

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 2024-FY26 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

By: _____

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

PLEASE PRINT:

Name: _____

Title:

Date: _____

FY26 Substance Abuse Prevention Area Plan & Budget

Local Authority: San Juan County

Form C

	State Funds		County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other OSUMH State & Federal Revenues (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Revenue (gifts, donations, reserves etc)	TOTAL FY2026 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									
FY2026 Substance Abuse Prevention Revenue	\$155,000					\$118,540	\$22,750	\$0				\$296,290	\$296,290
													\$0

	State Funds		County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other OSUMH State & Federal Expenditures (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2026 Expenditures	TOTAL FY2026 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
FY2026 Substance Abuse Prevention Expenditures Budget														
Universal Direct	\$26,350					20152	\$3,868						\$50,370	\$45,332
Universal Indirect	\$127,100					\$97,203	\$18,654						\$242,957	\$218,662
Selective Services	\$1,550					\$1,185	\$228						\$2,963	\$2,667
Indicated Services													\$0	
Unspecified														
FY2026 Substance Abuse Prevention Expenditures Budget	\$155,000	\$0	\$0	\$0	\$0	\$118,540	\$22,750	\$0	\$0	\$0	\$0	\$0	\$296,290	\$266,661

SAPT FY2026 Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$35,562	\$35,562			\$47,416		\$118,540

Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2026 Expenditures
Total by Expense Category	118516	59258	14815			103701		\$296,290

	State General Fund		County Funds										
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other OSUMH State/Federal Revenues	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Revenue	TOTAL FY2026 Revenue	
FY2026 Mental Health Revenue													
JRI/JRC	\$0					\$0						\$0	
Local Treatment Services	\$605,404	\$332,781		\$73,010	\$1,204,000	\$39,141		\$21,787	\$191,000	\$43,000	\$17,000	\$2,527,123	
FY2026 Mental Health Revenue by Source	\$605,404	\$332,781	\$0	\$73,010	\$1,204,000	\$39,141	\$0	\$21,787	\$191,000	\$43,000	\$17,000	\$2,527,123	\$999,113 - \$1,528,010
	\$938,185					\$39,141							

	State General Fund		County Funds											
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2026 Expenditures Budget	Total Clients Served	TOTAL FY2026 Cost/Client Served
FY2026 Mental Health Expenditures Budget														
Inpatient Services (170)					\$150,000							\$150,000	18	\$8,333.33
Residential Care (171 & 173)												\$0		#DIV/0!
Outpatient Care (22-24 and 30-50)	\$24,133	\$225,759		\$49,530	\$708,251	\$35,261			\$175,480	\$39,506		\$1,257,920	450	\$2,795.38
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$573,246	\$1,029		\$226	\$3,229	\$921			\$800	\$180		\$579,631	180	\$3,220.17
Psychotropic Medication Management (61 & 62)	\$2,025	\$18,937		\$4,155	\$59,409	\$2,959			\$14,720	\$3,314		\$105,519	250	\$422.08
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$77,724		\$17,052	\$243,837							\$338,613	45	\$7,524.73
Case Management (120 & 130)		\$8,350		\$1,832	\$26,195							\$36,377	25	\$1,455.08
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		\$41		\$9	\$5,128						\$12,000	\$17,178	10	\$1,717.80
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		\$941		\$206	\$7,951							\$9,098	15	\$606.53
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information								\$21,787				\$21,787		
Services to persons incarcerated in a county jail or other county correctional facility											\$5,000	\$5,000	10	\$500.00
Adult Outplacement (USH Liaison)	\$6,000											\$6,000	2	\$3,000.00
Other Non-mandated MH Services												\$0		#DIV/0!
FY2026 Mental Health Expenditures Budget	\$605,404	\$332,781	\$0	\$73,010	\$1,204,000	\$39,141	\$0	\$21,787	\$191,000	\$43,000	\$17,000	\$2,527,123	1,005	\$2,493
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

	State General Fund		County Funds											
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other OSUMH State/Federal Expenditures	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Non-OSUMH Expenditures	TOTAL FY2026 Expenditures Budget	Total FY2026 Unique Clients Served	TOTAL FY2026 Cost/Client Served
FY2026 Mental Health Expenditures Budget														
ADULT	\$450,051	\$251,365		\$55,148	\$870,224	\$26,206		\$10,893	\$127,952	\$28,806	\$17,000	\$1,837,645	500	\$3,675.29
YOUTH/CHILDREN	\$155,353	\$81,416		\$17,862	\$333,776	\$12,935		\$10,894	\$63,048	\$14,194		\$689,478	200	\$3,447.39
Total FY2026 Mental Health Expenditures	\$605,404	\$332,781	\$0	\$73,010	\$1,204,000	\$39,141	\$0	\$21,787	\$191,000	\$43,000	\$17,000	\$2,527,123	700	\$3,610.18

FY25 Proposed Cost & Clients Served by Population

Local Authority: San Juan County

Form A1

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets	Clients Served	FY2026 Expected Cost/Client Served
Inpatient Services Budget		
\$90,000 ADULT	11	8182
\$60,000 CHILD/YOUTH	7	8571
\$150,000	18	
Residential Care Budget		
ADULT		#DIV/0!
CHILD/YOUTH		#DIV/0!
\$0	0	
Outpatient Care Budget		
\$830,914 ADULT	300	2770
\$427,006 CHILD/YOUTH	150	2847
\$1,257,920	450	
24-Hour Crisis Care Budget		
\$430,321 ADULT	120	3586
\$149,311 CHILD/YOUTH	60	2489
\$579,632	180	
Psychotropic Medication Management Budget		
\$82,932 ADULT	200	415
\$22,587 CHILD/YOUTH	50	452
\$105,519	250	
Psychoeducation and Psychosocial Rehabilitation Budget		
\$325,613 ADULT	35	9303
\$13,000 CHILD/YOUTH	10	1300
\$338,613	45	
Case Management Budget		
\$35,530 ADULT	20	1777
\$847 CHILD/YOUTH	5	169
\$36,377	25	
Community Supports Budget (including Respite)		
\$12,000 ADULT (Housing)	5	2400
\$5,178 CHILD/YOUTH (Respite)	5	1036
\$17,178	10	
Peer Support Services Budget		
\$8,441 ADULT	10	844
\$657 CHILD/YOUTH (includes FRF)	5	131
\$9,098	15	
Consultation & Education Services Budget		
\$10,893 ADULT		
\$10,894 CHILD/YOUTH		
\$21,787		
Services to Incarcerated Persons Budget		
\$5,000 ADULT Jail Services	10	500
Outplacement Budget		
\$6,000 ADULT	2	3000
Other Non-mandated Services Budget		
ADULT		#DIV/0!
CHILD/YOUTH		#DIV/0!
\$0	0	
Summary		
Totals		
\$1,837,644 Total Adult	713	\$2,577
\$689,480 Total Children/Youth	292	\$2,361
\$2,527,124	1,005	

FY26 Mental Health Early Intervention Plan & Budget

Local Authority: San Juan County

Form A2

	State General Fund		County Funds						
	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 FY2026 Revenue
FY2026 Mental Health Revenue									
FY2026 Mental Health Revenue by Source	\$0	\$18,083							\$18,083

	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2026 Expenditures Budget	Total Clients Served	TOTAL FY2026 Cost/Client Served
FY2026 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL									\$0		#DIV/0!
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL		\$17,179							\$17,179	10	\$1,717.90
School Based Behavioral Health-ADMIN		\$904							\$904		
FY2026 Mental Health Expenditures Budget	\$0	\$18,083	\$0	\$0	\$0	\$0	\$0	\$0	\$18,083	10	#DIV/0!

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

FY26 Substance Use Disorder Treatment Area Plan Budget

Local Authority: San Juan County

Form B

FY2026 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 Revenue (gifts, donations, reserves etc)	TOTAL FY2026 Revenue
Drug Court	\$15,869		\$7,526			\$8,016		\$22,601		\$2,000		\$56,012 [1]
JRI	\$21,578		\$4,316									\$25,894
Local Treatment Services	\$60,402	\$15,448		\$15,170	\$88,382	\$101,594		\$2,500	\$1,000	\$5,000		\$289,496
Total FY2026 Substance Use Disorder Treatment Revenue	\$97,849	\$15,448	\$11,842	\$15,170	\$88,382	\$109,610	\$0	\$25,101	\$1,000	\$7,000	\$0	\$371,402

FY26 Drug Offender Reform Act & Drug Court Expenditures
Local Authority: San Juan County

Form B1

FY2026 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 FY2026 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 1II.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)		\$52,696				\$52,696
Intensive Outpatient (ASAM II.5 or II.1)						\$0
Recovery Support (includes housing, peer support, case management and other non-clinical)		\$3,316				\$3,316
FY2026 DORA and Drug Court Expenditures Budget	\$0	\$56,012	\$0	\$0	\$0	\$56,012 [1]

San Juan County

FORM A - MENTAL HEALTH BUDGET NARRATIVE

3 Year Plan (FY 2024-2026)

Local Authority: San Juan County

Instructions:

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

1) Inpatient Services

Adult Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

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

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

Describe your efforts to support the transition from this level of care back to the community.

We have identified and work with acute hospital/inpatient liaisons to ensure that sessions are set up with a primary therapist prior to discharge. We have also established and are explicit on the importance of aftercare services at intake and are collaborating with these entities to ensure an AC plan is in place prior to discharge. Our MCOT team also conducts F/U with any individuals transitioning back into the community per their mandates. Clinical updates are required and shared with the primary therapist prior to discharge. Regular phone staffings take place as required.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services

directly or through a contracted provider. Include any planned changes in programming or funding.

Since there are no children/youth inpatient facilities within San Juan County, the same procedures that apply for adult inpatient care and services apply to youth. For children and youth needing intensive services, every effort is made to meet those needs through some type of diversion plan within the county. Children and youth whose needs cannot be met locally and who require inpatient care are referred to appropriate facilities outside of the county. As inpatient needs arise, patients can undergo a physical health evaluation at either local hospital for medical clearance. Arrangements are then made for patients to be placed in an acute inpatient facility within the state of Utah. These placements are sometimes arranged through relationships with other mental health centers in the state. If the situation warrants, placement at the Utah State Hospital is utilized. Youth are also admitted to private hospitals.

