

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Residents of San Juan County are eligible for all services based upon medical need, not ability to pay.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
Residents of San Juan County are eligible for all services based upon medical need, not ability to pay. Waitlists are managed by severity of needs. Currently, only non-medicaid Mental Health clients with low needs are on a waitlist. Our waitlist is very small. Waitlist is monitored by front desk and clinical director regularly to ensure priority is given to those that need it most. The front desk and clinical staff are trained regularly to ensure that the priority populations are getting served.
What are the criteria used to determine who is eligible for a public subsidy?
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.
How is this amount of public subsidy determined?
The use of public subsidy is based upon need and income. The sliding fee scale determines the amount expected of the client. Exceptions that benefit the client are made on a case by case basis
How is information about eligibility and fees communicated to prospective clients?
Eligibility and fees are explained during the intake process. 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 www.sanjuancc.org under Services.
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.
Yes

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.

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

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

FY20 Mental Health Area Plan & Budget													Local Authority		San Juan		Form A	
FY2020 Mental Health Revenue	State General Fund			County Funds			Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue					
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid												
JRI/JRC													\$0					
Local Treatment Services	\$11,501	\$292,129	\$6,483		\$65,688	\$874,907	\$47,473			\$105,000	\$32,000	\$17,000	\$1,452,181					
FY2020 Mental Health Revenue by Source	\$11,501	\$292,129	\$6,483	\$0	\$65,688	\$874,907	\$47,473	\$0	\$0	\$105,000	\$32,000	\$17,000	\$1,452,181					
FY2020 Mental Health Expenditures Budget	State General Fund			County Funds			Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served			
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid												
Inpatient Care (170)		\$22,500				\$75,000							\$97,500	16	\$6,093.75			
Residential Care (171 & 173)		\$5,000											\$5,000	2	\$2,500.00			
Outpatient Care (22-24 and 30-50)		\$136,439	\$6,483		\$33,868	\$412,420	\$28,916			\$80,986	\$24,681		\$723,793	517	\$1,399.99			
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		\$7,655			\$1,900	\$23,140	\$610			\$5,457	\$1,663		\$40,425	121	\$334.09			
Psychotropic Medication Management (61 & 62)		\$27,279			\$6,771	\$82,458	\$2,076			\$18,557	\$5,656		\$142,797	341	\$418.76			
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$72,215			\$17,926	\$218,288							\$308,429	66	\$4,673.17			
Case Management (120 & 130)		\$19,730			\$4,897	\$59,638							\$84,265	71	\$1,186.83			
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	\$3,708	\$176			\$44	\$533						\$12,000	\$16,461	10	\$1,646.10			
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		\$1,135			\$282	\$3,430	\$15,871						\$20,718	15	\$1,381.20			
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information													\$0					
Services to persons incarcerated in a county jail or other county correctional facility												\$5,000	\$5,000	5	\$1,000.00			
Adult Outplacement (USH Liaison)	\$7,793												\$7,793	2	\$3,896.50			
Other Non-mandated MH Services													\$0		#DIV/0!			
FY2020 Mental Health Expenditures Budget	\$11,501	\$292,129	\$6,483	\$0	\$65,688	\$874,907	\$47,473	\$0	\$0	\$105,000	\$32,000	\$17,000	\$1,452,181					
FY2020 Mental Health Expenditures Budget	State General Fund			County Funds			Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served			
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid												
ADULT	\$7,793	\$205,441	\$3,760		\$47,583	\$616,936	\$7,403			\$66,186	\$20,171	\$17,000	\$992,273	477	\$2,080.24			
YOUTH/CHILDREN	\$3,708	\$86,688	\$2,723		\$18,105	\$257,971	\$40,070			\$38,814	\$11,829		\$459,908	278	\$1,654.35			
Total FY2020 Mental Health Expenditures	\$11,501	\$292,129	\$6,483	\$0	\$65,688	\$874,907	\$47,473	\$0	\$0	\$105,000	\$32,000	\$17,000	\$1,452,181	755	\$1,923.42			

FY20 Proposed Cost & Clients Served by Population

Local Authority: San Juan

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2020 Expected Cost/Client Served
Inpatient Care Budget			
\$48,750	ADULT	8	6094
\$48,750	CHILD/YOUTH	8	6094
Residential Care Budget			
\$2,500	ADULT	1	\$2,500
\$2,500	CHILD/YOUTH	1	\$2,500
Outpatient Care Budget			
\$405,636	ADULT	265	1531
\$316,623	CHILD/YOUTH	252	1256
24-Hour Crisis Care Budget			
\$27,476	ADULT	85	323
\$12,950	CHILD/YOUTH	36	360
Psychotropic Medication Management Budget			
\$120,799	ADULT	288	419
\$21,998	CHILD/YOUTH	53	415
Psychoeducation and Psychosocial Rehabilitation Budget			
\$298,463	ADULT	38	7854
\$9,967	CHILD/YOUTH	28	356
Case Management Budget			
\$61,588	ADULT	49	1257
\$22,676	CHILD/YOUTH	22	1031
Community Supports Budget (including Respite)			
\$12,000	ADULT (Housing)	5	2400
\$4,461	CHILD/YOUTH (Respite)	5	892
Peer Support Services Budget			
\$1,285	ADULT	4	321
\$19,432	CHILD/YOUTH (includes FRF)	11	1767
Consultation & Education Services Budget			
	ADULT		
	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$5,000	ADULT Jail Services	5	1000
Outplacement Budget			
\$7,793	ADULT	2	3897
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!
Summary			
Totals			
\$991,290	Total Adult		
\$459,357	Total Children/Youth		
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)			
Unfunded (\$2.7 million)			
\$2,777	ADULT	2	1389
\$2,031	CHILD/YOUTH	2	1016
Unfunded (all other)			
\$40,000	ADULT	40	1000
\$10,000	CHILD/YOUTH	10	1000

FY20 Mental Health Early Intervention Plan & Budget				Local Authority:		San Juan				Form A2	
		State General Fund		County Funds							
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
FY2020 Mental Health Revenue by Source		\$20,037							\$20,037		
		State General Fund		County Funds							
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL									\$0		#DIV/0!
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL		\$19,035							\$19,035	10	\$1,903.50
School Based Behavioral Health-ADMIN		\$1,002							\$1,002		
FY2020 Mental Health Expenditures Budget	\$0	\$20,037	\$0	\$0	\$0	\$0	\$0	\$0	\$20,037	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

Form A1 - FY20 Amount Budgeted:	\$48,750	Form A1 - FY20 Projected clients Served:	8
Form A1 - Amount budgeted in FY19 Area Plan	\$48,750	Form A1 - Projected Clients Served in FY19 Area Plan	8
Form A1 - Actual FY18 Expenditures Reported by Locals	\$10,500	Form A1 - Actual FY18 Clients Served as Reported by Locals	3
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>There are no inpatient psychiatric facilities in San Juan County. This necessitates referring clients needing inpatient care to facilities outside the county. When inpatient needs arise, patients undergo a physical health evaluation at one of two county hospitals and receive medical clearance. After medical clearance has been obtained, arrangements are made for patients to be transported to a licensed acute inpatient facility within the state of Utah. San Juan County Sheriff's Office provides transportation for clients who are involuntarily committed. The sheriff's office has been extremely cooperative and helpful. They are a great partner. Such patients are often admitted to the Provo Canyon Hospital and Mountain View Hospital.</p> <p>Every effort is made to maintain residents in their own homes when possible. With strong family support, increased case management and other intensive outpatient services, individuals who otherwise might have been hospitalized can at times be maintained successfully in the community.</p> <p>San Juan Counseling's professional staff maintains active certification as Designated Examiners for authority to enact involuntary commitments with the above scenarios.</p>			
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).			
Inpatient services increase in FY19 over FY18. We expect the same amount in FY20.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes are anticipated.			

2) Children/Youth Inpatient

Form A1 - FY20 Amount	\$48,750	Form A1 - FY20 Projected	8
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$48,750	Form A1 - Projected Clients Served in FY19 Area Plan	8
Form A1 - Actual FY18 Expenditures Reported by Locals	\$15,500	Form A1 - Actual FY18 Clients Served as Reported by Locals	2
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<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>			
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).			
Inpatient services increase in FY19 over FY18. We expect the same amount in FY20.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes are anticipated.			

