use. The health Department implements the tobacco buys in reducing smoking. The PLANNING & IMPLEMENTATION subcommittees are looking at activities to implement.

Suicide Prevention. Several SJCPAC members - work on our county "Zero Suicide" Coalition. They work with the school district, UNHS, Law Enforcement and others to continue support for Hope Squads within the school district .

Reducing Marijuana Use. The PLANNING & IMPLEMENTATION subcommittees are in the planning phases as they are work with law enforcement in looking for activities to implement.

## 5) Evaluation

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.

### 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

We have made good progress this past year in helping coalition members understand the concept of risk and protective factors and prevention science. 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. We recently had 2 coalition members attend a teacher training on "Guiding Good Choices," so that we can implement that evidence based model in our local communities.

Juvenile Justice coalition members offer the "Strengthening Families" and "Why Try" curriculums in our county communities as well. Our efforts in proper evaluation will be better supported after finishing a more comprehensive community assessment – currently in process.

## 6) Create a Logic Model for each program or strategy.

# 1. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
San Juan County Prevention, Action, Collaboration (SJCPAC) Coalition				26809	Yes	
Agency				Tier Level:		
San Juan Counseling				Level 0		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce Lifetime E-Cigarette use in the 10th grade.	Early Initiation of Antisocial Behavior Low Commitment to School	Universal: Local organizations, key leaders, and agencies will participate in our countywide SJCPAC. Participation is open to community members of all socioeconomic and ethnic backgrounds. Existing Coalitions include SJCPAC and SJCPAC Jr. Coalitions.	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 antisocial 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 2015-2017	SHARP survey 2015-2017	Coalition rolls and Key Leader survey results. Meeting minutes. Attendance rosters.	Member attendance and participation. Meeting Minutes	SHARP survey 2019	SHARP survey 2025

## 2. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Parents Empowered Campaign				4000	Yes	
Agency				Tier Level:		
San Juan Counseling				Level 0		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce underage drinking.	Attitudes favorable to Antisocial behavior. Early Initiation of drug use.	UNIVERSAL: Target parents of community underage youth.	Present Parents Empowered presentations to classrooms in 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 Antisocial 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.
Measures & Sources	SHARP survey 2015-2017	SHARP survey 2015-2017	Collateral counts by staff conducting PE presentations.	Staff forms	SHARP 2019 survey	SHARP 2019 survey

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### 3. Logic Model

Program Name			Cost of Program	Evidence Based: Yes or No		
Youth Prevention Coalitions			5000	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 use of Marijuana	Rewards for Prosocial Involvement Perceived risk of ATOD use. Depressive symptoms Suicide Prevention	Middle & High School students @ schools in San Juan County.	Form Youth Prevention clubs in schools. Meet at least monthly for 1 hour with Coalition leaders from schools.	Percent reports Rewards for prosocial 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	Will Reduce lifetime use of Marijuana in grade 12 from 26.3% in 2015 to 20% in 2025.

					2015 to 36% by 2019.	
Measures & Sources	SHARPS Survey 2015-2017	SHARPS Survey 2015-2017	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.

#### 4. Logic Model

Program Name			Cost of Program	Evidence Based: Yes or No		
Hope Squads			2992	Yes		
Agency			Tier Level:			
San Juan Counseling			Level 1			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		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	Continue supporting HOPE squads in each of the following schools: Monticello High School, San Juan High School, Albert R. Lyman Middle School,	Percent reporting depressive symptoms will reduce in Grade 10 from 38.6% in 2015 to 36% in 2019. Percent reporting	Will decrease overall lifetime use of alcohol in Grade 10 from 18.4% in 2015 to 12% in 2025.

			Elementary, Bluff Elementary, and Monument Valley High School. We hope to target 10-12 students in each school.	Whitehorse High School, Monument Valley High School - and look to implement within the county elementary schools as well.	family conflict in Grade 10 will reduce from 34.1% in 2015 to 32% in 2019.	
Measures & Sources	SHARP survey 2015-2017	SHARP survey 2015-2017	Meeting attendance and minutes.	Meeting attendance and minutes.	SHARP survey 2019	SHARP survey 2015; and 2025

### 5. Logic Model

Program Name				Cost of 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	Strategies	Outcomes

			Indicated		Short	Long
Logic	Reduce underage drinking	Attitudes favorable to antisocial behavior.	Indicated	Encourage through collaborative efforts with local law enforcement to have them complete and support EASY program.	Reduce attitudes favorable to antisocial 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 2019.
Measures & Sources	SHARP Survey 2015-2017	SHARP Survey 2015-2017	San Juan County Sheriff's Office Law Enforcement EASY training Dates and annual report.	Law enforcement records of EASY checks.	SHARPS survey 2015; 2019	SHARPS survey 2015; 2025

## 6. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Community Events	5933	No

Agency			Tier Level:			
San Juan Counseling						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		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 county community 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 2015-2017	SHARP survey 2015-2017	Evaluation and number of attendees	Meeting attendance, surveys	SHARP survey 2019	SHARP survey 2025



