

**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 2027 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 # A04834, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY: San Juan County**

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

**PLEASE PRINT:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Utah Department of

**Health & Human Services**

Integrated Healthcare

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# **SUMH Local Authority Area Plan**

State Fiscal Year 2027

## TABLE OF CONTENTS

<u>OVERVIEW</u>	<u>2</u>
<u>SUICIDE PREVENTION SERVICES</u>	<u>3</u>
<u>Community Suicide Prevention</u>	<u>3</u>
<u>CRISIS SERVICES</u>	<u>6</u>
<u>Behavioral Health Crisis Services</u>	<u>6</u>
<u>MENTAL HEALTH TREATMENT SERVICES</u>	<u>9</u>
<u>Mental Health Mandated Services (UCA17-77-301(5)(b))</u>	<u>9</u>
<u>MENTAL HEALTH OFFICE DIRECTIVES</u>	<u>13</u>
<u>Mental Health Office Directives</u>	<u>13</u>
<u>SUBSTANCE USE DISORDER TREATMENT SERVICES</u>	<u>20</u>
<u>Substance Use - Adults</u>	<u>20</u>
<u>Substance Use - Youth</u>	<u>27</u>
<u>Substance Use - Quality Improvement</u>	<u>29</u>
<u>COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS</u>	<u>31</u>
<u>Mental Health and Substance Use Treatment Services</u>	<u>31</u>
<u>Mental Health and Substance Use - Justice Services</u>	<u>33</u>
<u>RECOVERY SUPPORTS</u>	<u>37</u>
<u>Mental Health and Substance Use Recovery Supports</u>	<u>37</u>
<u>SERVICE SATISFACTION AND OUTCOME DATA</u>	<u>40</u>
<u>Service Satisfaction and Outcome Data</u>	<u>40</u>

## OVERVIEW

The purpose of this document is to meet contract compliance with the Local Authorities (LA) "Evergreen Contract" Article 1.2: "Area Plan" means a plan prepared and submitted by the LA in accordance with Utah Code §17-77-201(5)(b) and §17-77-301(5)(a)(ii) for funding and service delivery that includes a provision of services and programming for prevention, crisis, treatment, and recovery support services. Please note that the prevention portion of this requirement is located in a separate document.

This document is designed to capture the above outlined programmatic requirements of the LA in the contract and SUMH Office Directives. Sections in this document are inclusive of the sections in which a descriptive response is needed. Please review the full "Evergreen Contract" and SUMH Office Directives for all contractual requirements. Please do not delete any questions or sections; if a section does not apply to the LA, please note that in the section. Please note when completing this document that any embedded links must be viewable by the reader.

# SUICIDE PREVENTION SERVICES

## Community Suicide Prevention

The following sections are the **Community Suicide Prevention** requirement from both the LA contract and the SUMH Office Directives.

### **Suicide Prevention** (Contract requirement 4.1)

Does the LA have current strategies for suicide prevention, intervention and postvention that are evidenced-based and align to the Utah Suicide Prevention State Plan?

- Yes  
 No, not at this time.

Describe strategies and evidence based programs being implemented for:

1) Prevention - Please include a public-facing link to the plan in the space below (if available).

<https://sjcpac.com/live-on/>

2) Intervention - Please include a public-facing link to the plan in the space below (if available).

<https://sanjuancc.org>

3) Postvention - Please include a public-facing link to the plan in the space below (if available).

### **Suicide Prevention Training** (Contract requirement 4.1.a)

Does the LA have at least one staff member with suicide prevention responsibilities trained in the following suicide prevention programs: (1) Suicide Prevention 101 training; (2) Safe and Effective Messaging for Suicide Prevention; (3) Suicide Prevention gatekeeper training, such as Question-Persuade-Refer, Mental Health First Aid, Talk Saves Lives, or Applied Suicide Intervention Skills Training; and (4) counseling on access to lethal means.

- Yes  
 No, not at this time.

If yes, please document the LAs staff name, job title, and email for this contract requirement (if multiple, please note which programs each are trained in)

Aaron Duke, Clinical Director- aduke@sanjuancc.org

## Community Suicide Prevention

### **Community Suicide Prevention Coordination** (Contract requirement 4.1.b)

Does the local authority coordinate with local health departments and local education agencies for suicide prevention, intervention, and postvention within their communities.

Yes

No, not at this time.

Please identify the partners, and describe the role and responsibility of each partner in suicide prevention, intervention, and postvention within their communities. This must include the following partners: LHD, LMHA, LEAs. LAs may include other community partners, organizations, etc as applicable.

Utah Navajo Health Systems (UNHS)-Contracts for southern MCOT team, Partners in Zero Suicide Coalition (all three areas), trains community member in in SafeTalk and ASSIT  
San Juan Health- Partners in Zero Suicide to address all three areas.  
San Juan School District- Involved in SJCPAC Coalition

### **Suicide Risk Policy** (SUMH Office Directives Governance and Oversight general provisions)

LAs shall have a written policy and procedures for screening and responding to suicide risk. The policy must contain a suicide screen, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.

Please describe how staff are trained in the policy for screening and responding to suicide risk or provide a public-facing link to the plan.

We have annual training related to this policy and how to screen and respond th suicide risk. All clinicians and CM/CPSS as well as many staff are crisis certified and required to take ongoing education specific to this space

### **Firearm Safety** (SUMH Office Directives)

LAs shall purchase and distribute means safety materials and implementing education. Means safety includes firearm safes, ammunition boxes, medication lockboxes, and other means of disposal.

Please describe the LAs plan for:

Purchasing and distributing means safety devices

## Community Suicide Prevention

We have purchased and distributed means including, firearm safes, medication/ammunition lock boxes, substance washing kits. We advertise through our coalitions, social media, and with community partners and at community events.

### Approach to community education

We have time on agendas in our coalitions and various workgroups and meetings to educate the community. We have also utilized radio spots and participated and trained at community events.

### Garrett Lee Smith Grant (GLS)

Does the LA have a GLS Grant?

- Yes  
 No, not at this time.

If yes, describe how the LA intends to implement GLS as described here or insert document link:

N/A

### Comprehensive Suicide Prevention Grants

Does the LA have a Comprehensive Grant award?

- Yes  
 No, not at this time.

If yes,

Please identify LA primary contact name and email

N/A

Describe describe how the LA intends to implement the Comprehensive Grant as described here or insert document link:

N/A

### Technical Assistance

Is technical assistance requested for Community Suicide Prevention programming or requirements?

## Community Suicide Prevention

- Yes  
 No, not at this time.

Please indicate sections requested.

N/A

## CRISIS SERVICES

### Behavioral Health Crisis Services

The following sections are **Behavioral Health Crisis Response** requirements from both the LA contract and the SUMH Office Directives. This section also includes the 24/7 crisis care and services mandated service requirement.

Crisis Line Coordination, MCOT and Receiving Centers Services shall provide services in accordance with UCA 523-18 and 523-21. The LA shall refer to the [SAMHSA National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#) as guidance for development, implementation, and quality improvement efforts.

#### 24 Hour Crisis Care and Services (Mandated Service)

Will the LA provide 24-hour Crisis Care and Services directly, through a contracted provider, or both? (provide public-facing link to or list of contractor(s) below)

	Youth	Adult
Directly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Contracted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Link to or list of contracted providers:

Utah Navajo Health Systems (UNHS)

#### Mental Health Crisis Outreach Teams (MCOT) (Contract 7.2.b)

## Behavioral Health Crisis Services

Does the LA operate MCOT services 24 hours a day, seven days per week providing community based crisis intervention, and assessment?

- Yes  
 No, not at this time.

Does the LA deploy MCOT from the statewide crisis line when requested without reassessment or re-triage?

- Yes  
 No, not at this time.

Do the LA MCOT teams give priority to law enforcement, emergency medical services, Fire, 911 dispatch, and the statewide crisis line?

- Yes  
 No, not at this time.

Do the LA MCOT teams connect individuals to facility-based care as needed through warm handoffs and coordination of transportation?

- Yes  
 No, not at this time.

Please detail the following for the LA:

The interdisciplinary makeup of the LA's MCOT, and the communities accessibility to MCOT during regular business hours, after hours, weekends, and holidays

We have a walk-in MCOT team available during office hours based in Blanding. Other times our team is on-call 365. We contract with UNHS for the reservation to have a team available also.

How MCOT supports connection to ongoing care through follow-up outreach

We follow up with both the client and any other entities involved during a crisis to ensure continued continuity of care. We offer two sessions (without cost) to any individual that is seen by our MCOT team

How the LA engages and educates first responders to MCOT services

We hold an annual training with all out first responders and meet monthly to staff cases

**MCOT Exemption Request** (Contract 7.2.b.7)

## Behavioral Health Crisis Services

The MCOT Rule is linked here - [R523-18](#)

Does the LA have an exemption request for any MCOT requirements?

- Yes  
 No, not at this time.

If applicable, please document the request for review and approval.

### Receiving Centers (Contract 7.2.c)

Does the LA have a Receiving Center?

- Yes  
 No, not at this time.

Service Delivery Framework: *Describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning. Please include any prioritization of first responders.*

Outcomes Framework: *Describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.*

### Youth Crisis Programming (Office Directives, Crisis Services)

Does the LA have a Youth MCOT program/team?

- Yes  
 No, not at this time.

Does the LA have a formal Memorandum of Understanding (MOU) with local school districts to allow MCOT/Stabilization and Mobile Response (SMR) teams to respond directly to school campuses to prevent student arrests/suspensions?

- Yes  
 No, not at this time.

## Behavioral Health Crisis Services

Does the LA have a SMR program/team?

- Yes  
 No, not at this time.

How are the following implemented:

Ongoing care coordination and referrals between MCOT and SMR staff to ensure continuity for families

We follow up with clients (youth) and families after every call. We utilize a systems of care structure (when necessary) to explore, educate on additional services

Coordination of Safe-Fam hotline calls and youth needs during times when primary SMR services are unavailable (e.g., late evenings, holidays)

N/A

### Technical Assistance

Is technical assistance requested for Behavioral Health Crisis Response programming or requirements?