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	\$2,500	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$2,500	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	0	Form A1 - Actual FY18 Clients Served as Reported by Locals	0

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

No mental health residential facilities are located within San Juan County. As a result, San Juan Counseling refers San Juan County residents who meet criteria for this level of care to facilities outside of the county. SJC has a cooperative relationship with other Utah Behavioral Health Committee (UBHC) agencies that have residential care facilities. By "cooperative relationship," it is the relationship that we as a center, have with each of the other LMHCs throughout the state. When we are in need of services not available in San Juan County, we often call other centers and ask for advice, suggestions and assistance. They are very cooperative and are often able to suggest facilities and resources that may or may not be affiliated with their particular center. This cooperative relationship has proven invaluable in many instances in which we needed knowledge of, and/or access to, facilities and resources outside our county. However, such facilities have been difficult to access for our residents based on funding constraints and availability. Private facilities, such as Chrysalis, have been utilized as needed and will continue to be used. SJC has been able to provide several modified services to minimize the need of residential treatment such as aggressive case managed services, services similar to an ACT team and services similar to a Clozaril Clinic. Due to the creative efforts of the clinical team at SJC, clients that might have required residential treatment have been maintained in a less restrictive setting while at the same time addressing their unique needs. If a San Juan County resident is in need of therapeutic foster care, 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).

No change anticipated.

Describe any significant programmatic changes from the previous year.

No change anticipated.

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	\$2,500	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$2,500	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	0

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

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

Form A1 - FY20 Amount Budgeted:	\$405,636	Form A1 - FY20 Projected clients Served:	265
Form A1 - Amount budgeted in FY19 Area Plan	\$379,440	Form A1 - Projected Clients Served in FY19 Area Plan	459
Form A1 - Actual FY18 Expenditures Reported by Locals	\$502,525	Form A1 - Actual FY18 Clients Served as Reported by Locals	353

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 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. [We will continue to serve as many clients as possible, however there may be fewer services per client offered to match funding 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.

San Juan Counseling strives to serve civilly committed clients using the least restrictive level of care possible. Civilly committed clients living in the community are consistently re-evaluated prior to their civil commitment hearing to determine whether he/she still meets criteria. If not, this is clearly articulated to the court.

For clients seen in acute settings, such as an ER department, SJC clinicians conduct an emergency mental health evaluation that includes a suicide-specific risk assessment when possibly, information from collateral sources, such as medical records, family members and friends. An effort is made to engage the client in safety planning and restricting his/her access to lethal means prior to determining whether civil commitment is recommended.

6) Children/Youth Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$316,623	Form A1 - FY20 Projected clients Served:	252
Form A1 - Amount budgeted in FY19 Area Plan	\$472,315	Form A1 - Projected Clients Served in FY19 Area Plan	399
Form A1 - Actual FY18 Expenditures Reported by Locals	\$593,550	Form A1 - Actual FY18 Clients Served as Reported by Locals	256

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 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. *We will continue to serve as many clients as possible, however there may be fewer services per client offered to match funding trends. The loss of EI TANF funding reflects the decrease in budgeted amount.*

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$27,476	Form A1 - FY20 Projected clients Served:	85
Form A1 - Amount budgeted in FY19 Area Plan	\$22,801	Form A1 - Projected Clients Served in FY19 Area Plan	68
Form A1 - Actual FY18 Expenditures Reported by Locals	\$31,071	Form A1 - Actual FY18 Clients Served as Reported by Locals	67

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 therapists 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.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

As the local mental health authority, San Juan Counseling typically has fewer than 10 individuals on civil commitment at any given time. Almost without exception, these individuals are well known to San Juan Counseling and participate in outpatient counseling, medication management and day treatment services. The seventh district court routinely notifies San Juan Counseling when a civil commitment hearing is scheduled and orders us to complete an evaluation update which sparks follow-up on those who are not already participating in services. The clinical director has the responsibility of arranging for follow-up with civilly committed persons no less than twice per 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 2020 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.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$12,950	Form A1 - FY20 Projected clients Served:	36
Form A1 - Amount budgeted in FY19 Area Plan	\$3,520	Form A1 - Projected Clients Served in FY19 Area Plan	16
Form A1 - Actual FY18 Expenditures Reported by Locals	\$10,675	Form A1 - Actual FY18 Clients Served as Reported by Locals	25
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 2020 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.			

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$120,799	Form A1 - FY20 Projected clients Served:	288
Form A1 - Amount budgeted in FY19 Area Plan	\$119,929	Form A1 - Projected Clients Served in FY19 Area Plan	330
Form A1 - Actual FY18 Expenditures Reported by Locals	\$162,360	Form A1 - Actual FY18 Clients Served as Reported by Locals	225
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 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. [We will continue to serve as many clients as possible, however there may be fewer services per client offered to match funding trends.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$21,998	Form A1 - FY20 Projected clients Served:	53
Form A1 - Amount budgeted in FY19 Area Plan	\$21,555	Form A1 - Projected Clients Served in FY19 Area Plan	71
Form A1 - Actual FY18 Expenditures Reported by Locals	\$27,946	Form A1 - Actual FY18 Clients Served as Reported by Locals	49

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 2020 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.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$298,463	Form A1 - FY20 Projected clients Served:	38
Form A1 - Amount budgeted in FY19 Area Plan	\$339,967	Form A1 - Projected Clients Served in FY19 Area Plan	94
Form A1 - Actual FY18 Expenditures Reported by Locals	\$409,673	Form A1 - Actual FY18 Clients Served as Reported by Locals	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.

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 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. *We will continue to serve as many clients as possible, however there may be fewer services per client offered to match funding trends. Employment services that have expanded have increased the number of clients served.*

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$9,967	Form A1 - FY20 Projected clients Served:	28
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Form A1 - Amount budgeted in FY19 Area Plan	\$2,136	Form A1 - Projected Clients Served in FY19 Area Plan	19
Form A1 - Actual FY18 Expenditures Reported by Locals	\$4,124	Form A1 - Actual FY18 Clients Served as Reported by Locals	11
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 2020 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.			

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	\$61,588	Form A1 - FY20 Projected clients Served:	49
Form A1 - Amount budgeted in FY19 Area Plan	\$26,636	Form A1 - Projected Clients Served in FY19 Area Plan	54
Form A1 - Actual FY18 Expenditures Reported by Locals	\$30,561	Form A1 - Actual FY18 Clients Served as Reported by Locals	48
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Case management services are provided by SJC. Case management services are centered on the client's individual needs for behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, social appropriateness, interpersonal adjustment, self-sufficiency, etc., as prescribed in the Treatment Plan. Medication management, financial management and other vital skills are taught to insure adequate and effective skills development for each client who receives case management services from San Juan Counseling. The focus for case management is to screen for appropriateness of case management services through the completion of an intake and evaluation, evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present, prescribe appropriate case management treatment secondary to initial diagnosis or diagnostic impressions and then subsequently, provide direct services to empower the client to			

learn how to provide Activities of Daily Living (ADL) for themselves or to empower them to care for themselves and for their general ADL as indicated in order to reach maximum resiliency or to reach a state of recovery from the diagnosed illness of the client.

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

All numbers used in the FY 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. [FY19 services indicated a large increase in services and clients served.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	\$22,767	Form A1 - FY20 Projected clients Served:	22
Form A1 - Amount budgeted in FY19 Area Plan	\$4,300	Form A1 - Projected Clients Served in FY19 Area Plan	15
Form A1 - Actual FY18 Expenditures Reported by Locals	\$5,210	Form A1 - Actual FY18 Clients Served as Reported by Locals	20

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. [Therapists in the schools have been providing more case management for children than in years past.](#)

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 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. [FY19 services indicated a large increase in services and clients served.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	\$12,000	Form A1 - FY20 Projected clients Served:	5
Form A1 - Amount budgeted in FY19 Area	\$10,800	Form A1 - Projected Clients Served in FY19 Area Plan	4

Plan			
Form A1 - Actual FY18 Expenditures Reported by Locals	\$8,580	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	4
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 two trailers that are 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 2020 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 FY20 to meet the needs for transitional housing.			