# San Juan Counseling's Sliding Fee Schedule

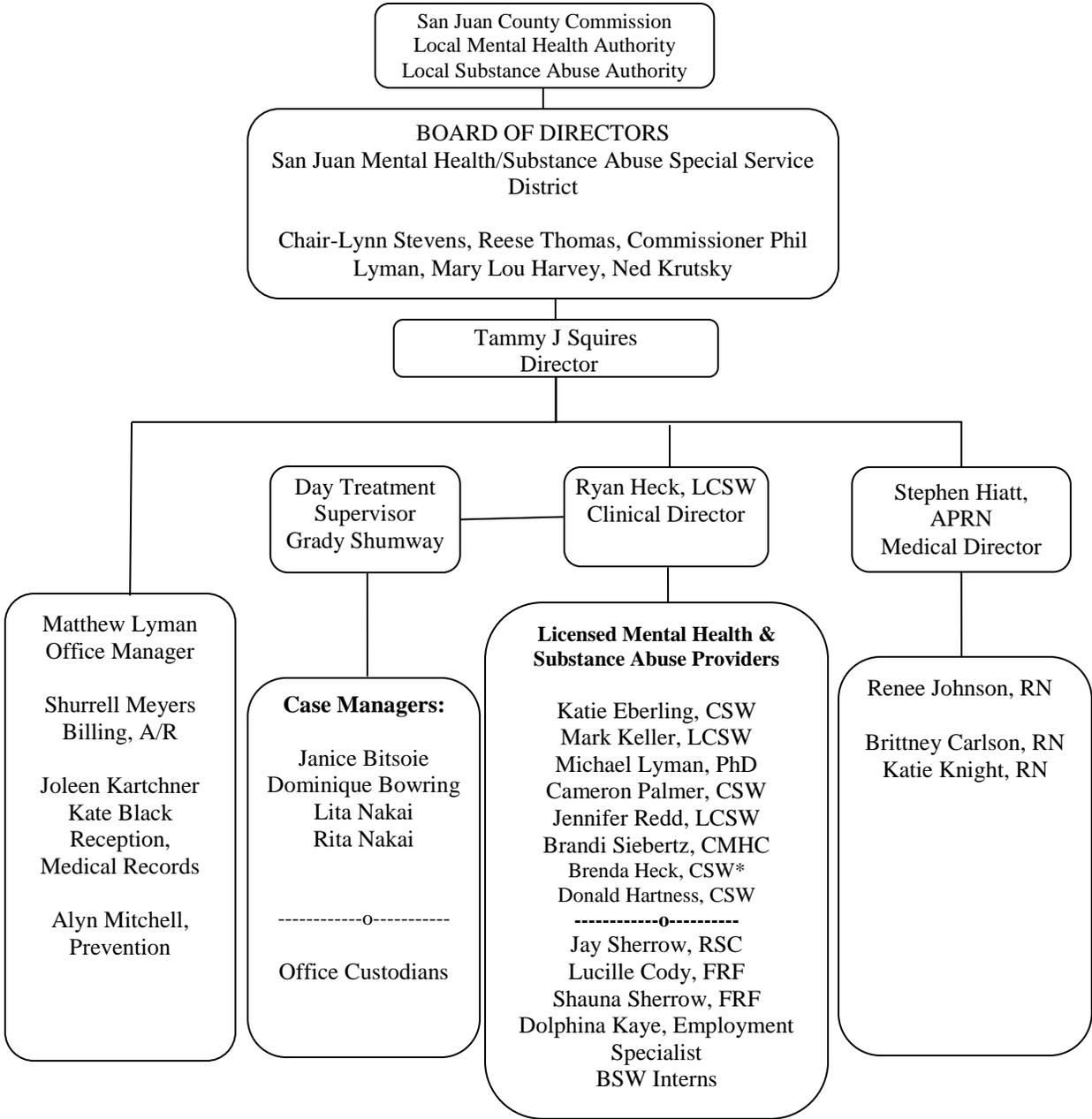
\*\*Including all programs: Mental Health, Substance Abuse, & Drug Court

Approved 12/12/16  
 Estimated 2016 Poverty Guideline  
 Estimated 2016 200% Poverty

Individual Fee	% of Poverty*	Monthly Income*	NUMBER of HOUSEHOLD DEPENDENTS								
			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	\$ 5.00
	150%	\$991-\$1238	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 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	\$ 5.00
	250%	\$1981-\$2475	\$ 30.00	\$ 20.00	\$ 10.00	\$ 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	\$ 10.00
	350%	\$2971-\$3465	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 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	\$ 10.00
	450%	\$3960-\$4455	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	\$ 10.00	\$ 10.00
	500%	\$4456-\$4950	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 20.00	\$ 10.00
	550%	\$4950-\$5445	\$ 90.00	\$ 80.00	\$ 70.00	\$ 60.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 30.00	\$ 20.00
	600%	\$5446-\$5940	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee
		\$5941+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

\* based on 2016 Poverty Guidelines

**Organizational Chart  
San Juan Counseling  
August 2018**



\*Brenda Heck, Supervised by Tammy Squires

**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 2019 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 Mental Health/Substance Abuse Special Service District

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

**PLEASE PRINT:**

**Name:** Phil Lyman

**Title:** Commissioner

**Date:** 08/09/18