- Yes  
 No, not at this time.

Please indicate sections requested

## MENTAL HEALTH TREATMENT SERVICES

### Mental Health Mandated Services (UCA17-77-301(5)(b))

The following sections are mandated mental health services. Each LA must complete with an overview of how each service for adults and youth, as indicated, will be implemented in their catchment area. If you use a contractor for a service, please attach an excel or google sheet with all contracted providers for the service, a template has been provided.

## Mental Health Mandated Services (UCA17-77-301(5)(b))

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

### Inpatient Care and Services

Describe how the LA provides Inpatient Care and Services to adults and youth:

Service Delivery Framework:

We staff each case and work to find the appropriate placement for each case based on the appropriate level of care given the clinical presentation and additional identified needs. Once placed the clinician sets up meetings with the treatment provider and the clinical director receives monthly updates including all clinical information at which time the medical need for continued services are reassessed. We work with the family through the process to ensure buy in and engagement as well as preparation for when transition transpires. We identify the transitional needs and create wrap-around and support services or referrals (to ICC etc.) if appropriate.

Outcomes Framework:

We require all updated clinicals (minimum monthly) as well as look at OQ/DLA data. Previous and collateral information is taken to address things that are/were not working. We ask for releases to be signed and a CM/therapist is assigned to track compliance and progress through the transition home and beyond.

### Residential Care and Services

Will the LA provide Residential Care and Services directly or through a contracted provider? Please describe the frameworks in place for adults and youth, and include a list of contractor(s) or a public-facing link to the list.

	Youth	Adult
Directly	<input type="checkbox"/>	<input type="checkbox"/>

## Mental Health Mandated Services (UCA17-77-301(5)(b))

Contracted Provider



### Service Delivery Framework:

We staff each case and work to find the appropriate placement for each case based on the appropriate level of care given the clinical presentation and additional identified needs. Once placed the clinician sets up meetings with the treatment provider and the clinical director receives monthly updates including all clinical information at which time the medical need for continued services are reassessed. We work with the family through the process to ensure buy in and engagement as well as preparation for when transition transpires. We identify the transitional needs and create wrap-around and support services or referrals (to ICC etc.) if appropriate.

### Outcomes Framework:

We require all updated clinicals (minimum monthly) as well as look at OQ/DLA data. Previous and collateral information is taken to address things that are/were not working. We ask for releases to be signed and a CM/therapist is assigned to track compliance and progress through the transition home and beyond.

## Outpatient Care and Services

Describe how the LA will provide Outpatient Care and Services for adults and youth:

### Service Delivery Framework:

We provide initial assessment/evaluation which includes DLA, OQ, ASAM/SASSI and prescribe appropriate services that may include, therapy, case management, medication management, peer support services, higher level services (ICC). OQ's/SURE is administered monthly at a minimum

### Outcomes Framework:

We administer OQ/SURE minimum of monthly with the option for additional assessments (eg. PHQ-9). We have a framework for improvement in treatment plans based on initial scores. We also utilize ASC when identified progress is slow or stalled to assess for barriers.

## Mental Health Mandated Services (UCA17-77-301(5)(b))

### 24-hour Crisis Care and Services

See Behavioral Health Crisis Services section above

### Psychotropic Medication Management

Does the LA provide psychotropic medication management for adults and youth:

- Yes
- No, not at this time.

### Psychosocial Rehabilitation (*vocational training, skills development*)

Describe how the LA will provide Psychosocial Rehabilitation for adults and youth:

Service Delivery Framework:

We run PSR groups for youth and adults and have a day treatment program that addresses vocational training and skill development. We are also implementing a youth day treatment program.

Outcomes Framework:

Use of the DLA assessment, improved outcomes on the OQ and monitored progress in ADL's and employment/vocation

### Case Management

Describe how the LA will provide Case Management for adults and youth:

Service Delivery Framework:

We utilize CM in our day treatment and in the community for youth and adults. CM is a prescribed service once the initial assessment/evaluation is completed and goals are identified and outlined on an individual's treatment plan. Frequency, duration and focus is dependent on the clients identified needs.

Outcomes Framework:

DLA and OQ are employed as well as frequent reviews of treatment plans where specified

## Mental Health Mandated Services (UCA17-77-301(5)(b))

goals are outlined.

### Services to Incarcerated Individuals

*See Combined Mental Health and Substance Use section below*

### Coordinate with the Dept of Corrections to Provide Services to High-Risk Habitual Offenders (UCA 64-13-21(8)(a)).

*See Combined Mental Health and Substance Use section below*

### Community Supports

Will the LA provide Community Supports directly or through a contracted provider?

- Directly
- Contracted provider (list contractor(s) below)

*Service Delivery Framework: Please include in home services, housing supports, family support services and respite. Please note if there are any additional agency processes to access this level of clinical care.*

We utilize CPSS/FPSS for in home services and individual and family support as well as collaborate through Systems of Care to coordinate and allow access to services through entities including public health, DCFS, CJC, JJYS and Families First

*Outcomes Framework: Please include in home services, housing supports, family support services and respite.*

We monitor outcomes when we staff in monthly meetings and utilize DLA/OQ as well as progress on treatment goals. We measure outcomes utilizing collaborating partners criteria when utilizing services with contracted providers.

### Consultation and Education Services

## Mental Health Mandated Services (UCA17-77-301(5)(b))

Will the LA provide Consultation and Education Services directly or through a contracted provider?

- Directly
- Contracted provider (list contractor(s) below)

Service Delivery Framework: *Please include case consultations and collaboration with county agencies, public education and public information.*

We collaborate with entities in Systems of Care, San Juan School District, San Juan Public Health and Clinic, JJYS, DCFS, CJC, San Juan County-aging services, UNHS, USU and the University of Utah

### Technical Assistance

Is technical assistance requested for Mental Health Mandated Services programming or requirements?

- Yes
- No, not at this time.

Please indicate sections requested

## MENTAL HEALTH OFFICE DIRECTIVES

### Mental Health Office Directives

The following sections stem from the FY27 SUMH Office Directives that require a LA response.

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

### Mental Health Office Directives Clinical Care

## Mental Health Office Directives

### Assertive Community Treatment (ACT)

Will the LA provide ACT team programming (more than one box can be checked if multiple teams)?

- Yes, with a DACTS/TMACT score greater than 4.0
- Yes, with a DACTS/TMACT score between 3.0 and 4.0.
- No, not at this time

Please indicate the number of ACT or ACT-like teams in the catchment area and how many individuals are served. For network models, please note the provider agencies who deliver this service.

### High-Need Client Care Plan

Does the LA have an agency plan, as defined in the SUMH Office Directives, to address appropriate service provision for individuals with complex behavioral health conditions who require frequent engagement, have multiple systems involvement, and who are clinically indicated to need multiple mental health supports to remain in the community?

- Yes for adults
- Yes for youth
- No, not at this time

Please submit or insert a public-facing link to the agency plan

### Utah State Hospital (USH) Coordination

Please document the LAs identified USH liaison name and email for compliance with administrative rule UCA R523-2-11.

Adult

Youth

## Mental Health Office Directives

### Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Clinical Care programming or requirements section?

- Yes  
 No, not at this time.

Please indicate sections requested

### Mental Health Office Directives - Quality and Access Improvement

#### First Episode Psychosis (FEP) (service code: EBI)

Will the LA provide First Episode Psychosis (FEP) services ?

- Directly  
 Contracted provider (list contractor(s))  
 No, not at this time

If yes, are services provided to fidelity?

- Yes  
 No, not at this time

Service Delivery Framework:

Once identified we provide therapy, case and medication management as well as focus on supported employment and family/community outreach and education. We are identifying individuals to take training.

Outcomes Framework:

Improved MH outcomes as well as improvement in ADL's and reduction of negative symptoms

#### Clinical High-Risk for Psychosis (CHRP) (Service Code EBI1/EBI2)

## Mental Health Office Directives

Will the LA provide Clinical High-Risk for Psychosis (CHRP) services ?

- Directly
- Contracted provider (list contractor(s))
- No, not at this time

Service Delivery Framework:

Once identified we provide therapy, case and medication management as well as focus on supported employment and family/community outreach and education. Peer support services are also utilized. We have these individuals utilize our day treatment services.

Outcomes Framework:

Improved MH outcomes as well as improvement in ADL's and reduction of negative symptoms and continued functioning within the community.

### Transition-age youth (TAY, 14-26 years of age)

Please identify the LAs identified TAY liaison for this SUMH office directive including name, email address and job role/title:

Aaron Duke - aduke@sanjuancc.org

### Infant and Early Childhood Mental Health (IECMH)

Does the LA have a provider(s) trained in IECMH.

- Yes
- Contracted provider
- No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted). For network models, please identify contracted agencies who specialize in this service

Four Corners Behavioral Health

Describe the training that the provider(s) have received on developmentally appropriate screening, diagnosis, and evidence-based treatment modalities.

## Mental Health Office Directives

We collaborate with Four Corners Behavioral Health as needed and have identified a therapist that will take the training they provide in 2026/27

### Behavioral Health Home (Service Code: BHH)

Does the LA provide behavioral health home services ?

- Directly
- Contracted provider (list contractor(s))
- No, not at this time

Service Delivery Framework:

We have a day treatment program that runs five days a week and offers checks/assistance on weekends with medication compliance, transportation etc. They collaborate with the entities that provide physical health services in the community and other entities that provide education and social support.

Outcomes Framework:

Outcomes are based on treatment plans/compliance and staffed as needed (monthly at a minimum) We look at the mental health side including OQ/DLA for ADL's and collaborate with outside entities to ensure adherence to medical directives are followed.