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	\$4,461	Form A1 - FY20 Projected clients Served:	5
Form A1 - Amount budgeted in FY19 Area Plan	\$4,829	Form A1 - Projected Clients Served in FY19 Area Plan	2
Form A1 - Actual FY18 Expenditures Reported by Locals	\$820	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	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.			
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.			
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 2020 Area Plan are projections based upon an analysis of services rendered during			

the most current calendar year. All projections are based upon these trends. [FY19 services indicated a moderate increase in services and clients served.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$1,285	Form A1 - FY20 Projected clients Served:	4
Form A1 - Amount budgeted in FY19 Area Plan	\$6,688	Form A1 - Projected Clients Served in FY19 Area Plan	7
Form A1 - Actual FY18 Expenditures Reported by Locals	\$11,719	Form A1 - Actual FY18 Clients Served as Reported by Locals	7

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

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

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

All numbers used in the FY 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends

How is adult peer support 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

Form A1 - FY20 Amount Budgeted:	\$19,432	Form A1 - FY20 Projected clients Served:	11
Form A1 - Amount budgeted in FY19 Area Plan	\$20,374	Form A1 - Projected Clients Served in FY19 Area Plan	11
Form A1 - Actual FY18 Expenditures Reported by Locals	\$82,453	Form A1 - Actual FY18 Clients Served as Reported by Locals	12

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.

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.

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 2020 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 loss of IGP funds (WFS Contract) that paid for a full-time FRF the budgeted amount has greatly decreased. We will continue to serve as many clients as possible however, the number of services per client will be decreased.*

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

Form A1 - FY20 Amount Budgeted:	\$0		
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Form A1 - Amount budgeted in FY19 Area Plan	\$0		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0		
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>San Juan Counseling participates in a wide range of conferences, seminars, committees, and cooperates with other value added partners to provide services in consultation and education. San Juan's System of Care includes DWS, DCFS, DSPD, San Juan County School District, Juvenile Court, local law enforcement, Vocational Rehabilitation, Utah 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.</p> <p>San Juan Partners with area federal and state agencies, clinics, hospitals, schools, law enforcement, religious organizations and Navajo Chapter Houses in an effort to improve cooperation and service.</p> <p>San Juan Counseling's clinical professional staff is available 24-7 to medical professionals, family members, law enforcement, etc. as needed for consultation for mental health crises situations.</p> <p>San Juan Counseling therapists provide wellness-oriented presentations at various community seminars and gatherings.</p>			
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 2020 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

Form A1 - FY20 Amount Budgeted:	\$0		
Form A1 - Amount budgeted in FY19 Area Plan	\$0		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0		
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

San Juan Counseling 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 re able to learn of services available in the county.

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

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

All numbers used in the FY 2020 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

Form A1 - FY20 Amount Budgeted:	\$5,000	Form A1 - FY20 Projected clients Served:	5
Form A1 - Amount budgeted in FY19 Area Plan	\$5,000	Form A1 - Projected Clients Served in FY19 Area Plan	5
Form A1 - Actual FY18 Expenditures Reported by Locals	\$4,713	Form A1 - Actual FY18 Clients Served as Reported by Locals	12

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.

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 2020 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.

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	\$7,793	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$7,793	Form A1 - Projected Clients Served in FY19 Area Plan	2
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Adult outplacement services have been needed only on an occasional basis in San Juan County. On those occasions when outplacement services have been required SJC has arranged for the placement and then assisted patients as they transition back into the community. This assistance has come in the form of helping find suitable housing, employment, day treatment services, therapy, family support and other efforts to help patients successfully transition back into the community.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
We assume adult outplacement services will remain consistent.			
Describe any significant programmatic changes from the previous year.			
No programmatic change is anticipated.			

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:	\$0	Form A1 - FY20 Projected clients Served:	0
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Our Children and Youth Outplacement services are similar to that provided to adults. On those occasions when this service becomes necessary the placement is secured and upon discharge efforts are made to return children to their own homes. Families are supported, therapy is provided and every effort is made to work closely with schools and other community resources to help the children transition back to the community. DCFS is a partner in children and youth outplacement efforts. Outplacement funding has contributed to the success of these services.			

Describe any significant programmatic changes from the previous year.

No programmatic changes are anticipated.

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	\$2,777	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$135,611	Form A1 - Projected Clients Served in FY19 Area Plan	135
Form A1 - Actual FY18 Expenditures Reported by Locals	\$170,356	Form A1 - Actual FY18 Clients Served as Reported by Locals	121

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).

Due to the loss of funds for the unfunded and the increase with Medicaid Expansion we anticipate a very large decrease in our ability to provide unfunded services for clients.

Describe any significant programmatic changes from the previous year.

Due to the loss of funds for the unfunded and the increase with Medicaid Expansion we anticipate a very large decrease in our ability to provide unfunded services for clients.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	\$2,031	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$13,007	Form A1 - Projected Clients Served in FY19 Area Plan	13
Form A1 - Actual FY18 Expenditures Reported by Locals	\$36,125	Form A1 - Actual FY18 Clients Served as Reported by Locals	19

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).

Due to the loss of funds for the unfunded and the increase with Medicaid Expansion we anticipate a very large decrease in our ability to provide unfunded services for clients.

Describe any significant programmatic changes from the previous year.

Due to the loss of funds for the unfunded and the increase with Medicaid Expansion we anticipate a very large decrease in our ability to provide unfunded services for clients.

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	\$0	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 Clients Served as Reported by Locals	

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.

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. San Juan Counseling has partnered with the San Juan Foundation, a non-profit organization with a mission of community development, to create a curbside recycling business that employs persons with severe mental illness. The business, Full Circle Recycling (FCR), opened in November 2018 and currently provides part-time employment for 8 SMI clients who were interviewed and hired by the San Juan Foundation. This project was made possible, in large part, because of the addition of an employment specialist at San Juan Counseling in fall 2018 who facilitates the day-to-day operations in the field. FCR needs approximately 25 more customers to become financially sustainable.

SMI clients receiving services at San Juan Counseling have had increasing success finding employment in competitive settings, both in private business and government institutions, Presently, approximately 59% of SJC SMI clients who actively attend day treatment services are employed part-time.

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 focuses some energy on attempting to find solutions to unemployment. This effort is supported by DWS, DCFS, VOC REHAB, DJJS, Family Resource, Churches, Schools, etc. SJC is currently in talks with Vocational Rehabilitation to explore the possibility of SJC becoming a community rehabilitation partner (CRP).

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 the 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.

The employment specialist at San Juan Counseling has completed the Individualized Placement and Support (IPS) training and has visited dozens of area employers over the past six months using the IPS model. This has resulted in at least four SMI clients being offered part-time employment in fully competitive workplaces. The SJC employment specialist has been ACRE certified (Association of Community Rehabilitation Educators.) Clients are encouraged to identify work they are interested in at which point the employment specialist assists in connecting the client to that type job. Through the IPS model, the SJC employment specialist is assisting clients with resume building, interviewing skills, job development, and job placement.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

As of December 2017, SJC shares a building with the Health Department and the San Juan Health Clinic. This has increased day-to-day communication between the agencies and resulted in more health clinic patients scheduling mental health appointments, particularly when a clinic nurse accompanies the patient across the hall to the SJC receptionist, which has become relatively common.

SJC now has a conference room large enough to accommodate interagency meetings such as the monthly Zero Suicide Coalition and family team meetings that previously had to be held elsewhere.

SJC continues to be committed to school based services in an effort to consistently provide clinical services throughout the county. We have hired two BSW-level practitioners to provide group behavior management in four schools and a Dialectical Behavior Therapy (DBT) skills group for adult clients at our main office in Blanding.

SJC will continue exploring the option of live video-based counseling sessions for clients who prefer this or who have difficulty traveling to our office. We anticipate having a part-time therapist available for this as of fall 2019.

SJC will explore how best to identify and implement evidence-based therapy practices with fidelity measures while taking account the challenges inherent to a small, frontier agency.

SJC has been committed to providing internship placements for MSW and BSW students and will continue to do so in an effort to provide increased services while training clinicians with a potential of joining our clinical team upon graduation. We will host 4 MSW and 1 BSW student in the 2019 - 2020 school year.

We continue to provide substance abuse group skills services at the San Juan County jail through our JRI funded, Recovery Support Coordinator. This has increased our contact with inmates after their release.

Finally, SJC has been coordinating with the Department of Health program, Mother's Mental Health Matters. This has allowed mothers experiencing postpartum depression to receive tele-health services with an MMHM clinician. If the woman has Utah Medicaid, SJC contracts with the provider and provides payment according to Medicaid fee-for-services rates.

Identify process improvement activities - Implementation

The San Juan Counseling administration team will continue refining and adopting an annual employee evaluation instrument for use with all agency employees. Starting FY 2018, employees identified personal goals and activities that increase their professional aptitude and capacity while at the same time giving attention to agency and client needs.