As with the adult population, intensive wraparound services can sometimes alleviate the need for hospitalization. Safety of the individual, family, and community remains paramount when less restrictive (non-hospitalization) measures are pursued.

San Juan Counseling's professional staff maintain active certification as Designated Examiners or maintain relationships with active DE for authority to enact associated involuntary commitments with the above scenarios.

SJC and Canyonlands Youth Home have an agreement to use the youth home as a diversionary placement when appropriate. We have used this resource when appropriate and will continue to do so

Describe your efforts to support the transition from this level of care back to the community.

SJC works to support all inpatient discharges. Our MCOT staff is dedicated to work with individuals as they are transitioning back into the community. The MCOT team reaches out to follow up on the needs of the individual. The MCOT team helps to facilitate therapy appointments and other resources as needed. SJC will also offer respite when appropriate.

With SJC's relationship with local ICC (Intensive Care Coordinator), if needed, referrals will be made and facilitated for those services

2) Residential Care

Adult Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

No mental health residential facilities are located within San Juan County. As a result, San Juan Counseling refers San Juan County residents who meet criteria for this level of care to facilities outside of the county. SJC has a cooperative relationship with other Utah Behavioral Health Committee (UBHC) agencies that have residential care facilities. By "cooperative relationship," it is the relationship that we, as a center, have with each of the other LMHCs throughout the state. When we are in need of services not available in San Juan County, we often call other centers and ask for advice, suggestions and assistance. They are very cooperative and are often able to

suggest facilities and resources that may or may not be affiliated with their particular center. This cooperative relationship has proven invaluable in many instances in which we needed knowledge of, and/or access to, facilities and resources outside our county. However, such facilities have been difficult to access for our residents based on funding constraints and availability. Private facilities have been utilized as needed and will continue to be used. SJC has been able to provide several modified services to minimize the need of residential treatment such as aggressive case managed services, services similar to an ACT team and services similar to a Clozaril Clinic. Due to the creative efforts of the clinical team at SJC, clients that might have required residential treatment have been maintained in a less restrictive setting while at the same time addressing their unique needs.

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

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

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

SJC utilizes functional assessments such as the DLA-20 when available in combinations with clinical information related to safety and the need for additional support. The primary goals include the individual being in the least restrictive environment possible. Effectiveness of care is determined by several factors including functioning levels, inpatient admissions, legal involvement, safety, etc.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please identify your current residential contracts. Please identify any significant service gaps related to residential services for youth you may be experiencing.

Procedures for children and youth residential care are similar to the residential care for adults with the exception that they are placed in satisfactory children's facilities. Due to our close personal and working relationships with other LMHCs and their employees, they are willing to assist when asked for recommendations and help in finding residential placements for San Juan County children and youth. Relationships developed through UBHC sponsored meetings of directors, clinical directors and children's coordinators have facilitated such relationships and cooperative attitudes among various centers and their employees. The gaps continue to be related to not having anything close/locals as well as minor communication from time to time. This has not impacted continuity of care but continues to be addressed and rectified as warranted.

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

SJC uses clinical information related to safety and the need for additional support. The primary

goals include the individual being in the least restrictive environment possible. Effectiveness of care is determined by several factors including functioning levels, inpatient admissions, legal involvement, safety, etc. SJC considers residential as short-term treatment and not a placement for out of home care.

Our MCOT staff is dedicated to work with individuals as they are transitioning back into the community. The MCOT team reaches out to follow up on the needs of the individual. The MCOT team helps to facilitate therapy appointments and other resources as needed and follows up when appointments are missed.. SJC will also offer respite when appropriate.

With SJC's relationship with local ICC, if needed, referrals will be made and facilitated for those services.

3) Outpatient Care Adult Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding.

Outpatient services are provided by San Juan Counseling. Services include: Intake and evaluation, psychiatric assessment and evaluation, individual, marriage, family and group psychotherapy, and behavior management. Major goals of outpatient services are: 1) screen for appropriateness of treatment through the completion of an intake and evaluation, 2) evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present, 3) prescribe appropriate treatment secondary to initial diagnosis or diagnostic impressions and subsequently, 4) provide psychotherapy, group or family therapy and medication management as indicated in order to treat the diagnosed illness of the client or individual. 5) [San Juan Counseling has launched an adult IOP \(Dual Diagnosis/SUD Focused\) as of 4/14/25 that can be utilized by those who meet the ASAM criteria for this level of care.](#)

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

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

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

San Juan Counseling does not currently have an interdisciplinary ACT team or practice ACOT for high acuity clients. However, efforts continue to coordinate with community partners to identify and outreach to clients with chronic and persistent mental illness. For instance, SJC administration and staff have met with medical staff and behavioral health leadership of Utah Navajo Health Systems (UNHS) to promote our adult day treatment programs in Blanding, Montezuma Creek and Mexican Hat. In addition, SJC staff has presented to four Navajo Nation

chapters located in Utah and will continue contact with these organizations. The outcome measures sought for are keeping individuals in the community and out of inpatient units, out of jails, and to prevent homelessness. SJC utilizes the DLA-20 to track improvement and individual needs.

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

San Juan Counseling strives to serve civilly committed clients using the least restrictive level of care possible. Civilly committed clients living in the community are consistently re-evaluated prior to their civil commitment hearing to determine whether he/she still meets criteria. If not, this is clearly articulated to the court. Every individual civilly committed is assigned to a clinician and meets with the clinician at least monthly - usually weekly. Monthly during the case manager meetings the individuals are discussed. The re-evaluation process is ongoing.

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

Children's Services

Leah Colburn

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding. Please highlight approaches to engage family systems.

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

We staff clients weekly looking at them from all perspectives including the role of the family system and how to engage the family system as a whole.

Other services include: 1) indicate and/or prescribe residential or inpatient treatment as needed and, 2) referral to appropriate treatment agency, 3) [We are in the process of working with San Juan School District, JJYS, and other community partners to gather data and formulate a way to launch children's day treatment program.](#)

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

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

SJC seeks to offer services that will support the family and the youth that allows the youth to remain in the least restrictive environment possible. SJC utilizes FPSS/Peer Support to work with those families in need. SJC offers case management, respite, and skills development to youth when needed. SJC will also refer youth/families to ICC to utilize their full wrap around approach when appropriate.

**4) 24-Hour Crisis Care
Adult Services**

Jennifer Hebdon-Seljestad

Please outline plans for the next three years for access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are currently provided in your area, where services are provided, and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHHS systems of care, law enforcement and first responders, for the provision of crisis services. Include any planned changes in programming or funding.

In November 2020 SJC implemented MCOT services in San Juan County. During daytime work hours the crisis services are covered by a licensed therapist and a Bachelor's level Certified Crisis Worker. After office hours and on the weekends, there is one Crisis Worker and one therapist on call from 8 am to 11 pm. A licensed therapist covers the on call from 11 pm to 8 am. The on-call line is covered 24 hours a day, 7 days a week. The local crisis phone number for the on-call worker is provided to the local hospitals, medical clinics, sheriff's office, police stations, DCFS, nursing home, schools, and other key facilities within the county. The Utah Crisis Line is advertised to the local community as the crisis number. The MCOT team will be deployed through handoffs from the Utah Crisis Line, calls from local partners including law enforcement, schools, and emergency rooms, calls or walk-in crises initiated by consumers, and local dispatch.

All crisis services are provided without any compensation from the local hospitals, jails, or other institutions. All individuals are served regardless of funding status.

Crisis services are utilized as a diversion from higher levels of care through MCOT outreaches. The MCOT team will deploy to where the crisis is happening (as far as it meets safety standards). The MCOT crisis workers will utilize local resources to meet client's needs. The MCOT team continues to reach out and monitor progress of the individual's needs, including linking to further appropriate services.

SJC realizes that crisis services are essential. SJC also recognizes that providing these services and requiring after hours shifts is one the largest barriers to job satisfaction among the majority of providers. After hours and weekend work can be viewed as more challenging for some providers. With more competition for providers that are not required to work after hours and weekends,

hiring has become a bigger challenge. The public system needs to develop and have access to additional resources and ideas to attract and keep providers willing and able to provide 24/7 crisis services. SJC has and will continue to explore a myriad of options to alleviate some of the challenges associated with crisis services.

As part of our efforts to promote MCOT, our MCOT crisis workers have presented to local law enforcement agencies, DCFS, JJS, medical providers, schools, and other community partners and do so on a recurring basis. Our MCOT team reaches out to partners quarterly with brochures and information to help with the coordination efforts. During the daytime when our MCOT team is not responding to calls they are following up with recent cases, concerning no shows, community partner outreach, etc.

Describe your current and planned evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications and key performance indicators are available if needed, please describe any areas for help that are required.

SJC has implemented the Division MCOT data measures as required for State reporting. SJC will monitor outcome measures such as the individual's final disposition following MCOT services.

Children's Services

Jennifer Hebdon-Seljestad

Please outline plans for the next three years for access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are currently provided in your area, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Crisis Outreach Teams, facility-based stabilization/receiving centers and In-Home Stabilization Services). Including if you provide SMR/Youth MCOT and Stabilization services, if you are not an SMR/Youth MCOT and Stabilization provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJYS and other DHHS systems of care, law enforcement and first responders, schools, and hospitals for the provision of crisis services to at-risk youth, children, and their families. Include any planned changes in programming or funding.

In November 2020 SJC implemented MCOT services in San Juan County. During daytime work hours the crisis services are covered by a licensed therapist and a Bachelor's level Certified Crisis Worker. After office hours and on the weekends, there is one Crisis Worker and one therapist on call from 8 am to 11 pm. A licensed therapist covers the on call from 11 pm to 8 am. The on-call line is covered 24 hours a day, 7 days a week. The local crisis phone number for the on-call worker is provided to the local hospitals, medical clinics, sheriff's office, police stations, DCFS, nursing home, schools, and other key facilities within the county. The Utah Crisis Line is advertised to the local community as the crisis number. The MCOT team will be deployed through handoffs from the Utah Crisis Line, calls from local partners including law enforcement, schools, and emergency rooms, calls or walk-in crises initiated by consumers, and local dispatch.