### Intellectual and Developmental Disabilities (IDD)

Please identify the LAs identified IDD liaison for this SUMH office directive. Include name, email and job role/title:

Aaron Duke- [aduke@sanjuancc.org](mailto:aduke@sanjuancc.org)- therapist

Does the LA have a provider(s) trained in IDD and co-occurring mental health.

- Yes
- Contracted provider
- No, not at this time

As applicable,

## Mental Health Office Directives

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted). For network models, please identify contracted agencies who specialize in this service. LAs are encouraged to have a provider listed on the IDD provider list website.

Aaron Duke, Grady Shumway- San Juan Counseling  
Betty Higley - Intensive Care Coordination

### Mental Health Early Intervention (Service Code: EIM)

Will the LA implement Mental Health Early Intervention (MHEI) programming for the population outlined in SUMH Office Directives?

- Directly
- Contracted/partnership provider (list contractor(s) below)
- Not at this time

Please indicate what allowable services under the EIM service code will be used for:

- School based behavioral health services
- Youth MCOT
- Family Peer Support Services
- Other pre-approved early mental health interventions

Service Delivery Framework:

Evaluation therapy, case management, peer/family peer support, medication management when appropriate

Please identify name, email and title of the individual who will submit quarterly and annual outcome reporting:

Shurrell Meyers- [smeyer@sanjuancc.org](mailto:smeyer@sanjuancc.org) , Matt Lyman- [malyman@sanjuancc.org](mailto:malyman@sanjuancc.org)

### Older Adults

Has the LA developed and is it maintaining a strategic plan for service delivery programming for the older adult population outlined in SUMH Office Directives?

- Yes
- No, not at this time

## Mental Health Office Directives

If applicable, please include a link to a summary document or website to address this question or briefly summarize how the LA intends to provide service delivery to this population.

We have a monthly staffing with DHHS/San Juan County to identify and assess service needs for older adults.

### Perinatal Mental Health

Identify the provider(s) trained in perinatal mental health to the requirement outlined in the SUMH Office Directives. For network models, please identify contracted agencies who specialize in this service.

Katie Reiher - [kreiher@sanjuancc.org](mailto:kreiher@sanjuancc.org)

Is this provider(s) listed on the Utah Maternal Mental Health Network website?

- Yes  
 No, not at this time

### Utah Behavioral Health Planning and Advisory Council (UBHPAC)

Please identify the LAs identified UBHPAC representative for this SUMH office directive including name, email address and job role/title:

Tammy Squires- [tsquires@sanjuancc.org](mailto:tsquires@sanjuancc.org)- Director

*\*\*Please note that UBHPAC meets every other month for 2 hours. The agency should consider a person with lived experience who is a consumer of services or peer as the LA representative.*

### Unfunded clients

Describe how the LA intends to deliver the services/programs to **unfunded clients**. This must include:

1) The LAs process to help the client access to insurance

We assign them to a case manager that helps them through the process of obtaining insurance.

2) LAs policies related to unfunded client service provision (ie. sliding scale, time limited services)

## Mental Health Office Directives

We utilize a sliding fee scale. We will see clients regardless of ability to pay and have no time limits if they are actively involved in their process of trying to secure funding with our case managers or furnish proof of their efforts.

3) Service continuum accessible to unfunded clients.

They are able to access all necessary services.

### Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Quality and access improvement programming or requirements section?

Yes

No, not at this time.

Please indicate sections requested.

## SUBSTANCE USE DISORDER TREATMENT SERVICES

### Substance Use - Adults

The following sections are the **Substance Use Adult services** requirement from both the LA contract and the SUMH Office Directives.

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

### Early Intervention

Will the LA provide Early Intervention directly or through a contracted provider?

## Substance Use - Adults

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: *Please also include services provided to an individual not seeking clinical treatment for substance use, including education, skills development, services to reduce the harms associated with substance misuse and to reduce risk behaviors before they lead to injury, etc.*

We utilize our prevention team for early intervention, including community and individual education, access to groups/therapy/peer support services to develop skill, resources and understanding/insight.

Outcomes Framework:

We utilize the ASAM and SURE as well as OQ. We track (monthly) progress and staff weekly in our meetings specified for SUD clients.

### **Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, II-D or I-D** (Contract 5.2 b)

Will the LA provide Ambulatory Care and Withdrawal Management

- Directly
- Contracted provider (Please include a list or a link of contracted providers)
- Referral (non contracted provider, service is unfunded but referrals provided)

What level of Ambulatory Care and Withdrawal Management service are funded by the LA?

- ASAM IV-D Medically Managed Intensive Inpatient Detoxification
- ASAM III.7-D Medically Monitored Inpatient Detoxification
- ASAM III.2-D Clinically Managed Residential Detoxification
- ASAM III.D Residential/Inpatient Detoxification
- ASAM II-D Ambulatory Detoxification with Extended on-site monitoring
- ASAM I-D Ambulatory Detoxification without Extended on-site monitoring
- None of these levels are available.

If not available, what are the plans to develop and provide this level of care?

Service Delivery Framework:

## Substance Use - Adults

We fund services related to detox that are not medically focused first (social detox) and refer out for medical detox. We use the ASAM to determine the appropriate level of care.

Outcomes Framework:

### Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list of providers or a link to contracted providers below)
- Referral (non contracted provider and service is unfunded but referrals provided)

What level of Residential Care services are funded by the LA?

- ASAM III.7 Medically Monitored Intensive Inpatient Services
- ASAM III.5 Clinically Managed High-Intensity Residential Services
- ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
- ASAM III.1 Clinically Managed Low-Intensity Residential
- None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

Service Delivery Framework: *Please also include the list of providers or a link to contracted providers.*

ASAM is used to monitor progress and appropriate level of care. We coordinate the transition and discharge planning with the contracted entity, ensuring services are in place prior to discharge.

Outcomes Framework:

ASAM and treatment goals as well as a specific transition plan is used. We employ the SURE once released from treatment

## Substance Use - Adults

### Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient and Services directly or through a contracted provider?

- Directly  
 Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

We have a dual diagnosis IOP program that can be utilized for those that meet this level of care

Outcomes Framework:

Compliance related to minimum number of services with the SURE/OQ, DLA and treatment plan monitored for progress. ASAM is completed monthly.

### Outpatient Care and Services (Non-methadone - ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

- Directly  
 Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

We provide outpatient services including therapy, CM, CPSS, medication management, and referrals to RSS services.

Outcomes Framework:

SURE/OQ and treatment goals are used to track and monitor progress.

### Treatment for Opioid Use Disorder (OTP-Methadone)

- OTP-Methadone is available .  
 OTP-Methadone is not available.

If not available, what are the plans to develop and provide this level of care?

## Substance Use - Adults

We refer to Grand County - Four Corners as needed

Will the LA provide Treatment for Opioid Use Disorder directly or through a contracted provider?

- Directly  
 Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: *Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.*

We always do an evaluation and prescribe necessary/desired services. This may include therapy, CM, Medication management collectively or "Meds only". Meds only still need an initial evaluation that must be updated every 6 months (min)

Outcomes Framework:

Based on SURE/OQ, treatment goal completion and compliance with medication

### **Medications for Opioid Use Disorder (Vivitrol, Naltrexone, Buprenorphine) (Contract 5.2 c)**

Will the LA provide Medications for Opioid Use Disorder directly or through a contracted provider?

- Directly  
 Contracted provider (Please include a list or a link of contracted provider)

Does your agency have a Medication for Opioid Use Disorder (MOUD/MAT) policy in place? When was it last reviewed and updated to ensure the use of best practices?

Yes- Put in place in 2018 and currently under review.

Service Delivery Framework: *Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.*

Drug testing is often required when we have MOUD/MAT clients that do not receive additional services

Outcomes Framework:

Based on medication compliance and clean UA's. Can also include completion of treatment goals

## Substance Use - Adults

### Women's Treatment Services (Directives) (Contract 5.2)

Will the LA provide Women's or Parent services directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

We provide individual therapy, CPSS, CM education and support groups and have additional resources we refer to.

Outcomes Framework:

Based on SURE?ASAM/Treatment goal completion

### Pregnant Women and Women with Dependent Children - SAMHSA Priority Population (Contract 5.2d a & 45 CFR Part 96 Subpart L)

Will the LA provide Pregnant Women and Women with Dependent Children services directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

Select the Women's Service Requirements that the LA meets or provides:

- Pregnant women admitted within 48 hours.
- A comprehensive referral for interim services if treatment admission for pregnant women is not available within 24 hours of the time the request for services is made.
- Block Grant funds are used to support pregnant women, parenting women, and women working to regain custody.
- Primary medical care for individuals including referrals for prenatal care.
- Primary Pediatric care for children of individuals in SUD treatment including immunizations.
- Therapeutic interventions for children in custody of individuals in SUD treatment that address development needs, issues of sexual and physical abuse and neglect.
- Sufficient case management and transportation services (clients and children).

Service Delivery Framework:

## Substance Use - Adults

We assess needs and provide services within our capacity as well as refer to community partners for additional needs not provided in the mental health space.

Outcomes Framework:

Based on needs and access to services/resources.

### Parents and Children's Residential Treatment (Service Code: WTX). (Directives)

Will the LA provide Parents and Children's Residential Treatment directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

**LAs receiving these funds must ensure they meet the requirements of the SUMH Directives for WTX services and data collection, including a three year application and a budget by March 27th. Contact Becky King ( Rebecca King (DHHS) ) for more information.**

### Children with Parents in Residential Treatment Services (Service Code: CFT) (Directives)

Will the LA provide Children with Parents in Residential Treatment Services directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)
- Not receiving CFT funds

Check the boxes for all the services for Children with Parents in Residential Treatment that are available.

- Therapeutic Day Care- which provides developmentally focused care for young children whose parent is in treatment, offering support, early learning, and a safe, nurturing environment.
- Case Management & Transportation - for behavioral and physical health services.
- Ongoing Assessment- covers development, health, interactions, and overall functioning.
- Residential Therapeutic Services- supports children in care with a goal of reunification.