The SJC administration systematically sought feedback from our clinical team in 2018 which led to efforts to make clinical supervision and support more available and to increase employee satisfaction, confidence and aptitude.

SJC will continue seeking opportunities to participate in discussions on implementation science as offered by the Utah DSAMH.

Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

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. We are currently in the early stages of studying the science of implementing evidence based practices. Our goal is to identify one EBT that we train staff to use with feedback provided through the use of fidelity measure.

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

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.

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 23 years of experience at San Juan Counseling and provides a robust evaluation and follow up care for all his patients. He and his full-time RN assistant, routinely check client vital signs and other health indicators which are included in the E/M notation. We believe Mr. Hiatt's work is as good as any being provided by LMHA's statewide.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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*. SUD Target= reduce tobacco and nicotine use by 5%.

During the intake process each client is asked to report their smoking history [and to indicate whether they are interested in tobacco cessation programming and resources](#). Their answers are recorded in their EHR. When indicated, smoking cessation becomes part of the therapeutic process. SMI clients 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.

In September 2019, agency clinicians will be trained in the resources available through the online resource waytoquit.org and in the STAND (Stop Tobacco and Nicotine Dependence) program. The STAND program, a ten session intervention, is currently being offered as a weekly therapy group at the SJC Day Treatment program in Blanding for SMI clients. Depending on client interest and provider availability, the same course may be offered agency-wide as a group in 2020 or, in the very least, presented to clients within the context of individual therapy sessions.

All agency clients have access to medicated assisted therapies for tobacco use through SJC's on-site medical provider.

SJC currently has a committee that meets monthly to discuss tobacco cessation efforts. The committee consists of the medical director, clinical director, RN, day treatment supervisor and two MSW-level clinicians.

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%.

32) Children/Youth Mental Health Early Intervention

Describe the School-Based Behavioral 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. 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%.

With the loss of IGP funding we anticipate less school-based services. We will continue to provide services in area schools by providing services to clients that have other sources of funding.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations.)

As noted prior, we will continue sending therapists to the majority of the schools in the county. In the coming year, we will add a SSW practitioner to provide group behavior management in four schools on the Navajo Reservation. All told, we will provide services in the following schools: Albert R. Lyman Middle School, Blanding Elementary School, Bluff Elementary School, Montezuma Creek Elementary School, Monticello Elementary School, Monticello High School, Whitehorse High School, Monument Valley High School, Tse' Elementary School (Monument Valley)

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 an active member of the San Juan County Zero Suicide Coalition with the agency director and clinical director attending the monthly planning meeting. SJC and other community partners, foremost being Utah Navajo Health Systems (UNHS) and the San Juan School District, assisted in distributing a workforce survey to human services organizations throughout the county in spring 2019 followed by an administrative luncheon where directors of the various community organizations were invited to join the Zero Suicide Coalition and offered training

opportunities for their respective staff on identifying and responding to suicide risk. SJC also assisted in the planning and execution of suicide awareness events organized by the San Juan School District during the 2018-19 school year. Additional events are planned for the 2019-20 school year with the Hope Squads at each school providing.

With much credit going to our community partner, UNHS, two grants were awarded to our Zero Suicide Coalition that enabled the purchase of 100+ gun cabinets and 40 cell phones for distribution to individuals and families with a heightened suicide risk. SJC continues to respond to after-hours crisis in the local emergency rooms and community where these resources are often utilized.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.

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;

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 2018, SJC recorded a 67.5% screening rate (858/1270) with 89.8% of clients (140/158) reporting current suicidal ideation receiving a same day safety plan. For purposes of the PIP, SJC and NCC data are combined.

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

Identify the members of your local JRI implementation Team.

San Juan County Sheriff Jason Torgerson, 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.

Since 2018, the SJC Recovery Support Coordinator has provided psychoeducation and group skills development in the San Juan County Jail up to 3 days per week. The materials presented include the Prime for Life and interactive journaling modules on recovery support produced by the Change Company.

Identify your outcome measures.

0

SJC uses a combination of qualitative and quantitative measures to track the results of JRI programming. This includes the number of:

1. Clients served (both outpatient and in the jail setting) by the Recovery Support Coordinator (RSC),
2. Prime for Life courses provided
3. Post-release contacts between the RSC and inmates served

FY20 Substance Use Disorder Treatment Area Plan Budget												Local Authority: San Juan Counseling		Form B	
FY2020 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue			
Drug Court	\$23,867					\$6,174				\$3,000		\$33,041			
Drug Offender Reform Act												\$0			
JRI	\$25,243		\$5,049									\$30,292			
Local Treatment Services	\$65,757	\$11,485		\$15,448	\$92,842	\$63,083	\$23,487	\$11,250	\$2,000	\$6,750		\$292,102			
Total FY2020 Substance Use Disorder Treatment Revenue	\$114,867	\$11,485	\$5,049	\$15,448	\$92,842	\$69,257	\$23,487	\$0	\$2,000	\$9,750	\$0	\$355,435			
FY2020 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served	
Screening and Assessment Only	\$11,627	\$1,364	\$599	\$1,301	\$9,248	\$8,228	\$2,791		\$237	\$1,158		\$36,553	58	\$630	
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!	
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$15,000			\$4,500	\$15,000							\$34,500	6	\$5,750	
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)												\$0		#DIV/0!	
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$7,378	\$866	\$381	\$825	\$5,868	\$5,221	\$1,771	\$11,250	\$151	\$735		\$34,446	17	\$2,026	
Outpatient: Non-Methadone (ASAM I)	\$78,862	\$9,255	\$4,069	\$8,822	\$62,726	\$55,808	\$18,925		\$1,612	\$7,857		\$247,936	86	\$2,883	
Intensive Outpatient (ASAM II.5 or II.1)												\$0		#DIV/0!	
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$2,000											\$2,000	4	\$500	
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$114,867	\$11,485	\$5,049	\$15,448	\$92,842	\$69,257	\$23,487	\$11,250	\$2,000	\$9,750	\$0	\$355,435	171	\$2,079	
FY2020 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Expenditures			
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$21,848	\$2,184	\$973	\$2,938	\$17,659	\$13,173	\$23,487	\$2,168	\$380	\$1,854		\$86,664			
All Other Women (18+)	\$8,719	\$872	\$388	\$1,173	\$7,047	\$5,257		\$865	\$151	\$740		\$25,212			
Men (18+)	\$79,357	\$7,934	\$3,688	\$10,672	\$64,141	\$47,847		\$8,217	\$1,382	\$6,736		\$229,974			
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$4,943	\$495		\$665	\$3,995	\$2,980			\$87	\$420		\$13,585			
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$114,867	\$11,485	\$5,049	\$15,448	\$92,842	\$69,257	\$23,487	\$11,250	\$2,000	\$9,750	\$0	\$355,435			

SFY 20 Opioid Budget Local Authority: San Juan Counseling Form B

State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	15176	11250		\$26,426.00

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$26,426.00
Salary Expenses	\$26,426.00
Title 1	APRN
Title 2	RN
Title 3	
Administrative Expenses	\$0.00
Supplies	
Communication	
Travel	
Conference/Workshops	*Insert a note providing details
Equipment/Furniture	
Miscellaneous	*Insert a note describing it
Screening & Assessment	\$0.00
Drug Testing	\$0.00
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	\$0.00
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	\$0.00
Residential Services	\$0.00
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, peer support, case management and	\$0.00
Contracted Services	\$0.00
Contracted Service 1	
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	\$26,426.00

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

Form B - FY20 Amount Budgeted:	35,819	Form B - FY20 Projected clients Served:	58
Form B - Amount Budgeted in FY19 Area Plan	\$27,122	Form B - Projected Clients Served in FY19 Area Plan	19
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	0
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. Please list all contracted providers.			
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).			
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 2020 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.			
None			
Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.			
Yes, we provide court mandated substance use disorder screening and assessment for both adults and youth. Individuals schedule this activity by contacting our main office to set up the assessment. Individuals are put on the sliding fee scale for the assessment. Adult clients first meet with our Recovery Support Coordinator to begin the DLA-20 case management assessment and Risk and Need Triage (RANT) followed by, often the same day, an			

assessment interview with a substance abuse therapist. Youth clients meet only with the therapist for the intake interview and, at this point, do not have a risk / needs assessment.

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

Form B - FY20 Amount Budgeted:	\$0	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Served as Reported by Locals	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. Please list all contracted providers.