All crisis services are provided without any compensation from the local hospitals, jails, or other

institutions. All individuals are served regardless of funding status.

Crisis services are utilized as a diversion from higher levels of care through MCOT outreaches. The MCOT team will deploy to where the crisis is happening (as far as it meets safety standards). The MCOT crisis workers will utilize local resources to meet client's needs. The MCOT team continues to reach out and monitor progress of the individual's needs, including linking to further appropriate services.

SJC realizes that crisis services are essential. SJC also recognizes that providing these services and requiring after hours shifts is one the largest barriers to job satisfaction among the majority of providers. After hours and weekend work can be viewed as more challenging for some providers. With more competition for providers that are not required to work after hours and weekends, hiring has become a bigger challenge. The public system needs to develop and have access to additional resources and ideas to attract and keep providers willing and able to provide 24/7 crisis services. SJC has and will continue to explore a myriad of options to alleviate some of the challenges associated with crisis services.

As part of our efforts to promote MCOT, our MCOT crisis workers have presented to local law enforcement agencies, DCFS, JJS, medical providers, schools, and other community partners. Our MCOT team reaches out to partners quarterly with brochures and information to help with the coordination efforts. During the daytime when our MCOT team is not responding to calls they are following up with recent cases, concerning no shows, community partner outreach, etc

Describe your current and planned evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications and key performance indicators are available if needed, please describe any areas for help that are required.

SJC has implemented the Division MCOT data measures as required for State reporting. SJC will monitor outcome measures such as the individual's final disposition following MCOT services.

5) Psychotropic Medication Management Adult Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings.

Psychotropic medication management services in San Juan County are provided by San Juan Counseling's licensed medical staff. They include psychiatric assessment and evaluation, medication management by a physician and/or a psychiatric nurse, and laboratory testing as required. Professional medical staff screen for appropriateness of medication management through the completion of a psychiatric assessment and evaluation. They evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present and then prescribe appropriate treatment and medication management secondary to initial diagnosis or diagnostic impressions and subsequently manage any psychotropic medications prescribed through the agency. SJC has two part-time Psychiatric Nurse Specialists with prescriptive authority (A.P.R.N. level). We are currently working out the best way to collaborate with other community agencies (including getting releases signed) to ensure continuity and communication is happening

when it comes to prescribing. We strongly encourage those receiving therapeutic services to utilize our in house prescribers, when possible.

Children's Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.

Psychotropic medication management services in San Juan County are provided by San Juan Counseling's licensed medical staff. They include psychiatric assessment and evaluation, medication management by a physician and/or a psychiatric nurse, and laboratory testing as required. Professional medical staff screen for appropriateness of medication management through the completion of a psychiatric assessment and evaluation. They evaluate and diagnose individuals with potential mental illness in order to determine what illnesses are present and then prescribe appropriate treatment and medication management secondary to initial diagnosis or diagnostic impressions and subsequently manage any psychotropic medications prescribed through the agency. SJC has a full-time Psychiatric Nurse Specialist with prescriptive authority. (A.P.R.N. level). We are currently working out the best way to collaborate with other community agencies (including getting releases signed) to ensure continuity and communication is happening when it comes to prescribing. We strongly encourage those receiving therapeutic services to utilize our in house prescribers, when possible.

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

6) Psychoeducation Services & Psychosocial Rehabilitation Adult Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

These services are provided primarily through services provided by SJC's Gateway (Blanding), Montezuma Creek, and Mexican Hat Day Treatment facilities. We are currently working to get a Monticello office licensed also so that services can be provided out of that office. Services are also available to clients who choose not to attend day treatment programs. These services include intake and evaluation, psychiatric assessment and evaluation, psychological testing, medication management by physician and by advanced psychiatric nurse, individual, family and group psychotherapy, day treatment services, case management, behavior management, 24-hour crisis on-call, intervention services, protective payee services, and a wide range of individual and group skills development classes.

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

community are eligible for services.

Describe how clients are identified for Psychoeducation and Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified through a formal evaluation and referred by a licensed therapist. Measured by ability to maintain stability w/in community -- without which they would need a higher level of care.

SJC utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement and/or areas of need. We also use the DLA-20 to measure effectiveness of services provided.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Children/Youth Psychoeducation Services and Psychosocial Rehabilitation are provided in a similar manner as are the adult services with the exception that there are no day treatment services for children. Services are provided by SJC staff, primarily case managers. These services are prescribed following intake and evaluation and other assessments and are provided in conjunction with treatment by clinical team members.

We have met with the school district and discussed this need. In our collaboration they are moving from utilization of telehealth (provided by the U of U) back to in person services (as the primary) now that we are staffed (with therapists), COVID restrictions are lifted on the reservation, and can adequately provide and meet this need. [We have been present in most of the River Region Schools this year providing these services as the need presents and as space is available. We leave it up to the client and the school to determine whether SJCC services are utilized or if they utilize the services of UNHS.](#)

Describe how clients are identified for Psychoeducation and Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified through a formal evaluation and referred by a licensed therapist.

Measured by ability to maintain stability w/in community -- without which they would need a higher level of care.

SJC utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement and/or areas of need.

**7) Case Management
Adult Services**

Hailee Hernandez

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case

management provider is certified to provide these services. Include any planned changes in programming or funding.

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

SJC ensures case managers are certified by tracking training, having staff submit CM tests to SJC leadership, and supervise 80 hours of experience required.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Clients are identified through a formal evaluation and referred by a licensed therapist.

Measured by ability to maintain stability w/in community -- without which they would need a higher level of care.

SJC utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement and/or areas of need

Children's Services

Hailee Hernandez

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services. Include any planned changes in programming or funding.

Children and youth have access to high quality case management, counseling, CM services, and the strength of an established ICC Committee providing wrap-around services. Therapists in the schools will continue to provide case management for children. SJC encourages the therapists in the schools to provide more case management services for youth.

SJC ensures case managers are certified by tracking training, having staff submit CM tests to SJC leadership, and supervise 80 hours of experience required.

We are working on hiring or having our CPSS get dually trained as an FPSS. The addition of more case managers to provide services as well as additional locations for those with transportation issues. We have found that while we made a lot of referrals to our FPSS person, under utilization of this service is prevalent and we are exploring why as well as educate and change the culture related to the perception of in-home services.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Clients are identified through a formal evaluation and referred by a licensed therapist.

Measured by ability to maintain stability w/in community -- without which they would need a higher level of care.

SJC utilizes the DLA-20 to target areas of rehabilitation and completes a DLA-20 on each client every six months to measure improvement and/or areas of need.

8) Community Supports (housing services)

Adult Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

San Juan Counseling is continuing to look at ways to meet the housing needs of the community. SJC provides transitional housing occasionally through local motels and apartments. SJC has secured a trailer that is used for transitional housing to be used as needs arise.

SMI clients, especially those who attend Day Treatment receive extensive in-home, housing, and other case management services. SJC's case managers work with local low-income housing providers to meet housing needs in the community. Case managers also work with housing authorities and owners to help clients be compliant with housing standards, so their housing is not at risk.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing?

DLA-20, SMI criteria, Civil Commitment, and supervision needs are used to consider the individuals with the highest priorities for limited housing resources

Children's Services (respite services)

Cody Northup

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care. Include any planned changes in programming or funding.

SJC provides respite care utilizing outplacement funds and Medicaid capitated funds. This service has been proven helpful when needed. All of SJC's case managers are now certified as child case managers. SJC is using the child case managers to provide respite services for clients in need. It is expected that the need for this service will continue, especially with Medicaid eligible clients.

This service is provided in our facility and has to be arranged prior due to a shortage of CM. We are actively looking to promote that we offer these services and are making therapists and our CM's available to provide respite when a need arises..

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Eligibility is determined based on the needs of the child/family. Individuals are referred to service by therapist determination.

Effectiveness is measured by parent self-report of child's behavior being more manageable in the home and parent being able to focus on needs in the home. YOQ may also be used to measure the effectiveness of the service

9) Peer Support Services
Adult Services

Heather Rydalch

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

SJC currently has one part time Peer Support Specialist. Our Peer Support Specialists work with a wide variety of clients depending on the needs of the clients. SJC has had struggles hiring and maintaining qualified individuals in these positions. We are looking to hire additional, qualified individuals or move our current PS F/T as/if the need arises.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Systems of Care is a coalition where community partners/entities come together to identify if PSS would be appropriate or a higher level of service is needed. In house we identify and have our therapists refer off their caseload and prescribe that service if appropriate. We also educate that these services are available and what they provide to our community partners. Essentially due to the under utilization of this service within the community, we are promoting and advertising to our community for referrals. Effectiveness is measured through completion of treatment goals related to peer support as well as outcomes.

Children's Services

Amy Campbell

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJYS, DSPD, and HFW. Include any planned changes in programming or funding.

Children/Youth peer support services are provided by the CM's at this juncture and our CM's are employees of San Juan Counseling.

SJC has been unable to replace our FT FPSS in 2022. We have lost our PT FPSS also. We have hired someone part time CM's and a CPSS who we may get dually certified this year and are

working to promote, educate and get clients referred for this service. Once we consistently maintain a caseload, we look to extend this to a FT position.

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

Services are prescribed by therapists based on clinical need including, but not limited to, the DLA-20, C-SSTS. We also use community partners.

10) Consultation & Education Services

Adult Services

Cody Northup

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

San Juan Counseling participates in a wide range of conferences, seminars, committees, and cooperates with other value-added partners to provide services in consultation and education. San Juan's System of Care includes DWS, DCFS, DSPD, San Juan County School District, Juvenile Court, local law enforcement, Vocational Rehabilitation, Utah Navajo Health System, San Juan County Family Peer Support Specialist, and San Juan County Drug and Alcohol Prevention Specialist. San Juan Counseling currently chairs the local "System of Care" meeting. SJC helps sponsor the Family Coalition Conference, and the Domestic Violence Conference. SJC is involved with the planning process for the San Juan County Health Fair. [We have recently started a collaboration with the Federal Reentry Court in Aneth \(Voc Rehab -SLC\) and have established a working relationship with the SJC Children's Justice Center too.](#)

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

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

San Juan Counseling therapists provide wellness-oriented presentations at various community seminars and gatherings. SJC staff present at the local university (USU- San Juan Campus) several times a year related to different behavioral health topics. SJC is a key member of the sex abuse prevention coalition in the county.