Service Delivery Framework:

## Substance Use - Adults

Outcomes Framework:

### Persons who Inject Drugs - SAMHSA Priority Population (Contract 5.1 a, 5.2 e)

Describe how the LA identifies and ensures that persons who inject drugs are prioritized for admission in accordance with federal requirements ( within 14 days from request of admission or 120 days after the request is made if there is no program capacity and interim services are provided until treatment becomes available)?

We are able to refer as soon as the ASAM is completed and shows medical necessity for level of care. We continue to see them in outpatient or utilize IOP services while waiting for treatment to become available. They will also work with CPSS

### Communicable Disease Testing, Education and Resources (TB) - SAMHSA Priority Population (Contract 4.2f)

Check the boxes of services that are provided for individuals who maybe or are infected by mycobacteria tuberculosis (TB)?

Screening and testing.

Who is responsible for providing screening and testing for TB

Education services.

Who is responsible for providing education for TB

Counseling services.

Who is responsible for providing counseling in respect to TB

Referral for medical evaluation and treatment.

### Technical Assistance - Adult SUD

## Substance Use - Adults

Is technical assistance requested for any components of the Adult Substance Use programming or requirements section?

- Yes  
 No, not at this time.

Please name sections requested and provide description of requested TA.

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## Substance Use - Youth

The following sections are the Substance Use Youth services requirement from both the LA contract and the SUMH Office Directives.

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

### Early Intervention

Will the LA provide Early Interventions directly or through a contracted provider?

- Directly  
 Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

We utilize our prevention team for early intervention, including community and individual education, access to groups/therapy/peer support services to develop skill, resources and understanding/insight.
--

Outcomes Framework:

We utilize the ASAM and collateral information as well as the Y-OQ. We track (monthly) progress and staff weekly in our meetings specified for SUD clients and work with SOC as necessary
---

## Substance Use - Youth

### Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services - Youth directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)
- Referral (non contracted provider and service is unfunded, but referrals provided)

What level of Residential Care service are funded by the LA?

- ASAM III.7 Medically Monitored Intensive Inpatient Services
- ASAM III.5 Clinically Managed High-Intensity Residential Services
- ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
- ASAM III.1 Clinically Managed Low-Intensity Residential
- None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

Service Delivery Framework:

Outcomes Framework:

### Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient Services directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

## Substance Use - Youth

Outcomes Framework:

Based on Y-OQ and ASAM (when appropriate) as well as treatment goals and program requirements

### Outpatient Care and Services (ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

- Directly  
 Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

We assess, provide therapy, CM, CPSS/FPSS, groups and staff weekly

Outcomes Framework:

YOQ, ASAM, treatment /program goals

### Access and Quality of Youth Treatment Services

What plans does the LA have to coordinate, support and increase access and quality care for youth services?

We hold monthly meetings to staff at risk youth or youth in the system. Part of that is identifying gaps in the system and programs that could be bought in to improve access.

### Technical Support - Youth SUD

Is technical assistance requested for any components of the Youth Substance Use programming or requirements section?

- Yes  
 No, not at this time.

Please name sections requested and provide description of requested TA

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## Substance Use - Quality Improvement

The following sections are the Quality Improvement requirement from both the LA contract and the SUMH Office Directives.

### Drug Testing (Directives)

Will the LA provide Drug Testing directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Redwood

When was the last time your Drug Testing policy was updated?

2019- is current under review and revision (as needed)

What is the LA process to ensure that all Drug Testing done directly or via a contract, follows SAMHSA recommended guidelines and the requirements as outlined in the SUMH Directives in the Quality Improvement section for Drug Testing Requirements?

Ensure that direct and subcontracted providers are aware and compliant with best practices.

### Outreach to Individuals Who are Using Alcohol and Other Drugs- Overdose Prevention and Education (Contract 5.3.4)

What is the process used to ensure staff are educated in the identification of overdoses and how to administer naloxone?

We hold annual training sessions that both educate staff and community partners how to identify and administer naloxone as well as update them on current laws and legislation pertaining to naloxone.

Does the LA maintain naloxone in each facility?

Yes- we also provide community partners and individuals with Naloxone

What is the process in providing naloxone kits, education and training to individuals with Opioid Use disorder and their family and friends regarding overdose prevention?

We have them at every community event and advertise through SM/ word of mouth and

## Substance Use - Quality Improvement

community partners. Our CPSS has kits to hand out.

### Policy Review (Directives)

What is your process for the development and review of agency policies?

We meet as an admin team and are redoing all P&P's. We will then review and update bi-annually

How often are policies reviewed and updated?

Bi-annually. All changes have to be approved by our Board

### Technical Assistance- Quality Improvement

Is technical assistance requested for any components of the Quality Improvement section?

- Yes  
 No, not at this time.

Please name sections requested and provide description of requested TA

## COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS

### Mental Health and Substance Use Services

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment area.

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

**Integrated Care Programming** (Contract 2.4, 5 & Directives)

Will the LA implement Integrated Care Programming directly or through a contracted/partnership provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

San Juan Health, San Juan Clinic, UNHS

*Service Delivery Framework: Please also include how the LA will cooperate with efforts to promote integrated programming that address individuals' mental health, substance use, and physical health needs. This must include, but is not limited to, the wellness education of all ages for obesity, HIV, TB, Hep-C, diabetes, pregnancy, and dental.*

Adult

We make appropriate referrals to the appropriate entities after our assessments are complete. We are housed in the same building as public health and San Juan Health and use CM to help set appointments related to integrated care.

Adaptations for YOUTH programming

We utilize systems of Care to address youth integrated care needs. Our prevention team also promotes and educates as well as refers for parents and youth

*Outcomes Framework: Please also outline the screening tools and assessments for physical health and social determinants, and physical health documentation.*

Adult:


We have a comprehensive assessment while primarily focused on MH/SUD also assesses for physical health and other integrated care needs that then triggers a referral process to the appropriate entities

Adaptations for YOUTH programming

We have a comprehensive assessment while primarily focused on MH/SUD also assesses physical health and other integrated care needs that then triggers a referral process to the appropriate entities. We also have collaborate and educate caregivers to youth specific needs and give direction and support through FPSS/CM

## Evidence-Based Practice Tracking

Please review and update the SUMH provided list of clinical evidence-based practices and assessments to include practices and assessments across the lifespan and service continuum.

 FY27 LA EBP Matrix

## Telehealth (Contract 2.5)

Does the LA provide Telehealth services?

- Yes, directly - LA agency staff provide therapeutic services to clients directly
- Yes, via contracted provider is utilizing telehealth services
- Not not at this time, but we would be interested
- No

What Telehealth platform does the LA utilize for telehealth services?

Zoom

If applicable, list services are available through telehealth. Please include mental health and substance use treatment services in this response.

MH/SUD, CPSS

## Translation Services

Does the LA have a provider(s) that utilize languages in addition to English, including ASL, in services.

- Yes
- No, not at this time

Does the LA have a policy and process for utilizing **translation services** to meet the communication needs of clients who receive services and those who seek services with the LA?

- Yes
- No, not at this time

## Smoking Cessation (Directives)

Does the LA implement Smoking Cessation best practices as outlined in the SUMH Office Directives?

- Yes
- No, not at this time

Will the LA provide tobacco-free classes directly, a contracted provider or in collaboration with a health organization?

- Directly
- Health Organization (Health Department or other clinic)
- Contracted provider (Please include a list or a link of contracted provider)

Dimensions

Does the LA maintain a nicotine free environment?

- Yes
- No, not at this time

If deemed applicable, please add additional information about the LAs smoking cessation or nicotine free environment.

### Community Assessment

Describe how the LA assesses service continuum access for the community they serve. This must include: population demographics (both in services and in LA catchment), location of provided services, and a plan for improving access to care for Medicaid members, unfunded, underfunded individuals not currently receiving services.

We meet regularly with community partners and have a good working relationship with each. Most transpire monthly and there is a lot of crossover

### Collaboration and partnerships

Describe the collaboration efforts the LA will be doing over the next 1-3 years in order to increase client engagement and outcomes and community partnerships (i.e, Hospital, FQHCs, Receiving Centers, Health Department, Clinics, State, City and County agencies, community partners, committees, other, etc).

We will continue to develop relationships with community partners. We will offer trainings, education, and promote services.

## Mental Health and Substance Use - Justice Services

The following sections are the Mental Health and Substance Use Justice Services requirement from the Code and SUMH Office Directives. Each LA must complete with an overview of how each service will be implemented in their catchment.

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

**Justice Involved Individuals (including JRI funds) (Mandated Services, Directives)**

For Justice Involved Individuals, please describe:

Service Delivery Framework: *Please also include what criminogenic screening tools are utilized and do you include criminogenic risk goals in the client treatment plans?*

We meet clients weekly in both the jail and JJYS. We utilize the RANT and LS/RNR. We provide individual, group and some medication management services. We also provide CM/CPSS services and transportation (limited) upon release.

Outcomes Framework:

Engagement and integration into services as soon as released.

Will JRI funding be used to provide services to individuals that are or were incarcerated directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)
- Organized by Jail Facility

**Department of Corrections (UDC) (Directives, Mandated Service)**

Will the LA provide services to individuals referred or approved by the Department of Corrections directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

UDC funding can be utilized for Mental Health, Substance Use and/or Recovery Support Services (RSS). Please describe the services the LA intends on providing with the use of these funds. If RSS services will be provided, please indicate this will be covered in the RSS section.