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.

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 the previous year is expected.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes expected.

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?

There are no hospitals in San Juan County that specialize in inpatient detoxification. In a small percentage of cases, Provo Canyon Behavioral Hospital has provided detoxification services for dual diagnosis clients. In most of these cases, the client is unfunded and the service is provided at no charge, based on our business relationship with Provo Canyon. We anticipate Medicaid expansion will lead to more substance use clients being funded. Because the nearest in-stated detoxification unit is 5 hours away, transportation is often a significant barrier, particularly if the client is not acutely suicidal which then precludes transportation by civil commitment by the San Juan County Sheriff.

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

Form B - FY20 Amount Budgeted:	34,500	Form B - FY20 Projected clients Served:	6
Form B - Amount Budgeted in FY19 Area Plan	\$34,500	Form B - Projected Clients Served in FY19 Area Plan	6
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Served as Reported by Locals	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. Please list all contracted providers and identify the population served (Men, Women, Youth).

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 relationships 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. Youth are most often referred to Odyssey House. Navajo and Ute youth have an additional option of two IHS funded facilities in the region: Nevada Skies Youth Wellness Center in Reno, NV (males only) and Desert Visions Youth Wellness Center in Sacaton, AZ (males and females.) San Juan Counseling does not currently have any on-going contracts (but is in the process of creating one with Odyssey House.). Contracts are provided on a case-by-case basis.

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) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$0	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by	\$	Form B - Actual FY18 Clients Served as	0

Locals		Reported by Locals	
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.			
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 being treated by the APRN 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 the 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)

Form B - FY20 Amount Budgeted:	\$33,981	Form B - FY20 Projected clients Served:	17
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	9
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	11
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. Please list all contracted providers.			
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 that includes an encouragement to inquire about this option if they believe such treatment would be benefit the. In addition, SJCC 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. Currently we are not using any contracted providers. In FY20, SJCC will join with other LMHAs to create a comprehensive Medicaid Performance Improvement Plan (PIP) for screening for and tracking clients who could benefit by MAT.			
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 the 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)

Form B - FY20 Amount Budgeted:	242,960	Form B - FY20 Projected clients Served:	86
Form B - Amount Budgeted in FY19 Area Plan	\$249,951	Form B - Projected Clients Served in FY19 Area Plan	90
Form B - Actual FY18 Expenditures Reported by Locals	\$219,442	Form B - Actual FY18 Clients Served as Reported by Locals	82

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. Please list all contracted providers.

Because the number of outpatient substance abuse clients who attend 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 programming includes Moral Reconciliation Therapy (MRT), Seeking Safety, parenting skills, relationships skills and the Helping Men / Women Recover programs.

SJCC has [two](#) 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 to 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. Several such groups are available at various locations throughout the county.

Currently we are not using any contracted providers.

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 2020 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)

Form B - FY20 Amount Budgeted:	\$0	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Served as Reported by Locals	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. Please list all contracted providers.

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).

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 2020 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

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$2000	Form B - FY20 Projected clients Served:	4
Form B - Amount Budgeted in FY19 Area	\$63,867	Form B - Projected Clients Served in FY19 Area Plan	20

Plan			
Form B - Actual FY18 Expenditures Reported by Locals	\$67,972	Form B - Actual FY18 Clients Served as Reported by Locals	32
<p>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. Please list all contracted providers. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf</p>			
<p>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.</p> <p>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.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>All numbers used in the FY 2020 Area Plan are projections based upon an analysis of services rendered during the most current calendar year. All projections are based upon these trends. Decrease is due to loss of JRC funding.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>Programmatic changes due to the loss of JRC funding.</p>			
<p>Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.</p>			
<p>Housing options in our area are limited. There is no sober living or transitional housing. Housing assistance is provided through low-income housing options.</p>			
<p>What Life skills and/or Educational Services are you able to provide for your clients?</p>			
<p>Prime For Life and Guiding Good Choices parenting classes are available for clients.</p>			
<p>Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.</p>			
<p>Yes. SJC provides the services directly, usually through individual therapy.</p>			

9) Peer Support Services

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	0
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Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	
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.			
<p>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.</p>			
How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
Describe any significant programmatic changes from the previous year.			

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:
Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?
<p>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.</p> <p>As of June 2019, SJCC rented a suitable building in Mexian Hat, UT to begin providing adult day treatment services, including substance abuse services. It is anticipated these services will begin in July 2019.</p> <p>SJCC has been successful in expanding services to the San Juan County Jail over the past six months with plans to continue in FY20. A recovery support specialist currently meets with county inmates three days a week, providing group skills development services and, upon an inmate's release, targeted case management related to employment, treatment and other needs.</p> <p>SJCC has contracted with the San Juan School district in FY20 to provide group behavior management at Whitehorse High School and Monument Valley High School using the Cannabis Youth Treatment (CYT) program. In addition, licensed therapists will provide school based services in eight of the eleven public schools in the county.</p> <p>As of FY 19, SJCC added an outpatient substance abuse treatment group during the lunch hour on Wednesdays with plans to continue the service in FY20.</p> <p>SJCC does not currently have any clients on a waiting list for any level of care.</p>

Describe your efforts to market or promote the services you provide.

SJCC has a website at www.sanjuancc.org that provides a description of the services provided at the center. In addition, we are actively involved in coalitions and inter-agency collaborations that leads to our community partners knowing about our services and referring their clients as needed. The only newspaper in San Juan County ran an article in FY19 about the services provided at the agency. Our prevention coordinator is very involved in the community and organizes a family support conference every May where SJCC advertises the services available. We are currently coordinating with the behavioral health department at Utah Navajo Health Systems (a Federally Qualified Health Center on the Navajo Reservation) about our plan to expand outpatient services to Mexican Hat, UT.

What EBP's do you provide? Describe the process you use 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.~~

SJCC provides the following EBP's relative to substance abuse treatment: Motivational Interviewing, Mind Body Bridging, Seeking Safety and Moral Reconciliation Therapy. In FY20, SJCC will develop an implementation strategy for establishing 1-2 EBP's that include fidelity measures by the end of FY20.

Describe your plan to improve the quality of care.

SJCC has two therapists, one licensed as an LCSW and the other a CSW, who provide the bulk of the substance abuse treatment services for adult clients. Both will receive weekly clinical supervision in FY20. Therapists providing school based services will also receive weekly supervision that will include discussion of clients with substance use disorders. Increased clinical supervision will now be available due to the clinical supervisor having a much reduced clinical caseload in FY20.

As noted previously, SJCC will create an implementation plan in FY20 that involves the introduction on an EBP that has application in substance abuse treatment, such as Motivational Interviewing or Cognitive Behavioral Therapy.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

Client outcomes are currently measured primarily through an evaluation of each client's specific treatment plan goals and objectives. SJCC's substance abuse treatment team meets bi-weekly to review client cases regarding progress and continued needs. In FY20, the treatment team will begin a regular and systematic review of client length of stay in treatment and drug and alcohol use rates. SJCC also plans to develop a treatment manual for clients in outpatient substance abuse treatment to help clients more clearly see the course of treatment while also allowing the treatment team to more objectively track treatment progress.

11) 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,

and how you will coordinate with the jail to ensure service delivery is adequate.

A recovery support coordinator from SJCC provides the Prime For Life course, an interactive journaling curriculum and targeted case management for men and women incarcerated in the San Juan County jail. The recovery coordinator is at the jail approximately three days a week.

In addition, 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.

In high acuity cases, SJC provides individual therapy and medication management in 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 2020 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.

Prior to FY2019, jail based services were largely limited to crisis evaluations. Over the past year, a recovery support coordinator has provided psycho-educational and skills based programming (see above description.)

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

Stephen Hiatt, APRN provides emergency psychiatric evaluations, typically over video conferencing, for inmates experiencing acute withdrawal from opioids while incarcerated.

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

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

12) 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 clinics. Services and referrals are coordinated between agencies and therapists. SJC also works closely with the Health Department on many aspects including distribution of Naloxone kits. In the fall of 2017 SJC will move into a new building that will include San Juan Clinic and San Juan Public Health. The planning and building of this multi-agency building has increased partnerships with all the agencies. It is expected that the partnerships will continue and become stronger when we move into the building together. In December 2017, San Juan Counseling relocated its main office to one shared with the San Juan Health Clinic and San Juan County Health Department. This has resulted in a moderate increase in client referrals from both agencies compared to when we were housed separately.