Children's Services

Cody Northup

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

San Juan Counseling has 1 PT CPSS looking into getting him dually certified. Working with ICC, the CM's work closely with families in crisis to educate families about available services and provide carefully crafted wrap-around services for families in need. Family team meetings are held to

personalize the service of each family. The services are coordinated in both the family team meetings and the System of Care.

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

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

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

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

11) Services to Incarcerated Persons

Cody Northup

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate. Include any planned changes in programming or funding.

San Juan Counseling provides outpatient care services to San Juan County jail and to Canyonlands Juvenile Justice Center as requested. We complete the RANT and will implement the LS-RNR for incarcerated individuals (when appropriate to assess rightness of fit for services (MH or SA OP services or Drug Court). We will work to provide MAT when appropriate.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Clients are identified on an as needed basis. Effectiveness is shown by the client's ability to function within the normal jail population without continuing isolation

Describe the process used to engage clients who are transitioning out of incarceration. As per HB0167 (2025 legislative session), local mental health authority shall, to the extent feasible, coordinate with the Department of Corrections to ensure the continuity of mental health services for county residents who are on probation or parole. Please describe this process for your agency.

All individuals served while in jail may receive services from SJC once released. This will be encouraged by the clinician depending on individual need. SJC will schedule appointments as requested for this population prior to release as the individual agrees. We have reached out to the jail as well as AP&P to set a meeting to discuss a formal referral process related to individuals. We have come up with a formal tracking sheet that outlines treatment goals, progress, adherence/non compliance to recommendations as well as started an IOP/groups that can be utilized as a step down to help with transition. We are working on looking at funding sources to have a CM/CPSS, therapist, and prescriber in the jail a couple of times a week to coordinate and be proactive with this population. We will be utilizing the waiver to provide additional services when it happens. We have a formal referral process established with the Aneth, Federal Reentry Court.

**12) Outplacement
Adult Services**

Cody Northup

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Adult outplacement services have been needed only on an occasional basis in San Juan County. On those occasions when outplacement services have been required SJC has arranged for the placement and then assisted patients as they transition back into the community. This assistance has come in the form of helping find suitable housing, employment, day treatment services, therapy, family support and other efforts to help patients successfully transition back into the community.

Children's Services

Cody Northup

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

**13) Unfunded Clients
Adult Services**

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

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

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

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

Front desk staff and case managers have all been trained on how to apply for Medicaid. During the intake process front desk staff are noting those whose income is under Medicaid eligibility guidelines. Clients are offered help from front desk staff and/or case managers to apply for Medicaid. Additionally, the front desk is checking with unfunded clients periodically to encourage them to pursue various funding sources. When able and appropriate, PS has also helped.

The MCOT team is offering three free sessions to those they are seeing in crisis and that have no other funding. During the free session period our MCOT team and intake teams will be working with clients to secure other funding sources.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

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

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

Front desk staff and case managers have all been trained on how to apply for Medicaid. During the intake process front desk staff are noting those whose income is under Medicaid eligibility guidelines. Clients are offered help from front desk staff and/or case managers to apply for Medicaid. Additionally, the front desk is checking with unfunded clients periodically to encourage them to pursue various funding sources.

The MCOT team is offering three free sessions to those they are seeing in crisis and that have no other funding. During the free session period our MCOT team and intake teams will be working with clients to secure other funding sources. When able and appropriate, PS has also helped.

Additionally, through efforts with the San Juan School District, SJC is able to provide therapy services in schools to youth that have no other funding source.

14) First Episode Psychosis (FEP) Services

Jessica Makin

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

We have someone signed up for the SIPS and have someone trained in SCID.

Describe how clients are identified for FEP services. How is the effectiveness of the services

measured?
N/A
Describe plans to ensure sustainability of FEP services. This includes: financial sustainability plans(e.g. billing and making changes to CMS to support billing) and sustainable practices to ensure fidelity to the CSC PREP treatment model. Describe process for tracking treatment outcomes.
N/A

15) Client Employment

Sharon Cook

Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2. Include any planned changes in programming or funding.
Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).
<p>Meaningful employment contributes to the recovery process and is a key factor in supporting mental wellness. Employment promotes time structure, social contact and affiliation, collective effort and purpose, social and personal identity, regular activity.</p> <p>SMI clients receiving services at San Juan Counseling have had increasing success finding employment in competitive settings, both in private business and government institutions. Presently, approximately 59% of SJC SMI clients who actively attend day treatment services are employed part-time.</p> <p>There has been some success helping clients find meaningful employment such as janitorial work at our main office. The employees are coached and trained to maintain their employment. Jobs are difficult to find in San Juan County under the best of circumstances. The results have been satisfying for center personnel, and even more so for clients. This effort sometimes includes training that qualifies clients for the desired job.</p>
The referral process for employment services and how clients who are referred to receive employment services are identified.
Clients are identified through a formal evaluation and referred by a licensed therapist
Collaborative employment efforts involving other community partners.
Much of our efforts are through Intensive Care Coordination. This effort is supported by DWS, DCFS, VOC REHAB, DJJS, Family Resource, churches, schools, etc. SJC is currently in talks with Vocational Rehabilitation to explore the possibility of SJC becoming a community rehabilitation partner (CRP).
Employment of people with lived experience as staff through the Local Authority or

subcontractors.
SJC has currently hired 3 people with lived experience as custodians
Evidence-Based Supported Employment.

16) Quality & Access Improvements

Identify process improvement activities over the next three years. Include any planned changes in programming or funding.

Please describe policies for improving cultural responsiveness across agency staff and in services, including “Eliminating Health Disparity Strategic Plan” goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter). *For questions - Jessica Makin*

We have worked on updating our assessments and intake processes to include client information and preferences related to culture inclusion, including background, linguistic preferences, culture practices and backgrounds. We have four members on staff that can interpret or conduct a session in Navajo and Spanish. We also collaborate with community partners (primarily UNHS) to become more educated and aligned with how services can be rendered in a culturally sensitive and appropriate way.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency’s services and funding. *For questions - Cody Northup*

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

Covid-19 put a slow down on our plans to provide services in the Mexican Hat area because we are actively working to get it running to full capacity once more. SJC continues to provide services to clients in the community and through telemedicine when available and is actively working to expand in San Juan County (working on licensing a Monticello office). Due to the frontier nature of our county, there are many areas that are without internet and basic phone services. Covid-19 shut down has had a great impact on our ability to reach clients that live in the extreme remote areas of our catchment area. SJC will continue to look for ways to provide services in those areas.

We have navigated tragedy and critical staffing shortage. But have bounced back, especially in the therapeutic department. Some of the things we have implemented are seeming to attract qualified staff. We have utilized interns from the current USU MSW cohort, which will help with our staffing issues.

Describe how mental health needs and specialized services for people in Nursing Facilities are being met in your area. *For questions - Scott Smid*

Currently there is one nursing facility in San Juan County. San Juan Counseling coordinates care with the nursing facility and they refer clients for treatment when needed. SJC will also send staff to the facility if circumstances are warranted. SJC can provide routine visits, however it has been limited. SJC is working with the SNF to increase these services.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in. *For questions - Pete Caldwell*

SJC is utilizing telehealth-based services through Zoom, Skype for Business, or our 3CX platform. SJC provides individual therapy, drug court groups, other groups, respite, medication management, and case management through telehealth.

SJC hopes to measure the quality of services provided in the same manner as in person services. This includes OQ/YOQ mobile administration when possible and survey participation.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. *For questions - Leah Colburn*

SJC will continue working closely with the San Juan Public Health Department in the Mother's Mental Health Matters program. Clients referred for postpartum depression needing specialized care, will have the option of being referred to an outside provider, if in house one is not trained or qualified specific to the needs of this population. For young children child centered play therapy can be provided.

SJC provides parenting classes locally and is able to refer parents to services as needed

Describe how you are addressing services for transition-age youth (TAY) (age 16-25) in your community. Describe how you are coordinating between child and adult serving programs to ensure continuity of care for TAY. Describe how you are incorporating meaningful feedback from TAY to improve services. *For questions - Jessica Makin*

Due to the size, SJC Counseling does not require that youth transitioning to adulthood change programs or providers. There are additional services such as Peer Support, Case Management and T for those that want and need services. [We do have a liaison that attends the quarterly meetings.](#)

Other Quality and Access Improvement Projects (not included above)

We are constantly trying to identify new processes to improve access times and improve treatment access and quality.

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

We meet through ICC, Coalitions and MDT with community partners to discuss individuals (with releases) and how integrated care can be provided.

We have the clinical director (Aaron Duke) and the Therapist (if staffing a specific case on their caseload.) at these meetings. We have started taking releases to MCOT calls and when we have other interactions with clients so that partnerships and CoC can be strengthened.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including training, screening and treatment and recovery support (see Office Directives Section E.viii). Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

SJC strives to assess basic wellness as services are accessed from therapists, prescribers, nurses, case managers, and peer support. When warranted wellness issues are incorporated into plans. If a physical health issue is connected to a mental health symptom, then an objective will be written into the treatment plan.

Our day treatment programs have started wellness programs centered around eating well and active living. We provide wellness center passes to employees so they can accompany clients to teach them those skills. When needed we have provided wellness center passes to clients to promote wellness

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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

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

All mental health and substance use clients, including youth-in-transition, youth and children, who complete an intake packet for mental health services also complete a medical history form that asks them to indicate their HIV, TB, Hep-C, diabetes, and pregnancy status. This is then followed-up on as part of intake and early treatment. We have routinely referred clients for follow-up with their medical provider when concerns in these areas are indicated or suspected. We have integrated updates to our intake process that address more than just the mental health needs of clients.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

We participate and provide regular training with and for community partners as well as larger entities within the state.

Describe your plan to reduce tobacco and nicotine use, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

During the intake process each client is asked to report their smoking history and to indicate whether they are interested in tobacco cessation programming and resources. Their answers are recorded in their EHR. When indicated, smoking cessation becomes part of the therapeutic process. SMI clients who smoke are encouraged to attend smoking cessation classes. Clients are informed of our smoke-free policy during the intake process and by prominently posted signs.