We do not currently utilize these funds

**Drug Courts (ADC) (Directives)**

Will the LA provide services to individuals involved in a Drug Court directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

Select the drug court(s) that the LA provides services to:

- Family Dependency Court
- Youth Specialty Court
- Adult Specialty Court
- DUI Court
- Mental Health Court
- Vet Court
- Other Courts? Please specify what other courts

Service Delivery Framework: *Please also include validated criminogenic screening tools used to screen drug court participants, federally approved Medication Assisted Therapy (MAT) allowed, and any restrictions to MAT. Include plans to remove/reduce barriers.*

We have very few specialty courts but utilize RANT/LS-RNR in courts related to SUD> we provide MAT and therapy and CM/CPSS for individuals and groups as approved by the jail and courts. WE have agreements in place for reduction of fines pending successful outpatient treatment completion (with some courts)

Outcomes Framework:

Reduction in recidivism, access and adherence to treatment and medication, OQ/SURE

When was the last time the specialty court manuals and policies were updated?

2019- Currently working on a revision

**Coordinate with the Dept of Corrections to Provide Treatment Services to High-Risk Habitual Offenders**

(UCA 64-13-21(8)(a)).

Will the LA coordinate with the Dept of Corrections (DOC) directly or through a contracted provider for Treatment Services to High-Risk Habitual Offenders?

- Directly
- Contracted provider (list contractor(s) below)

Service Delivery Framework:

We get referrals through the court and collaborate to address identified needs and barriers that lead to reoffense.

Outcomes Framework:

Treatment/med compliance, reduction in future offenses, treatment goal completion, OQ/SURE

### **Guilty with a Mental Health Condition (GMC)**

Will the LA provide court-ordered evaluations, treatment plans, treatment and supervision for the GMC population?

- Yes
- No, not at this time

### **Technical Assistance - Justice Services**

Is technical assistance requested for any components of the Justice Services sections?

- Yes
- No, not at this time.

Please name sections requested and provide description of requested TA

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# RECOVERY SUPPORTS

## Mental Health and Substance Use Recovery Supports

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

**For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

**For the Outcomes Framework**, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

### Recovery Support (non-clinical services) (Contract 8.2 & Directives)

Will the LA provide Recovery Support Services directly or through a contracted provider?

- Directly
- Contracted provider (Please include a list or a link of contracted provider)

What funding will you be using to support and provide Recovery Support Services? Check box(s)

- BJA (BJA)
- Drug Court (ADC)
- State General (SGF)
- JRI (JRI)
- Mental Health (MHBG)
- Opioid Grant (SOR)
- Substance Use Block Grant (SUBG)
- Department of Corrections (UDC)
- Other- please specify below

Service Delivery Framework: *Please include responses that address adult and youth services. Please also include what the process is for identifying and approving Recovery Support Services to ensure that services are needed and appropriate to eliminate fraud, waste and abuse of funds and that the funding is being used for allowable services based on the funding source?*

Outcomes Framework:

## Mental Health and Substance Use Recovery Supports

### Peer Support Services (PSS)

Will the LA provide Peer Support Services directly or through a contracted provider?

- Directly  
 Contracted provider (list contractor(s) below)

We are hiring due to our former CPSS needing to quit due to medical reasons

Does the LA currently employ or contract the following for services:

- Certified Peer Support Specialists (CPSS)  
 Family Peer Support Specialists (FPSS)  
 Certified Peer Support Specialists (CPSS) in SUD services.

Service Delivery Framework:

Outcomes Framework:

Based on the framework of getting support and access to services related to recovery and needed resources as part of a prescribed services from an evaluation.

Please confirm that the LA is in compliance with the following office directive: "The LA's PSS team, or a representative peer support specialist, shall meet with LA leadership semi-annually to discuss the peer support program and peer involvement in the agency"

- Yes  
 No, not at this time

### Homeless Services Supports

Please identify the LAs identified Local Homeless Council (LHC) or Continuum of Care (COC) representative for this SUMH office directive:

Name	Aaron Duke
Email	aduke@sanjuancc.org
Job role/title	Clinical Director

## Mental Health and Substance Use Recovery Supports

### Sober Living Program-Homeless services (SLF) (Directives)

Will the LA provide Sober Living Services

- Directly  
 Contracted provider (Please include a list or a link of contracted providers)

When needed we refer. Working on providing directly

Service Delivery Framework:

Being developed

Outcomes Framework:

Sobriety, completion of treatment goals, employment, SURE

### Supported Employment Services including Individual Placement Support (IPS)

Will the LA provide Supported Employment Services directly or through a contracted provider?

- Directly  
 No, not at this time  
 Contracted provider (provide link or list contractor(s) below)

We provide a pseudo form of IPS but not to fidelity due to size

Service Delivery Framework: *Please also include how the LA implements collaboration with the Utah State Office of Rehabilitation/Vocational Rehabilitation Services. Also include adaptations for youth.*

We have a working relationship and quarterly meetings and staffing with Voc Rehab and have created a streamlined referral, assessment, treatment, and update protocol

Outcomes Framework:

Focused on obtaining employment through skills and managing SUD/MH

### Technical Assistance - Recovery Support

## Mental Health and Substance Use Recovery Supports

Is technical assistance requested for any components of the Recovery Support section?

- Yes  
 No, not at this time.

Please name sections requested and provide description of requested TA

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## SERVICE SATISFACTION AND OUTCOME DATA

### Service Satisfaction and Outcome Data

The following section stems from the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

#### Consumer Satisfaction

Describe the LA's process for administering the Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS).

We begin administering months in advance when clients come in and do OQ/SURE/YOQ assessments
--

#### Mental Health Outcome Questionnaire

Does the LA have a training process for clinical teams on utilization of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ).

- Yes  
 No, not at this time

If applicable, briefly describe information on training, implementation, oversight, data analysis, and associated quality improvement.

We go over results and identify areas of improvement and create an annual goal as a team on how we can improve.
---

## Service Satisfaction and Outcome Data

### Recovery Support Screenings and Tools

What Recovery Support screening or tools are you utilizing? (i.e., SURE, SUD OQ, etc).

SURE/OQ/YOQ/SASSI/DLA

If you are not utilizing any Recovery Support screenings or tools can you please provide details on the barriers?

### Technical assistance

Is technical assistance requested for any components of SUMH Office Directives Service Satisfaction and Outcome Data section? This may include data submission requirements.

- Yes
- No, not at this time.

Please indicate sections requested

# Form C – Substance use prevention narrative

## 3 year area plan: FY 2027 – FY 2029

This plan outlines how the LA is utilizing sound prevention science to address substance misuse issues by reducing risk factors and increasing protective factors. The plan illustrates how the LA is supporting Community Centered Evidence Based Prevention (CCEBP) to increase implementation of evidence-based programs, strategies, events, and policies.

LA area plans should be informed by the planning process conducted by community coalitions.

- Using the table, explain the LA's goals for coalition development over the next 3 years. List all identified communities whether there is a current coalition or not. Put N/A where necessary.

CCEBP community	<u>Current CCEBP rating</u> Provide the rating and description of the rating	List current phase (CTC or SPF)  List more than 1 phase where appropriate  List how many times the coalition has completed the process through phase 5	LA priority rating for each CCEBP community  High/medium/low	Operating system used by the community (CTC, CADCA, etc.)	LA's plan to support this community
SJCPAC Coalition	G - Established coalition	Phase 1: 95.14% Phase 2: 79.69% Phase 3: 73.91% Phase 4: 58.75% Phase 5: 42.11%	High	CTC, CADCA	*Funding to support strategies *Funding for coalition coordinator *TA sessions with coordinator and coalition leadership *Community Px Education
Monticello	C-1  Currently, this is a community workgroup	NA	Medium	CADCA, CTC	*Funding to support strategies *Community Px Education *TA sessions with workgroup leadership

	under the SJCPAC Coalition umbrella - but has potential for growing into a coalition.				
Monument Valley	D-2, D-4  Currently, a workgroup but is a coalition in development - struggling with engagement	NA	Medium	CTC, CADCA	*Funding to support strategies *Funding for coalition coordinator *CTC Coaching with SDRG *Community Px Education *TA sessions with workgroup leadership
Montezuma Creek	A-4, A-5	NA	Medium	CADCA	*Funding to support strategies *Community Px Education
White Mesa	Lack of capacity, funding and readiness to initiate coalition development				
Bluff		NA	Low	CADCA	*Funding to support strategies *Community Px Education
Navajo Mountain					

2. Using the table, explain why each program, strategy, event, or policy is being implemented by the LA. Add rows and tables as needed.

- Template for [compliance check action plan](#) if that helps you plan activities for Synar and EASY. Completed template is not required. If the template is used, activities need to be listed in the table below.

**Substance: Alcohol**

Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short term outcomes (risk factors) Make SMART*	Long term outcomes (substance) Make SMART
Parental Attitudes Favorable to ASB	Parents Empowered Media campaign	<ul style="list-style-type: none"> <li>• CPP Installations in county communities - Media campaigns</li> </ul>	Reduce Parental Attitudes Favorable to ASB in grade 12 from 32.3% in 2023 to 28% in 2029	Reduce Lifetime Use of Alcohol in 2029 from 4.7% in 2023 to 3% in 2029
	Social Development Strategy	<ul style="list-style-type: none"> <li>• Community Spotlight and Coalition Champion awards</li> </ul>		
Perceived Risk of Drugs	CTC Coalitions	<ul style="list-style-type: none"> <li>• Provide TA to coalitions as they work through the CTC and SPF processes.</li> <li>• Support coalition workgroup strategies with funding and staff if possible</li> <li>• Help train coalition leadership on M&amp;B tools</li> </ul>	Decrease Perceived risk of drug use for all grades from 44.1% in 2023 to to 40% in 2029	
Availability	EASY Checks	<ul style="list-style-type: none"> <li>• Work with county sheriff's office to conduct checks twice a year in at least one area community</li> </ul>	Increase EASY checks from one time a year to at least twice in more than one area community	
Family Attachment	Strengthening Families Classes	<ul style="list-style-type: none"> <li>• Train two more facilitators to help implement SF classes.</li> <li>• Work with community partners to help advertise SF classes</li> </ul>	Increase Family Attachment in all grades from 58.7% in 2023 to 70% in 2029	
	CTC Coalitions	*Community Family Events		
Rewards for prosocial involvement	Youth Coalition	<ul style="list-style-type: none"> <li>• Work with youth coalition to train and educate peers on prevention in schools.</li> <li>• Prevention weeks</li> <li>• Send youth coalition members to Bryce youth summit</li> </ul>	Increase Rewards for Prosocial Involvement in all grades from 51.4% in 2023	