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., HIV, TB, 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 at direct service agencies and subcontracting agencies. SUD Target= reduce tobacco and nicotine use by 5%.

Beginning July 2019, all SJCC clients will be asked at intake if they are interested in smoking cessation and learning more about services available to support their efforts. Their responses will be tracked in the EHR and reviewed by October 2019 to determine if there is sufficient interest to begin an outpatient support group for tobacco cessation. Beginning June 2019, SJCC will provide a weekly smoking cessation support group at the Blanding Day Treatment of SMI clients.

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.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	110,232	Form B - FY20 Projected clients Served:	20
Form B - Amount Budgeted in FY19 Area Plan	\$139,883	Form B - Projected Clients Served in FY19 Area Plan	12
Form B - Actual FY18 Expenditures Reported by Locals	\$141,812	Form B - Actual FY18 Clients Serviced as Reported by Locals	22

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.

SJC 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. We are in the process of introducing the Seeking Safety curriculum as group at our day treatment program for SMI adults. Additionally, many of our providers have received training in trauma informed care. San Juan Counseling staff has met with victim advocates from Seekhaven and Utah Navajo Health Systems (UNHS) and coordinate services as needed for women in domestic violence related crisis. Women in need of residential substance abuse treatment are referred to House of Hope and Odyssey House. SJCC has a contract with Odyssey House and contracts on a case-by-case basis with House of Hope. SJCC has also facilitated placement at Red Pine Treatment Center in Fort Duchesne, UT for Ute and Navajo clients.

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 DCFS for women with children at risk of, or in state custody.**

SJC employees two play therapists trained in child centered and TF-CBT to assist children in processing traumatic experiences. Children referred for services receive an assessment that takes into account developmental delays and needs.

SJC works with DCFS regularly. Our FRF's facilitate family team meetings and our therapist frequently attend family team meetings. SJC is a part of the SOC committee that meets monthly with DCFS, JJS, WFS, and schools to attend to the needs of women and children.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

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.

Describe any significant programmatic changes from the previous year.

No significant changes.

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	13,319	Form B - FY20 Projected clients Served:	20
Form B - Amount Budgeted in FY19 Area Plan	\$11,026	Form B - Projected Clients Served in FY19 Area Plan	13
Form B - Actual FY18 Expenditures Reported by Locals	\$190	Form B - Actual FY18 Clients Served as Reported by Locals	7

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

In FY20, SJCC will provide training and supervision for therapists, particularly those working in school settings, to thoroughly screen and assess for substance use disorders. In the current fiscal year, only 13 out of 78 youth assessed between the ages of 12-17 were diagnosed with a substance use disorder. We suspect some of the youth we see have dual diagnosis concerns but this is being underreported and overlooked.

SJCC provides .5 and 1 levels of care for youth with a substance use disorder. Motivational interviewing, drug testing (when appropriate), and CBT-informed therapy and Prime for Life programming is available to youth in need of therapeutic intervention. Youth requiring high levels of care, such as residential treatment, are referred to Odyssey House, Nevada Skies in Wadsworth, NV or Desert Visions in Sacaton, AZ.

Most of youth we see are referred by the school. So those that do not require treatment are typically referred to their school counselor. For youth who do not need treatment but would benefit by early intervention, we plan to provide a cannabis youth treatment group (CYT) in two high schools in FY20.

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 2020 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, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

No changes.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$33,041	Form B - FY19 Amount Budgeted: Felony	\$37,823
Form B - FY20 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY20 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY20 Recovery Support Budgeted	\$	Form B - FY19 Recovery Support Budgeted	\$

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

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. We estimate that we will serve 15 clients in the drug court program.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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. The front desk at SJC routinely monitors clients' income levels and they will provide assistance to help individuals enroll in Medicaid.

Describe 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 your drug testing services for each type of court including testing on weekends and

holidays for each court. Identify whether these services will be provided services directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Drug testing is done on a random basis for participants. [Weekends and holidays are included in the random basis](#). Drug tests are administered in Blanding by SJC and in Monticello by the San Juan County Sheriff's Office.

List all 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 you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	\$30,292	Form B - FY19 Amount Budgeted:	\$32,064
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Describe the criminogenic screening and assessment tools you use.

SJCC uses the Risk and Needs Triage (RANT) for all adult clients referred for a substance abuse evaluation. The assessment is conducted utilizing Recovery Oriented Systems of Care (ROSC) principles within the context of a clinical interview.

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

Because the number of outpatient substance abuse clients who attend 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 programming includes Moral Reconciliation Therapy (MRT), Seeking Safety, parenting skills, relationships skills and the Helping Men / Women Recover programs.

SJCC has two 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.

Identify training and/or technical assistance needs.

Continued training in evidence based practices such as motivational interviewing. As noted prior, SJCC plans to identify and implement at least one EBP in FY20 that has application to treated clients with a substance use disorder.

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	\$		
Form B - Amount Budgeted in FY19 Area Plan	\$		
Form B - Actual FY18 Expenditures Reported by Locals	\$		
Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.			
How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?			

FY20 Substance Abuse Prevention Area Plan & Budget										Local Authority: San Juan Counseling		Form C			
		State Funds		County Funds											
FY2020 Substance Abuse Prevention Revenue		State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2020 Revenue		
FY2020 Substance Abuse Prevention Revenue							\$37,102		\$29,314				\$66,416		
		State Funds		County Funds											
FY2020 Substance Abuse Prevention Expenditures Budget		State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures
Universal Direct							\$3,710		\$26,383					\$30,093	\$30,093
Universal Indirect							\$31,537		\$2,931					\$34,468	\$28,535
Selective Services							\$1,855							\$1,855	\$1,855
Indicated Services														\$0	
FY2020 Substance Abuse Prevention Expenditures Budget		\$0	\$0	\$0	\$0	\$0	\$37,102	\$0	\$29,314	\$0	\$0	\$0	0	\$66,416	\$60,483
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures		\$11,131	\$11,131			\$14,840		\$37,102							
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures							
Total by Expense Category	52787	10698			2931			\$66,416							

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: San Juan Counseling

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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.

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 [Grapevine, TX](#).

[San Juan County Prevention, Action, Collaboration \(SJCPAC\) Coalition](#) has identified 3 goals to work towards: They are 1) Reduce Underage Drinking, 2) ~~Suicide Prevention*~~, 2) To Reduce Youth use of E-Cigarettes, and 3) Reduce Marijuana Use.

SJCPAC is working to implement activities to reach these goals. Work Groups have been formed to address goals through various strategies and by trying to raise protection against [shared Risk Factors such as Family Conflict, Perceived Risk of Use, Low Commitment to School, Attitudes Favorable to Antisocial Behavior and Academic Failure](#). Opioid misuse is an underlying issue that we have not been able to pinpoint with specific data. As we work on raising capacity within our county community and assessment, we hope to be able to find the data necessary to specifically address that issue. In the meantime, reducing shared risk factors in other areas helps us create good upstream prevention.

SJCPAC feels 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. SJCPAC 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, Children's Justice Center, Seekhaven and others. SJCPAC will be using the 2019 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; as well as an additional Community Assessment.

1) Assessment

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in determining priority factors and problem behavior?

How did you come up with the prioritization?

Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs plan to do re assessment for this fiscal year.

We recently restructured our SJCPAC Coalition subcommittees into five Work Groups. Our HEALTHY SCHOOLS & DATA SUPPORT Work Group will be going over the 2019 SHARPS survey, as well as the community survey to be conducted this year. From the previous SHARP study, the following Problem Behaviors have been identified as priority areas: Reducing Underage Drinking; Reduce Marijuana Use; and Reducing E-Cigarette use. ~~and Suicide Prevention~~. The identified risk factors that affect these problem behaviors are as follows: Family Conflict, Perceived Risk of Use, Low Commitment to School, Attitudes Favorable to Antisocial Behavior and Academic Failure ~~and depressive symptoms~~.

Recent evaluation of LSAA intake records show a 110% increase in client reported opioid misuse from FY 2017 to 2018. This, along with key leader and informal community member interviews shows an emerging trend of possible opioid misuse throughout the county. We hope that conducting an additional Community Assessment in the coming year will help confirm or negate the gravity of this issue.

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. We have worked very hard to gather support from area Chapter Houses and the Navajo Nation to begin administration of the SHARP Survey in our schools on tribal land. As of this week, we have received conditional permission to administer the SURVEY in those schools. We will be waiting to run the SHARPS this coming fall - in order to gather as much parent and student participation as possible. We hope that by showing Tribal leadership the benefit of this Survey to their youth, that we will obtain permission to continue testing in coming years.