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

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

In FY2021 SJC trained four employees to provide the "Dimensions" group. The group has been offered to all San Juan County residents, free of charge. It is offered in person or through video conference. SJC will continue to run this group regularly through FY2026.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and intellectual/developmental disabilities. Please identify an agency liaison for OSUMH to contact for IDD/MH program work. *For questions - Ashley Donham*

SJC employs two part-time APRN who sees all SMI clients for psychotropic medication, as needed, and conducts a general medical assessment that includes blood pressure and other basic vital signs. They are able to provide MAT for dually diagnosed SMI clients as well as NRT to assist with tobacco cessation. SJC employs part-time nurses to deliver medications to client's homes on weekends. SJC also refers to local home health providers for SMI clients with medical needs. SJC connects with UDOH Children with Special Health Care Needs to coordinate and assess for clients with Autism and other ID/DD. SJC will work with families on any of the behavioral health components of the co-occurring disorders. SJC provides a therapist for all individuals with co-occurring disorders, autism, intellectual/developmental disorders who in conjunction with our case managers, other community partners, collaborate to ensure integrated/informed, and appropriate treatment plans are created and care is provided. Our clinical director will be the liaison for SJC.

18) Mental Health Early Intervention (EIM) Funds

Leah Colburn

Please complete each section as it pertains to MHEI funding utilization.

School Based Behavioral Health: Describe the School-Based Behavioral Health activities or other OSUMH approved activity your agency proposes to undertake with MHEI funding over the three year period. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. Include any planned changes in programming or funding.

Please email Leah Colburn laicolburn@utah.gov a list of your FY26 school locations.

Early Intervention funding has allowed SJC to assign therapists to spend more time at area schools than before. This arrangement has the support of local school administration. Referrals are received from the school for students needing services. SJC will serve all students needing services regardless of funding source as far as our current resources allow

Please describe how your agency plans to collect data including MHEI required data points and YOQ outcomes in your school programs. Identify who the MHEI Quarterly Reporting should be sent to, including their email.

San Juan Counseling staff will monitor grades, new office referrals, and suspensions on clients receiving services. MHEI Quarterly Reporting should be sent to Shurrell Meyer, smeyer@sanjuancc.org.

Family Peer Support: Describe the Family Peer Support activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

N/A

Mobile Crisis Team: Describe the *Mobile Crisis Team* activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

N/A

19) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

SJC is a key player in the Zero Suicide coalition. Through this coalition we have supported the school district Hope weeks and other community efforts. SJC promotes the effort with the SafeUT app and the Utah Crisis Line.

Internally, SJC has created a way to identify those clients who might be at a higher risk of suicidal ideation. If clients miss an appointment a MCOT team member reaches out as a friendly check in. SJC identifies clients that may have needs based on the OQ/YOQ answers and therapist recommendation. Additionally, SJC has access to gun safes that are free of charge to any

presenting with the need.

SJC staff are ASIST trained, Safe Talk Trainind and utilize the Columbia Suicide Assessment measure as a screening tool. Staff have also been trained in the administration of CAMS. We also hold a semi-annual suicide related training through our legal counsel to ensure we are documenting properly (legal standpoint) who trains on the SAVRY related to youth and suicide. Our therapists look at the monthly OQ and conduct additional screenings when necessary and add clients to the warning list in our EHR. As part of session protocol, they also explicitly inquire on suicide related thoughts/behaviors and use EBP when present. They also create a safety plan as does our MCOT team whenever anything related to suicide and/or safety is present.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

- 1. Suicide Prevention 101 Training**
- 2. Safe & Effective Messaging for Suicide Prevention**
- 3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

Our MCOT supervisor and Clinical Director oversee and ensure compliance is met for those they supervise related to the responsibilities. At least one member of our clinical and MCOT teams are required to take these training sessions. We are small enough that we want all to take these trainings regardless of their primary assigned role. Our prevention coordinator also takes these trainings.

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

SJC has been involved with postvention services with individual families as requested by families or community partners. SJC's MCOT team has worked closely with local law enforcement agencies to provide warm handoffs. The Zero Suicide Coalition has created postvention kits to offer to those in need. SJC will offer grief support groups and individual sessions as needed.

MCOT is reconnecting with all identified community partners to re-educate, connect, and collaborate.

We also meet monthly with the school district in a standalone meeting as well as through ICC/SJCPAC to ensure collaboration. SJC has a therapist in the school regularly and meets with school counselors/admin on a regular basis.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program or the Project AWARE grant, summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in either of these grant programs, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

N/A

20) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice-involved clients and how do you address reducing criminal risk factors?

Please consider 2025 HB0039:

(8)(a)The department shall coordinate with a local mental health authority to complete the requirements of this Subsection (8) for an offender who:

(i)is a habitual offender as that term is defined in Section 77-18-102;

(ii)has a mental illness as that term is defined in Section 26B-5-301; and

(iii)based on a risk and needs assessment:

(A)is at a high risk of reoffending; and

(B)has risk factors that may be addressed by available community-based services.

(b)For an offender described in Subsection (8)(a), at any time clinically appropriate or at least three months before termination of an offender's parole or expiration of an offender's sentence, the department shall coordinate with the Department of Health and Human Services and the relevant local mental health authority to provide applicable clinical assessments and transitional treatment planning and services for the offender so that the offender may receive appropriate treatment and support services after the termination of parole or expiration of sentence.

(c)The local mental health authority may determine whether the offender:

(i)meets the criteria for civil commitment;

<p>(ii)meets the criteria for assisted outpatient treatment; or</p> <p>(iii)would benefit from assignment to an assertive community treatment team or available community-based services.</p> <p>(d)Based on the local mental health authority's determination under Subsection (8)(c), the local mental health authority shall, as appropriate:</p> <p>(i)initiate an involuntary commitment court proceeding;</p> <p>(ii)file a written application for assisted outpatient treatment; or</p> <p>(iii)seek to have the offender assigned to an assertive community treatment team or available community-based services.</p> <p>A "habitual offender" is an individual who:</p> <p>(a)(i)has been convicted in at least five previous cases for one or more felony offenses in each case; and</p> <p>(ii)the conviction for each case referred to in Subsection (10)(a)(i) occurred within the five-year period immediately preceding the day on which the defendant is convicted of the new felony offense before the court:</p>
<p>Justice involved clients have access to the full continuum of services provided by SJC when individuals are living in a community setting. SJC utilizes BDT to address criminogenic risk factors. The majority of justice referred individuals are referred for substance use that may also have a co-occurring disorder requiring mental health services.</p> <p>We will do a civil commitment evaluation as well as any other appropriate assessment and assist in furnishing access to the outlined services (if available in our county. We will refer (as necessary/appropriate) to outside entities as we identify things that are not available in our county.</p>
<p>Describe how clients are identified as justice involved clients</p>
<p>Mental health assessments ask individuals if they have been compelled e.g., court ordered for mental health treatment</p>
<p>How do you measure effectiveness and outcomes for justice involved clients?</p>
<p>SJC utilizes current SAMHIS data that is submitted to the Office by SJC. Decreasing criminal and legal system involvement is a key outcome.</p>
<p>Identify training and/or technical assistance needs.</p>
<p>Training on the LS-RNR for Agency staff.</p>
<p>Identify a quality improvement goal to better serve justice-involved clients.</p>
<p>SJC implements the LS-RNR to better serve justice involved clients.</p>
<p>Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.</p>
<p>SJC has a good working relationship with jails, AP&P offices, and law enforcement agencies. SJC will continue to work with community stakeholders on an ongoing basis.</p>

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, JJYS, Juvenile Courts, and other agencies.

SJC works with the local ICC to coordinate staffings. SJC regularly meets with DCFS, Children Justice Centers, and JJS.

21) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. Include any planned changes in programming or funding. If not applicable, enter NA.

N/A

22) Disaster Preparedness and Response

Jennifer Hebdon-Seljestad

Outline your plans for the next three years to:
Identify a staff person responsible for disaster preparedness and response coordination. This individual shall coordinate with DHHS staff on disaster preparedness and recovery planning, attending to community disaster preparedness and response coalitions such as Regional Healthcare Coordinating Councils, Local Emergency Preparedness Committees (ESF8), and engage with DHHS in a basic needs assessment of unmet behavioral health disaster needs in their communities.

In addition, please detail plans for community engagement, to include partnership with local councils and preparedness committees as well as plans for the next three years for staff and leadership on disaster preparedness (to include training on both internal disaster planning and external disaster preparedness and response training). Please detail what areas your agency intends to focus on with training efforts and timeline for completing training.

Executive Director - Tammy Squires. SJC coordinates regularly with San Juan County Emergency Management Coordinator. SJC admin is involved with county wide emergency plans. We have two therapists that will be getting certified as Disaster Recovery Counselors

23) Required attachments

- **List of evidence-based practices provided to fidelity and include the fidelity measures.**
For questions - Cody Northup
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.** *For questions - Jennifer Hebdon-Seljestad*
- **A list of metrics used by your agency to evaluate client outcomes and quality of care.**
For questions - Pam Bennett
- **A list of partnership groups and community efforts (ie. Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts including Mental Health Court, Regional Healthcare Coalitions, Local Homeless Councils, State and Local**

government agencies, and other partnership groups relevant in individual communities) *For questions - Cody Northup*

- As per HB0199, provide an inclusive list of providers of mental health services for individuals within the local mental health authority jurisdiction, in a form and format usable by a first responder. *For questions - Pam Bennett*

San Juan County

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

3 Year Plan (2024-2026)

Local Authority: San Juan County

Instructions:

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

1) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

San Juan Counseling provides the Prime For Life 16-hour class on an as needed basis. This class is provided to individuals 18 and older. All PRI participants must complete Substance Use Screening and Assessment (if indicated) before participating in the class. Those meeting the criteria for treatment after an assessment will be referred to a therapist for outpatient treatment

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

San Juan Counseling substance use clinicians are trained in multiple substance use screeners and in Motivational Interviewing, an evidenced-based intervention designed for use with youth and adults struggling with substance use.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

SJC regularly meets with local school social workers and principals to identify needs and referrals to services

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

SJC participates in community wellness fairs to educate the community and individuals of our services. SJC routinely reaches out to local medical providers to discuss resources. SJC has continual conversations with judges and law enforcement agencies for easy referral processes.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

Front desk staff and case managers have all been trained on how to apply for Medicaid. During the intake process front desk staff are noting those whose income is under Medicaid eligibility guidelines. Clients are offered help from front desk staff and/or case managers to apply for Medicaid. Additionally, the front desk checks with unfunded clients periodically to encourage them to pursue various funding sources. When appropriate our FPS has helped.