		<ul style="list-style-type: none"> <li>• SDS implementation of Making a Difference Community Youth awards</li> </ul>	to 65% in 2029	
Rewards for ASB			Lower Rewards for ASB in all grades from 21.6% in 2025 to 15% in 2029	

Substance: Marijuana				
Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short term outcomes (risk factors) Make SMART	Long term outcomes (substance) Make SMART
Family Attachment	Talk They Hear You Campaign	<ul style="list-style-type: none"> <li>• Music in the Park Series</li> <li>• Family Movie Nights</li> <li>• Community Family Events</li> </ul>	Increase Family Attachment in all grades from 58.7% in 2023 to 70% in 2029	Reduce Lifetime use of marijuana from 17.9% in grade 12 in 2025 to 13% in 2029
	Strengthening Families Classes	<ul style="list-style-type: none"> <li>• Train two more facilitators to help implement SF classes.</li> <li>• Work with community partners to help advertise SF classes</li> </ul>		
Perceived Risk of Drug Use	CTC Coalitions	<ul style="list-style-type: none"> <li>• Provide TA to coalitions as they work through the CTC and SPF processes.</li> <li>• Support coalition workgroup strategies with funding and staff if possible</li> <li>• Help train coalition leadership on M&amp;B tools</li> </ul>	Decrease Perceived risk of drug use for all grades from 44.1% in 2023 to to 40% in 2029	
Rewards for Prosocial Involvement	Youth Coalition	<ul style="list-style-type: none"> <li>• Work with youth coalition to train and educate peers on prevention in schools.</li> <li>• Prevention weeks</li> <li>• Send youth coalition members to Bryce youth summit</li> </ul>	Increase Rewards for Prosocial Involvement in all grades from 51.4% in	

		<ul style="list-style-type: none"> <li>• SDS implementation of Making a Difference Community Youth awards</li> </ul>	2023 to 65% in 2029	
Depression	CTC Coalition / Youth Coalition	<ul style="list-style-type: none"> <li>• Promote LiveOn campaign</li> <li>• Kindness weeks in area schools</li> <li>• Prevention weeks in area schools</li> <li>• Community Family Events</li> </ul>	Decrease depressive symptoms in all grades from 45.6% in 2023 to 30% in 2029	

<b>Substance: Nicotine</b>				
<b>Risk/protective factor</b>	<b>Program, policy, strategy, or event (one per table box)</b>	<b>Activities (what are you, your contractors, and coalitions doing)</b>	<b>Short term outcomes (risk factors)</b>	<b>Long term outcomes (substance)</b>
			<b>Make SMART</b>	<b>Make SMART</b>
Family Attachment	Talk They Hear You Campaign	<ul style="list-style-type: none"> <li>• Music in the Park Series</li> <li>• Family Movie Nights</li> </ul>	Increase Family Attachment in all grades from 58.7% in 2023 to 70% in 2029	Reduce lifetime use of vaping nicotine in grade 12 from 9.3% in 2025 to 7% in 2029
	Strengthening Families Classes	<ul style="list-style-type: none"> <li>• Train two more facilitators to help implement SF classes.</li> <li>• Work with community partners to help advertise SF classes</li> </ul>		
Perceived Risk of Drug Use	Youth Coalition	<ul style="list-style-type: none"> <li>• Work with youth coalition to train and educate peers on prevention in schools.</li> <li>• Prevention weeks</li> <li>• Send youth coalition members to Bryce youth summit</li> <li>• SDS implementation of Making a Difference Community Youth awards</li> </ul>	Decrease Perceived risk of drug use for all grades from 44.1% in 2023 to to 40% in 2029	
Availability	Synar Checks	Will continue collaboration efforts with Public Health to make sure these checks are happening		

3. What is your plan to ensure communities/coalitions follow a strategic planning process (SPF, CTC, etc.)? Provide evidence you will collect to show that this process was followed (CTC worksheets, logic models, etc.). We will provide training of coalition leadership and workgroup leadership to help them understand the importance of the CTC and SPF process in planning strategies that are effective and evidence-based. We will use CTC worksheets to help implement this and request that proposed strategies are tied to a logic model.

4. How will the LA monitor and support coalitions in developing and utilizing quality logic models? Training at our SJCPAC Coalition meetings. Logic models will need to be tied to requested strategies for funding in community workgroup settings.

5. How will the LA ensure programs are evidence-based for substance use prevention? Working with Regional Director and EB registries - we will help coalition members understand the science behind EB strategies.

6. How are programs/strategies monitored for implementation fidelity? Coalition will work on better implementation practices through support and TA from Regional Director and LA prevention staff.

7. What is your plan to increase collaboration across the behavioral health continuum? In what ways may your strategies impact mental or physical health? We will continue collaborative efforts with the LSAA, Early Childhood and Zero Suicide sister coalitions, USARA and other community partners to ensure continued relationship building. This collaboration will impact mental and physical health across the lifespan and in area communities.

Although we don't have high numbers noted on our SHARP Survey findings, in relation to prescription drug use, local qualitative data suggests concern over local opioid misuse as an issue. Through targeted strategies and shared risk and protective factor involvement, we plan to continue working on this as a coalition focus.

8. How will you provide services to all prevention populations (universal, selective, and indicated)? Or what are you going to do to increase the reach of your prevention services to include all prevention populations? Our community workgroups have done a great deal to branch out to specific and unique needs in area communities. We are building capacity in each community with the hopes of new coalitions in area communities that can identify and address upstream prevention efforts across the county. Funding has been a challenge in building needed

prevention infrastructure throughout the county. In our continued efforts to make things happen, our relationship building continues to grow. Partnering with coalition members across the county will be helpful in providing prevention at each level. Currently, we do mostly universal, and some selective services. We do have a coalition partner that provides indicated services as requested.

9. Explain your sustainability plan for prevention funding. If you do not have a sustainability plan explain why, and tell us how you will meet this requirement by the next area plan due date. We do not currently have a sustainability plan, beyond our relationship and partnership building efforts. We will work together as a coalition to talk about ways we can sustain and strengthen current upstream efforts. Thank you for the template - it will be helpful in planning.

- Link to a [sustainability plan template](#). The template is not required to complete. If the template is complete we still need question 9 answered in narrative form.

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\*SMART Goals are Specific, Measurable, Achievable, Relevant, and Time-bound.



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

# **SUMH G&O Narrative**

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State Fiscal Year 2027

**Local Authority: San Juan County**

## Table of Contents

Table of Contents	2
Overview	3
Governance and Oversight	4
General Auditing	4
Fiscal Auditing	4
Subcontractor Auditing Tools	5
Mechanisms for Citizen Input	5
Policies and Procedures Auditing	6

## Overview

The purpose of this document is to meet contract compliance with the Local Authorities (LA) "Evergreen Contract" Article 1.2. "Office Directives" refers to the annual instructions promulgated by Department of Health and Human Services (DHHS), Office of Substance Use and Mental Health (SUMH), identified in Utah Code §26B-5-102(2). These directives describe the use and allowable expenditure of state and federal funds for the purpose of mental health and substance use prevention, crisis, treatment, and recovery support services.

This document is designed to be an addendum to the "Evergreen Contract". It is updated prior to the start of the State Fiscal Year and may be updated during the State Fiscal Year when approved by the SUMH director or designee. DHHS will alert LA leadership via email to any updates to this document after the start of the State Fiscal Year. The LA is responsible to review both the "Evergreen Contract" and this document to ensure contract compliance.

## Governance and Oversight (G&O)

### General Auditing

Describe how auditing will be conducted, what items will be monitored and how required documentation will be kept up to date. [State Code 26-B-5-102\(2\)\(ee\)](#)

Auditing will be conducted through regular internal reviews to monitor records, staff qualifications, incident reports, and required client documentation. All documentation will be kept current through timely updates, routine file checks, and correction of any identified deficiencies. Audit results will be presented to the administrative team quarterly and incorporated into the IQAPI process.

### Fiscal Auditing

The [Service Code Auditing Guidelines](#) identify the mental health and substance use disorder treatment service codes that require documentation of services to be uploaded by spreadsheet for the audit. Services that can not be described by CPT/HCPCS code such as prevention, FRF and MCV (MCOT Vehicle costs) can be audited by providing a summary of invoices billed to Kissflow. There shall be a tab for each funding code utilized in the fiscal year.

#### Service Code Auditing Guidelines

The service code auditing guidelines are located at the end of the FFY for the Fiscal Year. These are the guidelines that the auditor uses to justify year end costs:

Has the LA read the guidelines provided in the FFH? **Yes** No

Are there any issues with complying with these guidelines with any service code allocated to you for FY27? Yes **No**

If there are any issues please identify each code and give an explanation:

### **Subcontractor Auditing and Tools**

A list of subcontractors/subrecipients shall be provided prior to the audit. The subcontractor monitoring tool developed by SUMH shall be used in monitoring subcontractors. Subcontractor audits should be designed to evaluate the quality of services being provided, identify areas for improvement or training of subcontractors to help improve outcomes, ensure compliance with statute and office directives and provide accountability for state and federal funding. Explain how you use the provided state monitoring and other tools developed to fulfill the requirement of annually monitoring each subcontracted provider. (See [FY27 Office Directives Subcontractor Monitoring Review \(1\) page \(5\)](#))

We use state monitoring tools and internally developed review tools to conduct an annual review of each subcontracted provider. The review includes required documentation, provider performance, compliance with contract and regulatory requirements, corrective actions, and quality outcomes. Monitoring may occur more frequently if issues are identified. Findings are documented, shared with the administrative team, and incorporated into the IQAPI process to support follow-up, accountability, and continuous improvement.