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?

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 10 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 8-10 youth, representative of all area high schools, 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. Our Prevention Coordinator and newly hired Prevention Specialist will both be attending CTC Facilitator Training this month. They will use this knowledge to continue building a better prevention infrastructure with our local coalition. We have also created

a SJCPAC Facebook page to help with awareness in the community.

Run a Use Only As Directed Campaign to raise awareness of prescription drug misuse and lower stigma that is attached. Would like to build relationships with various community agencies, partners, and medical entities to help build capacity for that campaign and message.

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 Decrease Family Conflict, Perceived Risk of Drug Use

Measures: Decrease Poor Family Management in Grade 6 by 20% by 2023. Increase Rewards for Prosocial Involvement in Grade 8 by 10% by 2023.

Strategies: Guiding Good Choices, Parents Empowered, County Youth Coalition, ~~EASY Compliance Checks~~.

Responsible: Coalition subcommittee work groups over PARENT EDUCATION & MEDIA, COMMUNITY DEVELOPMENT and YOUTH DEVELOPMENT & INVOLVEMENT - with additional SJCPAC Support.

Objective 1.2 Decrease availability of alcohol to minors

Measure: Will increase off premise EASY checks in county by one

Strategy: EASY Checks

~~Goal: 2 Reduce Depressive Symptoms~~

~~Objective: 2.1 Decrease Academic Failure, Attitudes Favorable to ASB~~

~~Measures: Percent reporting Low Commitment to School in grade 8 will reduce from 45.2% in 2017; to 40% in 2021. Decrease the number of those reporting moderate depressive symptoms in Grade 8 from 70.0% in 2017 to 64% in 2023. Increase opportunities for Prosocial Involvement in grade 8 from 72.5% in 2017 to 78% in 2021.~~

~~Strategies: Guiding Good Choices, Youth Prevention Coalitions, Use Only as Directed Campaign~~

~~Responsible: Coalition work groups over HEALTHY SCHOOLS & DATA SUPPORT, YOUTH DEVELOPMENT & INVOLVEMENT with support from SJCPAC.~~

Goal: 2 To Reduce Youth use of E-Cigarettes.

Objective 2.1: *Early Initiation of Antisocial Behavior, Parent Attitudes Favorable to Drug Use*

Measures: Reduce Lifetime E-Cigarette use in grade 10 from 19.6% in 2017 to 15% in 2023.

Reduce Poor Family Management in grade 10 from 33.1% in 2017; to 29% by 2023.

Strategies: SJCPAC Coalition. County Youth Coalition, Guiding Good Choices.

Responsible: Coalition subcommittee work groups over PARENT EDUCATION & MEDIA and Health Dept. – tobacco buys with support from SJCPAC.

Goal: 3 Reduce Lifetime Marijuana Use

Objective 3.1: Reduce Perceived Risk of Drug Use in grade 10 from 40.7% in 2017; to 36% in 2023.

Measures: Reduce Lifetime Marijuana use in grade 10 from 18.0% in 2017 to 15% in 2023.

Strategies: Guiding Good Choices, County Youth Coalition

Responsible: Coalition subcommittee work group over HEALTHY SCHOOLS & DATA SUPPORT, PARENT EDUCATION & MEDIA, BUILDING HEALTHY COMMUNITIES & FAMILIES with SJCPAC support.

ALL TIMELINES: Guiding Good Choices (14 classes will be taught and completed by end of FY 2020); Parents Empowered will be a continued presence throughout FY 2020, involving 6+ events; County Youth Coalition will have continued quarterly trainings throughout FY 2020, with prevention clubs being formed in each area high school.

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

**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).

Strategies:

*Guiding Good Choices - train two new instructors. Teach 14 (5 class) sessions in various communities throughout San Juan County within the next two years - using four trained instructors.

*Receive IRB approval to conduct SHARP Survey in all San Juan County schools, including those on the Navajo Reservation lands. Implement and administer the Survey in all schools. Conduct a county-wide community assessment to gather additional data on perceived use and availability of substance use and depressive symptoms.

*Conduct additional training for County Youth Coalition work - take youth leadership to Snow Youth Leadership Training in July. Work in schools to strengthen and promote Prevention Science and programming to raise capacity with students.

*Encourage and support law enforcement to continue consistent EASY Compliance checks throughout the county.

*Ongoing training of SJCPAC membership on Prevention Science, Risk & Protective Factors, CTC Model Implementation, etc. Encourage attendance of SJCPAC members of Bryce Summit and Fall Conference.

~~*Begin a Use Only As Directed Campaign swag materials to begin a movement of awareness in San Juan County. Get the questions started and raise capacity as we talk about stigma and perceived availability and risk of use. Hope to use Community Assessment to shed light on current rates of use in the county.~~

*Parents Empowered Campaign. Continued community events to raise awareness of the campaign. Planning on working with local grocery stores to promote Family Dinnertime events. Worked with local theater and other businesses to run ads, t-shirts at basketball games, swag with school counselors, hope to run ads in medical clinics, etc. County Youth Coalition involved in planning additional events. Would like to find ways to plan for and implement NATIVE AMERICAN messaging for Parents Empowered that would be more applicable culturally for that population.

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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

*Post test evaluations from Guiding Good Choices Sessions.

*SHARP Survey results and participation of all county middle and high schools.

*Continued number of youth trained and involved in County Youth Coalition.

*Number of swag items handed out at events and to people on our Use Only As Directed Campaign, as well as relationship building with community partners, hospitals, etc. to help raise awareness to general public.

*Parents Empowered events planned and implemented to reach ALL county populations, especially talking about the importance of family bonding.

*Reporting from county Law Enforcement.

*Number of Coalition members who attend Bryce Summit and Fall Conference. Training topics discussed in Coalition Work Groups and at monthly Coalition meetings.

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 3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	<p>Reduce Depressive Symptoms</p> <p>Reduce Lifetime use of Marijuana</p> <p>Reduce underage drinking.</p> <p>To reduce youth use of E-Cigarettes.</p>	<p>Low Commitment to School</p> <p>Attitudes Favorable to ASB</p> <p>Rewards for Community Prosocial Involvement</p>	<p>Universal:</p> <p>San Juan County Families</p> <p>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 San Juan County Youth Coalitions.</p>	<p>Guiding Good Choices classes implemented throughout San Juan County (10-12 throughout the next 2 years)</p> <p>Coalition will use CTC and SPF models to identify evidence-based strategies for San Juan County.</p> <p>Youth Prevention Coalition Involvement</p> <p>SJCPAC Work Group Involvement</p> <p>Use Only as Directed Campaign awareness</p>	<p>Percent reporting Low Commitment to School in grade 8 will reduce from 45.2% in 2017; to 40% in 2021.</p> <p>Increase opportunities for Community Prosocial Involvement in grade 8 from 57.1% in 2017 to 60% in 2021.</p>	<p>Decrease the number of those reporting moderate depressive symptoms in grade 8 from 70.0% in 2017 to 64% in 2023.</p> <p>Reduce Lifetime Marijuana use in grade 10 from 18.0% in 2017 to 15% in 2023.</p> <p>Decrease Underage drinking from 12.7% to 9% in all grades by 2023.</p> <p>Reduce youth use of Lifetime E-cigarette use in grade 10 from 19.6% in 2017; to 15% in 2023.</p>
Measures & Sources	SHARP survey 2017-2019	SHARP survey 2017-2019	Class Completion Rolls Coalition rolls and Meeting minutes. Attendance rosters.	Classes attended for GGC - number of families completing course. Member attendance	SHARP survey 2021	SHARP survey 2023

				and participation. Meeting Minutes		
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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 3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce underage drinking.	<p>Family Conflict</p> <p>Early Initiation of drug use.</p>	UNIVERSAL: Target parents of community underage youth.	<p>presentations to classrooms in schools and requesting education on alcohol and the adolescent brain.</p> <p>Present PE presentations to groups on request.</p> <p>Distribute PE collateral items to key locations in the community.</p>	<p>Decrease Poor Family Management in grade 6 by 20% in 2023.</p> <p>Decrease Family Conflict in grade 6 from 45.6% in 2017 to 41% in 2023.</p> <p>Increase Rewards for Prosocial Involvement in Grade 8 by 40% in 2023.</p>	Decrease Underage drinking from 12.7% to 9% in all grades by 2023.
Measures & Sources	SHARP survey 2017-2019	SHARP survey 2017-2019	Collateral counts by staff conducting PE presentations.	Staff forms	SHARP 2023 survey	SHARP 2023 survey