Describe activities to reduce overdose.

1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

SJC provides Naloxone and training on administration to clients and families. Naloxone is also located in all San Juan Counseling's facilities. All staff are trained yearly on administering Naloxone and emergency procedures. SJC is also providing Fentanyl testing kits.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

This past year at least three overdoses have been reversed through the use of Naloxone.

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

Shanel Long

Describe the activities you propose to undertake over the three year period to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

There are no hospitals in San Juan County specializing in inpatient detoxification. Local hospitals only provide acute care to stabilize a chemically intoxicated patient needing hospitalization. Once stabilized, a detox client is referred to out of county facilities licensed to work with detox clients. In some selective low risk scenarios San Juan Counseling will coordinate with local medical providers to provide outpatient detoxification, negating the need for hospitalization. Transportation for inpatient services is usually the responsibility of the family unless the client is a threat to himself or to others. In these cases the San Juan County Sheriff's Department provides transportation. Unless the client has a funding source, which is rare, available funds are used to help clients access care as soon as possible and then other sources of income must be accessed to sustain their care. When the client has completed treatment, San Juan Counseling coordinates their aftercare. The majority of clients referred by San Juan Counseling for inpatient services return to the county for follow-up care. The bulk of our clients needing detoxification services have been sent to Provo Canyon Behavioral in Orem, UT. This facility has worked well for us and it is anticipated that they will continue to be a resource in the future. Mountain View Hospital also provides inpatient detoxification services. They have expressed a desire to receive referrals and will be used as needed.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

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

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

Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

There are no residential facilities in San Juan County. San Juan Counseling refers clients needing this level of care to facilities outside of the county. SJC utilizes several facilities in the 4 Corners Region that provide residential services and maintains collaborative working relationships with a number of such facilities. We have sent people to NCI in Gallup, an organization that has funds available for Navajos, Salvation Army Residential Treatment in Grand Junction, and Denver, Colorado, and Phoenix, Arizona. Odyssey House and House of Hope is also a possibility for those needing residential services. Native American clients are eligible for other programs such as Red Pines Residential Treatment in Fort Duchesne, Utah. Youth are most often referred to Odyssey House. Navajo and Ute youth have an additional option of two IHS funded facilities in the region: Nevada Skies Youth Wellness Center in Reno, NV (males only) and Desert Visions Youth Wellness Center in Sacaton, AZ (males and females.) San Juan Counseling currently has a contract with Odyssey House for residential services. Other contracts are provided on a case-by-case basis.

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

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

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

VaRonica

Little

Describe the activities you propose to undertake over the three year period and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

Clients requiring methadone treatment are referred to a facility certified to provide outpatient Methadone treatment. Methadone maintenance clients are rare in San Juan County and the

majority of the Opioid maintenance/replacement clients we see are being treated by the APRN employed by the agency. Some of these clients are referred by local medical practitioners

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

N/A

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

An APRN employed by the agency will continue to provide these medications as needed to clients needing and interested in medication assisted treatment. All clients receiving a substance use evaluation receive written material describing MAT that includes an encouragement to inquire about this option if they believe such treatment would benefit them. In addition, SJCC reviews our client database periodically in search of clients with a diagnosis that could potentially be treated with MAT to ensure all clients who might benefit are given a chance to discuss this option with their therapist. Currently we are not using any contracted providers

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Not utilizing SOR funding

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

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

SJCC has two practitioners whose primary responsibility is to provide outpatient substance use treatment. Two are licensed clinicians (one male, the other female).

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

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

General outpatient substance use programs are for both individuals who are voluntary and court ordered. The programs provide a less restrictive environment with the possibility of three to four hours of programming hour per week. These individuals are functioning at a level that allows them to continue to work and function within their homes without a large amount of supervision or hours of treatment. San Juan Counseling refers to this type of programming as general outpatient as compared to intensive outpatient programming that is more intense in nature. All San Juan County residents are eligible for services either as a voluntary client or court-ordered.

Therapeutic interventions for children in custody of women in treatment to address their developmental needs and issues of sexual and physical use. Neglect is also addressed in individual therapy. Generally these issues are staffed and seen by the therapist best qualified to deal with the problem. As needed, case management and transportation services are provided to ensure that women and children have access to appropriate medical and mental health support services. Case management and be provided by the Peer Support Specialist.

SJC encourages substance use clients to attend 12-step meetings on a regular basis. Several such groups are available at various locations throughout the county.

Currently we are not using any contracted providers

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

Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

San Juan Counseling has recently launched (04/14/25) an adult SUD/dual diagnosis IOP that is run exclusively through SJCC.

8) Recovery Support Services

Thom Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:
<https://sumh.utah.gov/services/recovery-supports/recovery-resources>

San Juan Counseling supports 12-step programs like AA and similar faith-based groups. There are currently six 12-step meetings held weekly in Blanding and one in Monticello. One weekly group meets in the San Juan Counseling building.

SJC has recently remodeled a home in the prospect of opening a sober living facility. SJC is working through policies and procedures and licensing requirements and hopes to open the facility in summer of 2024.

WE are still working on sober living but have recently hired a CPSS and can offer more access to RSS. We have launched an IOP program also.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Use TEDS data as identified on the Scorecards and is beginning to use the SURE in May of 2023. We are also creating a follow up survey that is administered post program that will help us determine areas of improvement and can be used as information to determine outcomes.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

We have hired a PT CPSS

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

The Center uses TEDS data and in May 2023 implemented the SURE

10) Quality & Access Improvements

Shanel Long

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What interim or contingency services are available to individuals who may be on a wait list?

SJC has an outpatient substance use treatment group during the lunch hour on Wednesdays. SJC has incorporated a journaling class given to the day treatment population led by a case manager. SJC offers services after 5:00 to increase access to working individuals.

SJCC does not currently have any clients on a waiting list for any level of care. If a waiting list was implemented we would work to get clients into meet with a case manager who would work with linking clients to Recovery Supports and other resources as appropriate.

Please describe policies for improving cultural responsiveness across agency staff and in services, including "Eliminating Health Disparity Strategic Plan" goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

SJC seeks to be culturally responsive including integrating culture in treatment where possible. Efforts include but are not limited to the following:

Asking about culture and important aspects of personal culture during assessments and ongoing treatment.

Where possible, matching client needs with a provider of their choice.

Providing translation services that are funded.

Providing training and education opportunities for providers and general staff.

Annually, analyze data of clients being served to identify any changes in demographics, languages, etc., that may necessitate increased discussions and implementations related to health disparities and cultural responsiveness.

Continued efforts and coordination with the Navajo Nation and UNHS.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

SJC continues to see high demand for services especially for therapy and medications. We are currently fully staffed on the therapist side and are collaborating with community partners and the community at large to make them aware of this change.

SJC hopes to continue to provide basic services as resources allow, as well as expand services.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

SJC has a website at www.sanjuanc.org that provides a description of the services provided at the center. The admin team meets regularly to discuss community feedback and/or needs. With open communication between all workers and supervisors we work to meet needs. Administration meets regularly with law enforcement, city leaders, county leaders, agency partners to work through issues as they arise.

We are actively involved in coalitions and inter-agency collaborations that lead to our community partners knowing about our services and referring their clients as needed. Our prevention coordinator is very involved in the community.. We are routinely coordinating with the behavioral health department at Utah Navajo Health Systems (a Federally Qualified Health Center on the Navajo Reservation) with services that are available.

What evidence-based practices do you provide (you may attach a list if needed)? Describe the process you use to ensure fidelity?

SJCC provides the following EBP's relative to substance use treatment: Motivational Interviewing, Mind Body Bridging, Seeking Safety and Moral Reconation Therapy. SJC continues to provide therapists with an annual training budget and paid days to access training related to substance use disorders, trauma, etc. Trainings are screened for content and approved by the Clinical Director.

SJC is committed to taking a reasonable approach to evidence based implementation and fidelity. This includes being committed to three major agency practices that can be sustained and that will benefit a higher number of individuals. SJC is funding training and where possible required consultation. Minimal fidelity checks will be provided as resources allow. Quality and fidelity are important. However, the reality is that a realistic balance is needed unless we are prepared to sacrifice more access. SJC appreciates the efforts of the Office of Substance Use and Mental Health in the area of evidence based practices. This is a system issue and will require financial and additional clinical resources and funding to mitigate the impact on access and other community service demands. SJC supports realistic implementation and fidelity efforts within the current resources available.

Describe your plan and priorities to improve the quality of care.

SJCC has two therapists, both licensed as LCSWs, who provide the bulk of the substance use treatment services for adult clients. Both receive weekly clinical supervision. Therapists providing school based services will also receive weekly supervision that will include discussion of clients with substance use disorders.

Additionally, the substance use disorder team meets weekly with the clinical director to staff, coordinate, and train in substance use related topics.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

SJC is utilizing telehealth based services through Zoom, Skype for Business, or our 3CX platform. SJC provides individual therapy, drug court groups, other groups, respite, medication management, and case management through telehealth.

SJC hopes to measure the quality of services provided in the same manner as in person services. This includes OQ/YOQ mobile administration when possible and survey participation.

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

We have implemented the SURE which is administered monthly as well as reviewed monthly. We also utilize the ASAM

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

San Juan Counseling staff visit incarcerated potential drug court clients to conduct the RANT and ASAM measure in order to assess general appropriateness for the Drug Court group. We also utilize the LS-RNR when deemed appropriate. SJC provides additional services to the county jail and to Canyonlands Juvenile Justice Center as requested.

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

Describe any significant programmatic changes from the previous year.

None

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

Our APRNs provide emergency psychiatric evaluations, typically over video conferencing, for inmates experiencing acute withdrawal from opioids while incarcerated.