### **Mechanisms for Citizen Input**

**Are you currently receiving public input and comments in the development of the annual area plan and budgets? State Code [17-77-301\(5\)\(a\)\(vii\)](#), [17-77-201\(5\)\(g\)](#)**

Yes, we are always open to receiving public input and comments for the development of the annual area plan and budgets. We believe community involvement is crucial to creating a plan that reflects the needs and priorities of the public.

**How do you, or will you, solicit public comments and input on your annual area plan and budgets?**

All San Juan Counseling board meetings are open to the public, with a designated time for public comments. Meeting schedules are published on the Public Notice Website. Each year, when the board approves the operating budget, a public hearing is held to gather

input, and this hearing is also advertised in the local newspaper to encourage participation. Additionally, the Area Plan is approved by the County Commission during a public meeting, where the public is invited to provide comments and feedback.

**How do you track this public input? (Please provide supporting docs)**

Public input provided during board meetings will be documented and included in the official meeting minutes.

**Did you receive any input for the FY27 Area Plan?**

No.

**Who are the local advocates and coalitions that will be invited to the public review of the Area Plans and Budgets for FY27?**

All citizens during the commission meeting. Area plan will be publicized on PMN website along with commission meeting action items.

**If none were invited to participate, who are the local coalitions and advocates that should be invited to participate this year for FY27?**

**Policies Procedures and Auditing**

Per the [FY27 SUMH Office Directives](#), each LA shall develop, implement, and maintain written policies and procedures that encompass all requirements, including:

- i) governance and oversight,
- ii) substance use disorder prevention services,
- iii) suicide prevention services,
- iv) crisis services,
- v) mental health treatment services,
- vi) substance use disorder treatment services,
- vii) recovery support services,
- viii) data reporting, and
- ix) grant and contract reporting.

Does the Local Authority have the policies above in place? Yes <b>No - Not yet</b>
Are the policies up to date (5 years or less)? Yes <b>No</b>
<b>Please provide these policies with your uploads</b>

Additional Policy Auditing
Does the Local Authority have the policies below in place? Yes <b>No</b>
Are the policies up to date (5 years or less)? Yes No
<b>Please provide these policies with your uploads</b>

The following audit items are located in the [SUMH FY27 Monitoring Handbook](#).

- A) Corrective Action Policy
- B) Standardized finding format
- C) Standardized CAP Tool/Root Cause Format
- D) Standardized Operating Procedure for CAP's
- E) Quality and Effectiveness Standards for Subcontractor Monitoring
- F) A Link to the FY27 Standardized Audit Tool

FY27 Mental Health Area Plan & Budget

Local Authority: San Juan County

Form A

	State General Fund	County Funds	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal Intervention	Other OSUMH State/Federal Revenues	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2027 Expenditures	Total Unique Clients Served	TOTAL FY2027 Cost/Client Served
PY2027 Mental Health Revenue	State General Fund	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal Intervention	Other OSUMH State/Federal Revenues	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2027 Expenditures	Total Unique Clients Served	TOTAL FY2027 Cost/Client Served
Local Treatment Services	\$627,725	\$330,005	\$76,777	\$1,188,614	\$38,498		\$0	\$88,000	\$26,500	\$17,000	\$2,393,119	State	Other
FY2027 Mental Health Revenue by Source	\$627,725	\$330,005	\$0	\$1,188,614	\$38,498		\$0	\$88,000	\$26,500	\$17,000	\$2,393,119	\$596,278	\$1,396,891
		\$957,730											

	State General Fund	County Funds	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2027 Expenditures	Total Unique Clients Served	TOTAL FY2027 Cost/Client Served
FY2027 Mental Health Expenditures Budget	State General Fund	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2027 Expenditures	Total Unique Clients Served	TOTAL FY2027 Cost/Client Served
Inpatient Services (1700)				\$150,000							\$150,000	18	\$8,333
Residential Care (171 & 173)											\$0		#DIV/0!
Outpatient Care (22-24 and 30-50)	\$49,139	\$223,002	\$51,882	\$695,091	\$34,724			\$80,253	\$24,167		\$1,158,258	420	\$2,758
24-Hour Crisis Care (outpatient based service with emergency and = yes)	\$147	\$665	\$155	\$2,074	\$104			\$240	\$72		\$3,457	10	\$346
Psychotropic Medication Management (61 & 62)	\$4,597	\$20,861	\$4,853	\$65,022	\$3,248			\$7,507	\$2,261		\$108,349	120	\$903
Psychoeducation services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$80,166	\$18,651	\$249,875							\$348,692	45	\$7,749
Case Management (120 & 130)		\$5,180	\$1,205	\$16,145							\$22,530	27	\$834
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		\$51	\$12	\$5,159						\$12,000	\$17,222	10	\$1,722
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (RRF Database)		\$80	\$19	\$5,248						\$5,347	\$5,347	15	\$356
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	10	\$500
Adult Outplacement (USH Liaison)										\$0	\$0		#DIV/0!
Other Non-mandated MH Services	\$573,842			\$422							\$574,264	135	\$4,254
FY2027 Mental Health Expenditures Budget	\$627,725	\$330,005	\$76,777	\$1,188,614	\$38,498		\$0	\$88,000	\$26,500	\$17,000	\$2,393,119	810	\$2,954
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0

	State General Fund	County Funds	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2027 Expenditures	Total Unique Clients Served	TOTAL FY2027 Cost/Client Served
FY2027 Mental Health Expenditures Budget	State General Fund	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2027 Expenditures	Total Unique Clients Served	TOTAL FY2027 Cost/Client Served
ADULT	\$498,833	\$259,261	\$60,318	\$850,106	\$27,517			\$62,620	\$18,857	\$17,000	\$1,834,512	355	\$5,168
YOUTH/CHILDREN	\$128,892	\$70,744	\$16,459	\$258,508	\$10,981			\$25,380	\$7,643		\$558,607	225	\$2,483
Total FY2027 Mental Health Expenditures	\$627,725	\$330,005	\$76,777	\$1,188,614	\$38,498		\$0	\$88,000	\$26,500	\$17,000	\$2,393,119	580	\$4,126



**FY27 Mental Health Early Intervention Plan & Budget**

Local Authority: San Juan County

Form A2

	State General Fund	State General Fund used for Medicaid Match	NOT Used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2027 Revenue	Total Clients Served	TOTAL FY2027 Cost/Client Served		
FY2027 Mental Health Revenue	\$17,940								\$17,940				
FY2027 Mental Health Revenue by Source	\$17,940								\$17,940				
	State General Fund	State General Fund	County Funds	State General Fund used for Medicaid Match	NOT Used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2027 Expenditures Budget	Total Clients Served	TOTAL FY2027 Cost/Client Served
FY2027 Mental Health Expenditures Budget											\$0	0	\$0
MCOT 24-Hour Crisis Care-ADMIN											\$0	0	\$0
MCOT 24-Hour Crisis Care-CLINICAL											\$0	0	\$0
FPSS-ADMIN											\$0	0	\$0
FPSS-CLINICAL											\$0	0	\$0
School Based Behavioral Health-ADMIN	\$16,146										\$16,146	10	\$1,615
School Based Behavioral Health-CLINICAL	\$1,794										\$1,794	10	\$1,615
FY2027 Mental Health Expenditures Budget	\$17,940	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,940	10	\$1,790		

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

FY27 Substance Use Disorder Treatment Area Plan Budget

Local Authority: San Juan County

Form B

FY2027 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 OSUMH State/Federal Revenues	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures (gifts, donations, reserves etc)	TOTAL FY2027 Expenditures	Total FY2027 Client Served	Total FY2027 Cost/Client Served
Drug Court	\$16,423		\$7,526			\$4,735		\$22,601		\$2,000		\$53,285 [1]		
JRI	\$22,745		\$4,549					\$2,500	\$1,000	\$5,000		\$467,723		
Total Treatment Services	\$69,764		\$36,663			\$108,866		\$2,500	\$1,000	\$5,000		\$548,302	366 / 92	Other \$187,120
Total FY2027 Substance Use Disorder Treatment Revenue	\$108,932	\$113,548	\$48,738	\$0	\$130,382	\$113,601	\$0	\$25,101	\$1,000	\$7,000	\$0	\$548,302		
		\$222,480					\$113,601							
FY2027 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 OSUMH State/Federal Expenditures	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures (gifts, donations, reserves etc)	TOTAL FY2027 Expenditures	Total FY2027 Client Served	Total FY2027 Cost/Client Served
Early Intervention - 1	\$10,893	\$10,555	\$4,873		\$8,938	\$10,995			\$100	\$700		\$46,954	90	\$522
Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III 7-D, III 2-D, I-D or II-D) - 2												\$0		#DIV/0!
Residential Treatment Services: (ASAM III 7, III 5, III 3, III 1) - 3			\$8,000		\$42,000							\$50,000	4	\$12,500
Treatment for Opioid Use Disorder (OTP-Methadone) - 4												\$0		#DIV/0!
Medications for Opioid Treatment - (Witrol, Naltrexone, Buprenorphine) - 5								\$2,500				\$2,500	4	\$625
Outpatient: Non-Methadone (ASAM I) - 6	\$92,592	\$89,716	\$41,428		\$75,125	\$93,455		\$22,601	\$850	\$5,950		\$421,717	125	\$3,374
Intensive Outpatient (ASAM II.5 or II.1) - 7	\$3,268	\$3,166	\$1,462		\$2,651	\$5,497			\$50	\$350		\$16,444	7	\$2,349
Recovery Support (includes housing, peer support, case management and other non-clinical) - 8+9	\$2,179	\$2,111	\$975		\$1,768	\$3,654						\$10,687	15	\$712
FY2027 Substance Use Disorder Treatment Expenditures Budget	\$108,932	\$113,548	\$48,738	\$0	\$130,382	\$113,601	\$0	\$25,101	\$1,000	\$7,000	\$0	\$548,302	245	\$2,238
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
FY2027 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 OSUMH State/Federal Expenditures	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSUMH Expenditures (gifts, donations, reserves etc)	TOTAL FY2027 Expenditures		
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$35,948	\$37,471	\$16,084		\$43,026	\$37,489		\$8,369	\$330	\$2,310		\$181,027		
All Other Women (18+)	\$12,745	\$13,285	\$5,702		\$15,255	\$13,291		\$2,962	\$117	\$819		\$64,176		
Youth (12- 17) (Not including pregnant women or women with dependent children)	\$56,971	\$59,385	\$25,490		\$68,190	\$59,413		\$13,770	\$523	\$3,661		\$287,403		
Total FY2027 Substance Use Disorder Expenditures Budget by Population Served	\$108,932	\$113,548	\$48,738	\$0	\$130,382	\$113,601	\$0	\$25,101	\$1,000	\$7,000	\$0	\$548,302		