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 3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/ Indicated		Short	Long
Logic	Reduce Lifetime use of Marijuana	Perceived Risk of Drug Use	Universal: Middle & High School students @ schools in San Juan County.	San Juan County Youth Coalition is using the SPF model to raise Involvement in area high schools, by establishing youth prevention clubs in each school. SJCPAC Subcommittee Work Groups support	Reduce Perceived Risk of Drug Use in grade 10 from 40.7% in 2017 to 36% in 2023.	Reduce Lifetime Marijuana use in grade 10 from 18.0% in 2017 to 15% in 2023.
Measures & Sources	SHARPS Survey 2017-2019	SHARPS Survey 2017-2023	Meeting Minutes and Attendance Rosters. Student and Environmental surveys.	Member attendance and participation. Meeting minutes.	SHARPS Survey 2017; and 2023.	SHARPS Survey 2017; and 2023

4. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
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Guiding Good Choices				30000	Yes	
Agency				Tier Level		
San Juan Counseling				Level 4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	<p>Reduce Depressive Symptoms</p> <p>Reduce underage drinking.</p>	<p>Academic Failure</p> <p>Family Conflict</p> <p>Poor Family Management</p>	Universal: San Juan County Families	Guiding Good Choices classes implemented throughout San Juan County (10-14 classes throughout the next 2 years)	<p>Percent reporting Low Commitment to School in grade 8 will reduce from 45.2% in 2017, to 40% in 2021.</p> <p>Decrease Academic Failure in grade 8 from 40.4% in 2017 to 37% in 2023.</p> <p>Decrease Family Conflict in grade 6 from 45.6% in 2017 to 41% in 2023.</p> <p>Decrease Poor Family Management in grade 6 by 20% in 2023.</p>	<p>Decrease the number of these reporting moderate depressive symptoms in grade 8 from 70.0% in 2017 to 64% in 2023.</p> <p>Decrease Underage drinking from 12.7% to 9% in all grades by 2023.</p>
Measures & Sources	SHARP survey 2017-2019	SHARP survey 2017-2019	Class Completion Rolls	Classes attended for GGC - number of families completing course.	SHARP survey 2021-2013	SHARP survey 2023

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 4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	Reduce underage drinking	Laws & Norms favorable to Drug Use	Indicated	Encourage through collaborative efforts with local law enforcement to have them complete and support EASY program.	Reduce Laws & Norms favorable to Drug Use in grade 6 from 42.7% in 2017 to 40% in 2021.	Decrease Underage drinking from 12.7% to 9% in all grades by 2023.
Measures & Sources	SHARP Survey 2017; 2023	SHARP Survey 2017	San Juan County Sheriff's Office Law Enforcement EASY training Dates and annual report.	Law enforcement records of EASY checks.	SHARPS survey 2017; 2021	SHARPS survey 2023

6. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No	
Community Events			5933		No	
Agency			Tier Level:			
San Juan Counseling			1			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	To reduce youth use of E-Cigarettes.	<p>Early Initiation of Antisocial Behavior</p> <p>Parent Attitudes Favorable to Drug Use</p> <p>Rewards for Community Prosocial Involvement</p> <p>Perceived Risk of Use</p>	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	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	<p>Reduce Poor Family Management in grade 10 from 33.1% in 2017; to 20% by 2023</p> <p>Increase opportunities for Community Prosocial Involvement in grade 8 from</p>	Reduce youth use of Lifetime E-cigarette use in grade 10 from 19.6% in 2017; to 15% in 2023.

			and all ethnic and socioeconomic backgrounds.	important role of Prevention Science and how it works.	57.1% in 2017 to 60% in 2021. Reduce Perceived Risk of Use in 10th grade from 40.7% in 2017 to 37% in 2023.	
Measures & Sources	SHARP survey 2017; 2023	SHARP survey 2017; 2023	Evaluation and number of attendees	Meeting attendance, surveys	SHARP survey 2023	SHARP survey 2023

San Juan Counseling Fee Policy

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

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

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

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

San Juan Counseling's Sliding Fee Schedule

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

Approved 12/12/16

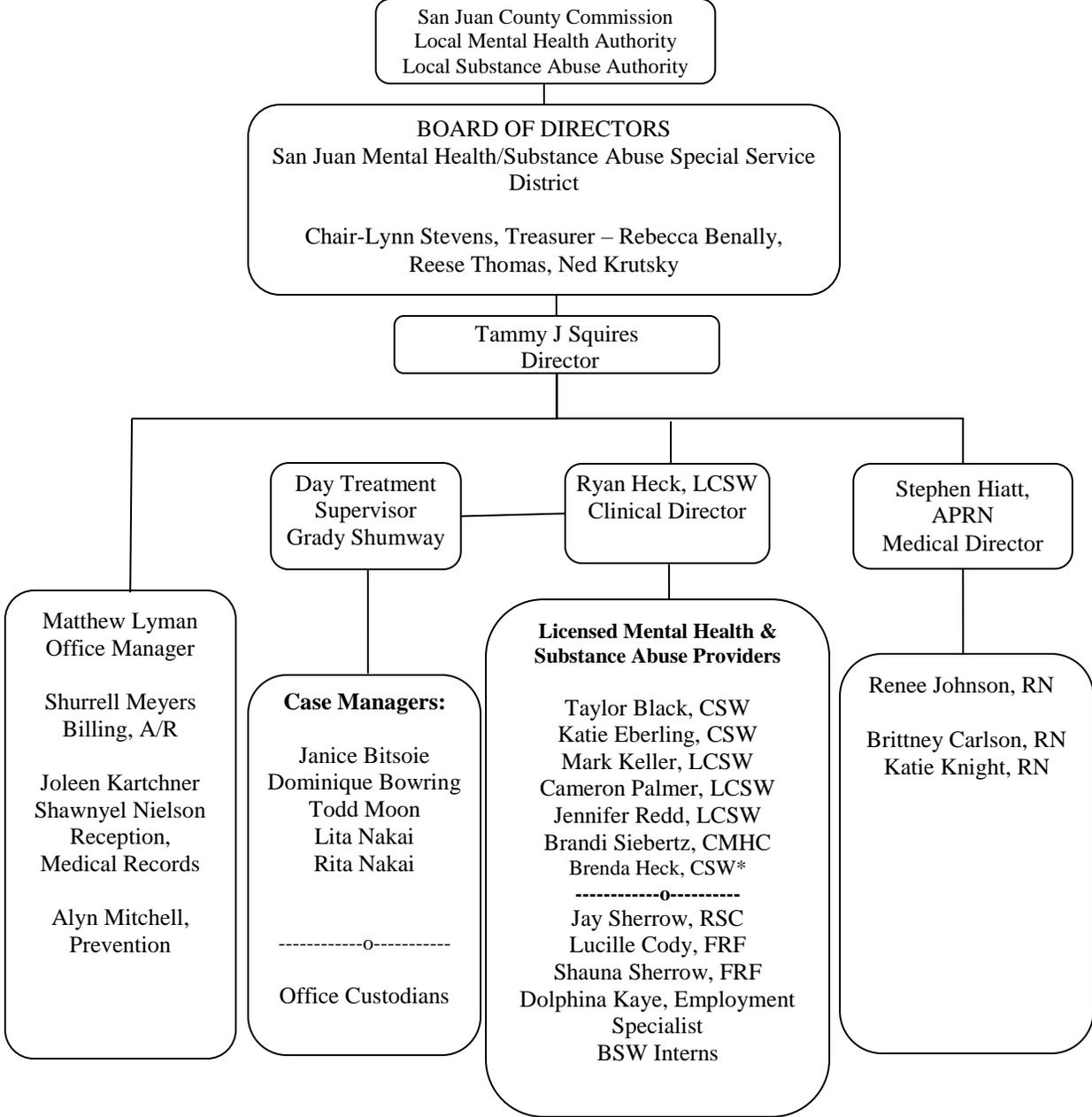
Estimated 2016 Poverty Guideline

Estimated 2016 200% Poverty

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

* based on 2016 Poverty Guidelines

**Organizational Chart
San Juan Counseling
May 2019**



*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 2020 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: Kenneth Maryboy

Title: Chairman

Date: 06/18/19