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

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

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

San Juan Counseling has positive, professional relationships with all primary care organizations in the county, including the four FQHC clinics. Services and referrals are coordinated between agencies and therapists. SJC also works closely with the Health Department on many aspects including distribution of Naloxone kits. In December 2017, San Juan Counseling relocated its main office to one shared with the San Juan Health Clinic and San Juan County Health Department. This has resulted in a moderate increase in client referrals from both agencies compared to when we were housed separately. [We have formalized a referral process with these entities and can walk clients directly to their facilities to set appointments. They also can do the same.](#)

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

In the fall of 2017, we relocated our main office to a newly constructed building that we share with the San Juan Health District medical clinic and the San Juan County Health Department. We believe this creates increased integration as clients/patients visiting any of the three agencies will be placed in proximity to all. Providers at each agency have easy access to one another when acute

client needs arise as well as in more routine instances.

At intake, all clients at San Juan Counseling are asked to complete a medical history to identify possible health concerns, including tobacco use history. This is then reviewed by the clinician with a referral made to a medical provider as needed.

With the increased use of MAT by local physicians, we have received several referrals for clients being treated with Suboxone. These clients have in every case been willing to allow communication between their therapist and physician. We will continue to invite these clients to sign a release of information to allow this communication.

Our ARPN team at San Juan Counseling provides robust evaluations and follow up care for all their patients. Our ARPN's and the full-time LPN assistant, routinely check client vital signs and other health indicators which are included in the E/M notation.

Our LPN that meets with patients provides education to individuals regarding their physical health concerns. If needed the nurse will assist patients with physical appointments and will walk the patient to the appropriate agency to get needs met. San Juan Public Health and San Juan Clinic are located just outside our lobby and coordination/referral is a simple process now.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

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

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

All mental health and substance use clients, including youth-in-transition, youth and children, who complete an intake packet for mental health services also complete a medical history form that asks them to indicate their HIV, TB, Hep-C, diabetes, and pregnancy status. This is then followed-up on as part of intake and early treatment. We have routinely referred clients for follow-up with their medical provider when concerns in these areas are indicated or suspected.

Describe your plan to reduce tobacco and nicotine use in FY2024, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the *Fagerstrom scale*. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

During the intake process each client is asked to report their smoking history and to indicate whether they are interested in tobacco cessation programming and resources. Their answers are recorded in their EHR. When indicated, smoking cessation becomes part of the therapeutic process. SMI clients who smoke are encouraged to attend smoking cessation classes. Clients are informed of our smoke-free policy during the intake process and by prominently posted signs.

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

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

In FY2021 SJC trained four employees to provide the "Dimensions" group. The group has been offered to all San Juan County residents, free of charge. It is offered in person or through video conference. SJC will continue to run this group regularly through FY2024

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

We conduct and complete several trainings in house as well as from outside entities regarding the latest research and direction in the field regarding the continuity of care for our clientele. These trainings are conducted regardless of the capacity in which the individual is employed

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

Health can be individually measured as documented in the EHR and in some cases will include vitals, blood tests, etc. Especially when evals are provided by our ARPN's. SJC uses the DLA-20 for the SUD population

13) Women's Treatment Services

Rebecca King

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

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

SJC has recently forged a relationship with Gentle IronHawk shelter as a local resource

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women

with children at risk of, or in state custody.
SJC has a trauma certified therapist that can work with all forms of trauma and is in the process of training more clinicians in EB trauma protocols. We also help facilitate a CRAFT group through collaboration with USARA and meet monthly with DCFS to discuss treatment plans, and staff cases under their jurisdiction. SJC is in the process of putting together a curriculum and gauging interest in a women's specific trauma group and works closely with the Gentle IronHawk shelter
Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.
SJC's Peer Support Worker and case managers work with families to provide case management and other services. Childcare and transportation are provided on an as needed basis.
Describe any significant programmatic changes from the previous year.
None

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.
N/A
Please describe the proposed use of the WTX funds
Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities
Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov
Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

14) Adolescent (Youth) Treatment

Shanin Rapp

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

SJC provides .5 and 1 levels of care for youth with a substance use disorder. Motivational interviewing, drug testing (when appropriate), and CBT-informed therapy is available to youth in need of therapeutic intervention. Youth requiring high levels of care, such as residential treatment, are referred to Odyssey House or Navajo Regional Behavioral Health Center in Shiprock, NM.

Most of the youth we see are referred by the school. Those that do not require treatment are typically referred to their school counselor.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

SJC receives the majority of our youth referrals from the San Juan School District (SJSJSD) and by self-referral, typically by the parents / guardians. Juvenile Justice Services also refer youth to services. SJC works closely with the school district in an effort to inform school counselors about the availability of SJC counselors in the school. SJC has made a point of having therapists in the schools on a predictable schedule so the referral process is clear and relatively easy to accomplish and have recently partnered with the school district on the AWARE grant they were recently awarded. In FY24, SJC and the SJSJSD will continue to work together to identify youth who are likely Medicaid eligible and help their parents / guardians navigate the application process

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

No changes

15) Drug Court

Holly Watson

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

San Juan Counseling only has a Felony Drug Court. To be eligible an individual has to have drug related charges and they need to agree to enter the drug court program (take a plea in abeyance). Approval from all the drug court team is required before an individual will be admitted into the program. We estimate that we will serve 15 clients in the drug court program.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? How will you engage and assist individuals with Medicaid enrollment

throughout their episode of care.

San Juan County Drug Court participants are given individual and group therapy according to their needs. Our Drug Court Coordinator provides some case management, but the primary responsibility falls upon the tracker/case manager who is a sheriff's office employee. The front desk at SJC routinely monitors clients' income levels and they will provide assistance to help individuals enroll in Medicaid

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

Drug court participants are eligible for all MAT services that SJC provides. This is determined by individual participant needs. MAT services will be provided directly by SJC

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

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

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

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

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

SJCC uses the Risk and Needs Triage (RANT) for all adult clients referred for a substance use evaluation.

SJC has recently been trained and on occasion administered the LS-RNR as a screening measure when necessary.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders to reduce criminogenic risk factors.

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

SJCC has two practitioners whose primary responsibility is to provide outpatient substance use

treatment. Two are licensed clinicians (one male, the other female).

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

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

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

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in FY2020.

The Utah Criminal Justice Center, following their evaluation of San Juan Counseling, made the recommendation that single-sex Drug Court groups should be created given that women's pathways to crime and substance use can vary from men's. Since this recommendation was made, San Juan Counseling has, for six months out of the yearlong group, separated the larger group into two single-sex groups. This allows for both the benefits to women of sex-specific programming, as outlined in research (Claus et al, 2007), as well as the benefits of combined-sex group work (increased empathy and understanding by male group members of the impact of substance use on the developing fetus and the pregnant woman, etc.). Additionally, the Center recommended tracking of program completion among substance use clients, with an aim of a success rate of 65%-85%. San Juan Counseling's Drug Court Program has a 70% completion rate and an 80% completion rate for group programming outside of drug court, with a plan to track client completion more formally.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

SJC meets regularly with the San Juan County Drug Court Team which includes the County Attorney, Judge, Defense Attorney, AP&P, Case Manager, and SJC treatment staff. SJC is always willing to participate with AP&L or other probation services to coordinate care, improve services and supervision based on risk level. SJC's MCOT team regularly meets and coordinates with the San Juan County Sheriff's office to improve coordination

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

SJC administration attends all Regional Advisory Councils. SJC's clinical director meets monthly with the local DCFS office to coordinate services. SJC administration meets regularly with San Juan School District officials to coordinate services and school needs. SJC is a part of SJC-PAC which brings many community partners together for coordination. SJC is also a key player in the Zero

Suicide Coalition that brings partners together to discuss suicide prevention efforts in the community. SJC's clinical director meets quarterly with the Children's Justice Center. SJC administration attends all tables of six meetings that occur quarterly, which includes DCFS, Juvenile Court, JJS, etc.

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

SJC uses current collected TEDS data including drug and alcohol use, arrests, successful completion of treatment, etc. Additional outcome measures may include the SURE and DLA-20.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

N/A

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

San Juan County

GOVERNANCE & OVERSIGHT NARRATIVE

3 Year Plan (2024-2026)

Local Authority: San Juan County

Instructions:

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

1) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

San Juan Counseling currently has one contract for inpatient services with Provo Canyon Behavioral Health. The review is conducted throughout the year when the claims are submitted to SJC for payment. SJC monitors and reviews all claims to include eligibility, authorization status, discharge summary/medical records and payment, by two individuals.

When new subcontracts are awarded San Juan Counseling's Director and Clinical Director will implement an appropriate yearly monitoring plan.

San Juan County FORM C - SUBSTANCE USE PREVENTION NARRATIVE

3 Year Plan (2024-2026)

With the intention of helping every community in Utah to establish sustainable [Community Centered Evidence Based Prevention](#) efforts, fill in the following table per the instructions below.

Not every community will be at optimal readiness nor hold highest priority. This chart is designed to help you articulate current prevention activities and successes as well as current barriers and challenges. Please work with your Regional Director if you have questions about how to best report on your communities. For instructions on how to complete this table, please see the [Community Coalition Status Tool](#) here.

List every community in your area defined by one of the following:

1. serving one of the [99 Small Areas](#) within Utah
2. serving the communities that feed into a common high school
3. any other definition of community with OSUMH approval.