**FY27 Drug Offender Reform Act & Drug Court Expenditures**

Local Authority: San Juan County

Form B1

FY2027 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2027 Expenditures
Screening and Assessment Only						\$0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)						\$0
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)						\$0
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)						\$0
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost) Non- Methadone						\$0
Outpatient: Non-Methadone (ASAM I)		\$49,631				\$49,631
Intensive Outpatient (ASAM II.5 or II.1)						\$0
Recovery Support (includes housing, peer support, case management and other non-clinical )		\$3,654				\$3,654
FY2027 DORA and Drug Court Expenditures Budget	\$0	\$53,285	\$0	\$0	\$0	\$53,285 [1]

\$53,285

FY27 Substance Abuse Prevention Area Plan & Budget

Local Authority: San Juan County

Form C

	State Funds	County Funds	County Funds	County Funds	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other OSU/MH State & Federal Revenues (TRANF, Discretionary Grants, etc)	3rd Party Collections (eg. Insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSU/MH Revenue (gifts, donations, reserves etc)	TOTAL FY2027 Revenue	State
FY2027 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	\$120,091	\$22,750	\$0				\$142,841	\$142,841
FY2027 Substance Abuse Prevention Revenue	\$0	\$0	\$0	\$0	\$0	\$120,091	\$22,750	\$0				\$142,841	\$142,841

	State Funds	County Funds	County Funds	County Funds	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other OSU/MH State & Federal Expenditures (TRANF, Discretionary Grants, etc)	3rd Party Collections (eg. Insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Non-OSU/MH Expenditures (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2027 Expenditures	TOTAL FY2027 Evidence-based Program Expenditures
FY2027 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	\$35,000	\$10,000	\$80,091	\$17,750				\$45,000	\$142,841
Universal Direct													\$97,841	\$97,841
Universal Indirect													\$0	\$0
Selective Services													\$0	\$0
Indicated Services													\$0	\$0
Unspecified													\$0	\$0
FY2027 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$115,091	\$27,750	\$0	\$0	\$0	\$0	0	\$142,841	\$142,841

SAPT FY2027 Prevention Set Aside Primary Prevention Expenditures	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
	\$25,091	\$20,000			\$90,000	\$7,750	\$142,841

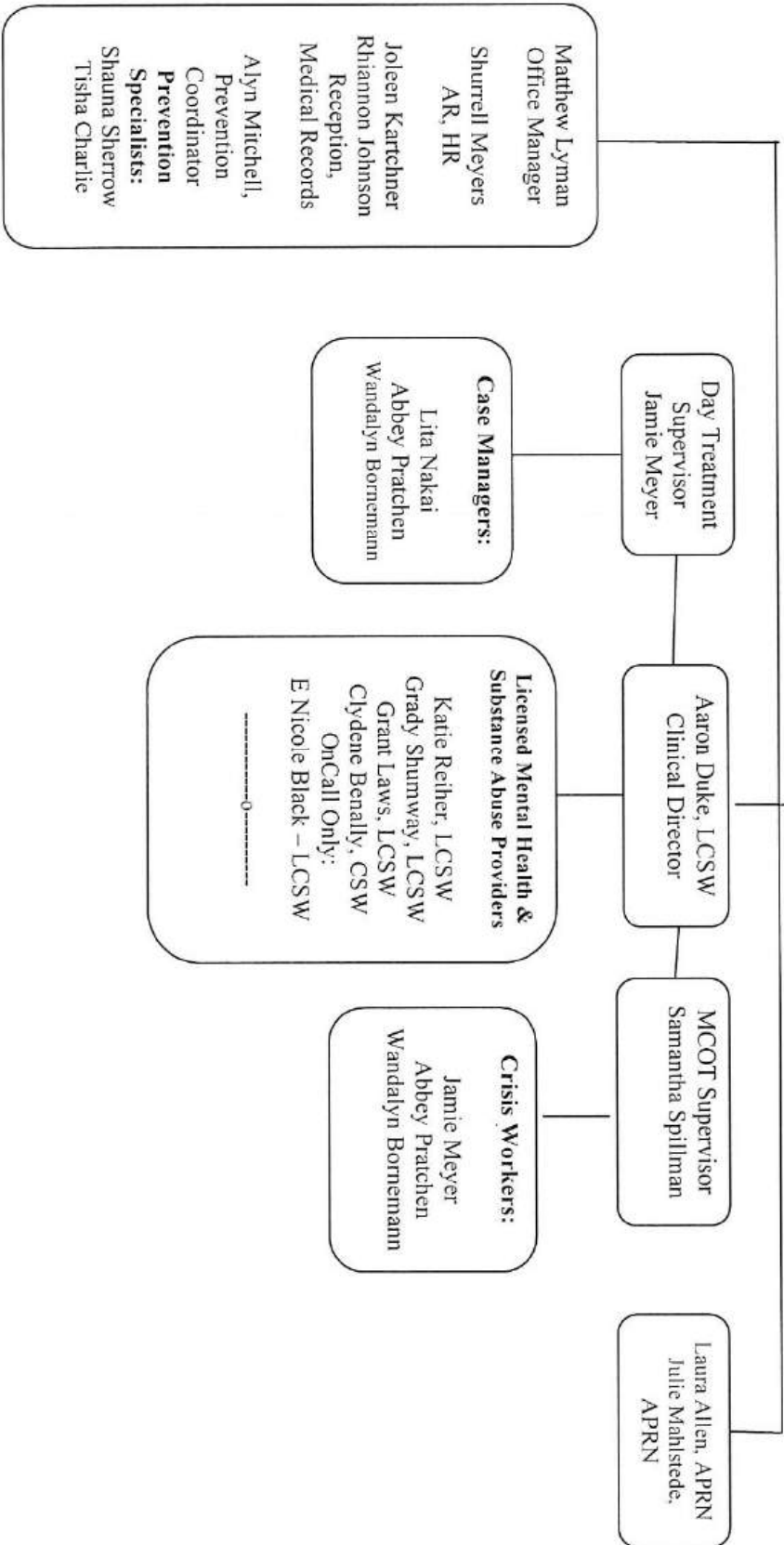
Cost Breakdown Category	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2027 Expenditures
	\$82,841	\$80,000						\$142,841

# Organizational Chart San Juan Counseling May 2026

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

**BOARD OF DIRECTORS**  
San Juan Mental Health/Substance Abuse Special Service District  
Chair- Andy Bayless, Co Chair – Ann Austin  
Treasurer – Wendy Haws; Board Member - Stephen Jense,  
Board Member - Leslie McNaughtan

Tammy J Squires  
Director



# San Juan Counseling's Sliding Fee Schedule

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

Approved 12/12/16

Estimated 2024 Poverty Guideline

Estimated 2024 200% Poverty

Monthly Income		100%	150%	200%	250%	300%	350%	400%	400%+
% of Poverty		Cost Per Service							
Family Size	\$5.00	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	Full Fee	
1	0-\$1255	\$1256-\$1883	\$1884-\$2510	\$2511-\$3138	\$3139-\$3765	\$3766-\$4393	\$4394-\$5020	\$5021+	\$5021+
2	0-\$1703	\$1704-\$2555	\$2556-\$3406	\$3407-\$4258	\$4259-\$5109	\$5110-\$5961	\$5962-\$6812	\$6813+	\$6813+
3	0-\$2152	\$2153-\$3228	\$3229-\$4304	\$4305-\$5380	\$5381-\$6456	\$6457-\$7532	\$7533-\$8608	\$8609+	\$8609+
4	0-\$2600	\$2601-\$3900	\$3901-\$5200	\$5201-\$6500	\$6501-\$7800	\$7801-\$9100	\$9101-\$10400	\$10401+	\$10401+
5	0-\$3048	\$3049-\$4572	\$4573-\$6096	\$6097-\$7620	\$7621-\$9144	\$9145-\$10668	\$10669-\$12192	\$12193+	\$12193+
6	0-\$3497	\$3498-\$5246	\$5247-\$6994	\$6995-\$8743	\$8744-\$10491	\$10492-\$12240	\$12241-\$13988	\$13989+	\$13989+
7	0-\$3945	\$3946-\$5918	\$5919-\$7890	\$7891-\$9863	\$9864-\$11835	\$11836-\$13808	\$13809-\$15780	\$15781+	\$15781+
8	0-\$4393	\$4394-\$6590	\$6591-\$8786	\$8787-\$10983	\$10984-\$13179	\$13180-\$15376	\$15377-\$17572	\$17573+	\$17573+
<b>Total Person add</b>	<b>\$ 448.00</b>	<b>\$ 672.00</b>	<b>\$ 896.00</b>	<b>\$ 1,120.00</b>	<b>\$ 1,344.00</b>	<b>\$ 1,568.00</b>	<b>\$ 1,792.00</b>	<b>\$ 2,016.00</b>	

\* based on Current Year Poverty Guidelines