*All "zero" or "no priority" communities may be listed in one row

CCEBP Community	CCEBP Community Coalition Status (see tool here)	Priority High Medium Low	Notes/ Justification of Priority	List of Programs Provided (if applicable)	Evidence Based Operating System (e.g. CTC, CADCA Coalition Academy, PROSPER)	Links to community strategic plan
MONTICELLO Monticello High School (MHS)	A4, A5 Recently completed a community mapping activity, designed to assess perceptions and needs regarding youth substance use - which will lead into our Community Readiness Assessment for 2023-2024. We will have a community readiness assessment completed by September 30, 2024. We completed two community readiness assessments. We were unable to obtain enough people to interview in each community so talked with a combination of people from throughout our county community. The assessments were from the Tri-Ethnic model and focused on marijuana and opioids.	Medium High	Monticello has an active youth group - as part of the San Juan County Youth Coalition that works under the SJCPAC Coalition umbrella but does not currently have enough capacity for a stand-alone coalition. We recently hired a part-time prevention specialist which will greatly enhance coalition building efforts in the Monticello community. Supporting their county youth coalition involvement is planting seeds for a local prevention coalition in the future. Prevention Specialist is SAPS Training, CTC trained and nearing completion of NCA training. Has taken over the role of SJCPAC Coalition Secretary. Our Prevention Specialist from the Monticello area moved to South Carolina in December of 2024. We have been unable to rehire a specialist until last week. We did hire the applicant but he has not started yet.	Let's Do This / Stoodis (Parents Empowered) Campaign. Guiding Good Choices / Strengthening Families Good Behavior Game @ Monticello Elementary. We feel that this community priority is moving from medium to high.	Strategic Prevention Framework—working with prevention staff to implement CTC and CADCA Academy support—but prevention specialist in Monticello does not have that training. CTC, SPF, CADCA Academy CTC,	

BLANDING San Juan High School (SJHS)	D3, D4c, D7 Community Readiness Assessment planned for 2023-2024. Recently restructured coalition leadership, etc. We will have a community readiness assessment completed by September 30, 2024. We completed two community readiness assessments. We were unable to obtain	High	Blanding has been the hub of the county-wide coalition (SJCPAC Coalition) for several years. Plans are to continue moving toward starting and supporting other local coalitions in various San Juan County communities. Supporting youth and coalition building activities.	Let's Do This / Stoodis (Parents Empowered) Campaign. Guiding Good Choices / Strengthening Families Good Behavior Game @ Blanding Elementary. San Juan Family Challenge at Blanding Elementary School. We have had a hard time engaging families in the parenting classes. Part of this is because two	CTC, SPF, CADCA Academy	https://docs.google.com/document/d/1m0xP4hvciteofd-Sq491tG---rVc1Cs4/edjt
WHITE MESA (This community feeds into San Juan High School (SJHS) in Blanding.	A3, A4, A5	Low	Limited connection with White Mesa but working to support them in prevention strategies and efforts. SJCPAC Coalition is working with them to raise capacity for future coalition involvement.	Limited connection with White Mesa but working to support them in prevention strategies and efforts. SJCPAC Coalition is working with them to raise capacity for future coalition involvement.		
BLUFF This community feeds into San Juan High School (SJHS) in Blanding, as well as Whitehorse High School (WHS) in Montezuma Creek.	A3, A4, A5	Low	Very unique population, with retirees and new move-ins. One elementary school - and no secondary school in the community area. Continue to raise capacity for future coalition involvement.	Let's Do This / Stoodis (Parents Empowered) Campaign. Guiding Good Choices / Strengthening Families Good Behavior Game @ Bluff Elementary. San Juan Family Challenge at Bluff Elementary School. There is still implementation of the Good Behavior Game in the elementary school.		

MONTEZUMA CREEK	<p>A4, A5 Recently completed a community mapping activity, designed to assess perceptions and needs regarding youth substance use - which will lead into our Community Readiness Assessment for 2023-2024. We will have a community readiness assessment completed by September 30, 2024. We completed two community readiness assessments. We were unable to obtain enough people to interview in each community so talked with a combination of people from throughout our county community. The assessments were from the Tri-Ethnic model and focused on marijuana and opioids.</p>	Medium High	<p>High School UNITY (United National Indian Tribal Youth) Club works in tandem with SJ County Youth Coalition and is beginning to gather steam for youth coalition work in the community. Recently hired a part-time prevention specialist which will give us better hands on work in the community to help with prevention efforts. Prevention Specialist is SAPS Training, CTC trained and nearing completion of NCA training. Supporting youth coalition involvement to continue to plant seeds for a local prevention coalition. Works with SJCPAC Coalition.</p>	<p>Let's Do This / Stoodis (Parents Empowered) Campaign. Guiding Good Choices / Strengthening Families Good Behavior Game @ Montezuma Creek Elementary. Hoping to train new prevention specialist hired in this community to help implement these EB strategies more readily. Prevention Specialist is trained in the Strengthening Families Instructor model.</p>		
MONUMENT VALLEY / OLJATO / MEXICAN HAT Area These communities feed into Monument Valley High School (MVHS).	<p>A4, A5 Recently completed a community mapping activity, designed to assess perceptions and needs regarding youth substance use - which will lead into our Community Readiness Assessment for 2023-2024. We completed two community readiness assessments. We were unable to obtain enough people to interview in each community so talked with a combination of people from throughout our county community. The assessments were from the Tri-Ethnic model and focused on marijuana and opioids.</p>	Medium - High	<p>High School UNITY (United National Indian Tribal Youth) Club works in tandem with SJ County Youth Coalition and is beginning to gather steam for youth coalition work in the community. We hired a part-time prevention specialist last year, which has given us a much better presence in the community to help with prevention efforts. Prevention Specialist is SAPS Training, CTC trained and nearing completion of NCA training. Supporting youth coalition involvement to continue to plant seeds for a local prevention coalition. Works with SJCPAC Coalition.</p>	<p>Let's Do This / Stoodis (Parents Empowered) Campaign. Guiding Good Choices / Strengthening Families Good Behavior Game @ Tee-Bii-Nidziegai Elementary. Hoping to train new prevention specialist hired in this community to help implement these EB strategies more readily. Prevention Specialist is trained in the Strengthening Families Instructor model.</p>	<p>Recently had two coalition members from this community train in the CADCA Academy model. They are excited about working towards building a coalition in their community.</p>	

NAVAJO MOUNTAIN Area Navajo Mountain High School (NMHS) The elementary school age children in this area attend a BIA School which is not a part of San Juan School District.	A4, A5	Low	Trying to support county youth coalition involvement and development. The remote geographical barriers make accessibility and involvement difficult for youth and community members. We are hopeful that the coalition members residing in the Monument Valley area can continue to plant seeds of support for future community coalition work.			
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AREA NARRATIVE:

Monticello is part of the San Juan County Prevention Action Collaboration (SJCPAC) Coalition. We have a school counselor and several youth that are very involved in our San Juan County Youth Coalition (SJCYC) and are helping build our youth coalition in their community, which is planting seeds for a community prevention coalition in the future. We recently hired a part-time prevention coordinator, who lives in the Monticello community. **This new prevention specialist has now been SAPS Trained. She is currently being trained in the National Coalition Academy (will complete week 3 in June) and has been trained as a Guiding Good Choices and a Strengthening Families Instructor. She has also been through the CTC training.** She has been very active in working with youth coalition members and strengthening the youth coalition at WHS. She is very excited about reaching out to local key leaders and community members in an effort to raise prevention awareness. She is also helping strengthen and build up the youth coalition at MHS through training and recruitment efforts **and working with school administration.** We have planned various youth campaigns for the coming year, which ties directly to risk factors identified from the SHARP Survey and community Assessment. We also plan on having a Prevention week, sponsored by MHS, SJCPAC Coalition and the SJCYC to help build capacity within the community. We are working in all San Juan County communities to launch the new Gray Matters campaign, to help educate parents on the dangers of marijuana use on the developing teen brain. We also continue to support the "Let's Do this" / "Stoodis" campaign in San Juan County, which is based on Parents Empowered messaging - but delivered in a more culturally relevant package that resonates with families in our county. **We are in our third year of receiving the Community Partnership Project grant and look forward to the installations of PE messaging in various locations in Blanding by the end of June, 2024. We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families** - so that we can offer those parents classes throughout our entire county. We provided funding for the San Juan School District to launch and implement the Good Behavior Game in all Monticello Elementary school this year. Community events designed to target Family Mealtime and Family Bonding will also target the importance of upstream prevention in our communities. **We are currently in process of completing a community Readiness Assessment in the Monticello Community, with the goal of completing an overall county community assessment. We have also started a monthly Prevention Newsletter for the county, which our Monticello Prevention Specialist oversees. She has also been helpful in taking care of our SJCPAC website. This has been great at building capacity throughout the county community.** We have started a coalition community work group in the community of Monticello. It has had it's first meeting. The work group chair is very active and excited about growing the work group. Our hope is that we will be able to have a new coalition in that community in the coming year. For now, the work group will be supported under the SJCPAC Coalition umbrella as they move forward with planning and prevention framework efforts to address concerns in their community which tie back to our identified risk and protective factors. Monticello has been implementing Family Movie Nights monthly for families with a movie, craft, and prevention lesson. We have had a hard time engaging families in the parenting classes. Part of this is because two of our trainers have moved or are no longer available to teach, but a big part is the engagement of families. We did a Parents Empowered messaging install at the Monticello Library and park. There is still some implementation of the Good Behavior Game in the elementary school. There has been more engagement with Monticello City and community members. We will be holding our second annual Recovery Day in Monticello. Our work group leader was instrumental in holding a community Thanksgiving Dinner, which will be an annual event and was very successful. We were able to go before the District School Board and present on the importance of SHARP data. They approved the schools to survey all grades 6-12 to help raise engagement numbers. MHS had a great Prevention (Color) week. Had a deputy from the Sheriff's department sign up to attend the Bryce Coalition Summit this year.

Blanding is the hub of the San Juan County Prevention Action Collaboration (SJCPAC) Coalition. We have a school counselor and several youth that are very involved in our San Juan County Youth Coalition (SJCYC) and are helping build our youth coalition in their community, which is planting seeds for a community prevention coalition in the future. We have a full-time prevention specialist, who lives in the Blanding community. **She recently took on the role of Coalition Coordinator for our SJCPAC Coalition. We are in the middle of restructuring the coalition and excited about the changes that will take it to the next level.** She does a good job in reaching out to local key leaders and community members in an effort to raise prevention awareness. She is also helping strengthen and build up the youth coalition at SJHS through training and recruitment efforts. We have planned various youth campaigns for the coming year, which ties directly to risk factors identified from the SHARP Survey and community Assessment. We also plan on having a Prevention week, sponsored by MHS, SJCPAC Coalition and the SJCYC to help build capacity within the community. We are working in all San Juan County communities to launch the new Gray Matters campaign, to help educate parents on the dangers of marijuana use on the developing teen brain. We also continue to support the "Let's Do this" / "Stoodis" campaign in San Juan County, which is based on Parents Empowered messaging - but delivered in a more culturally relevant package that resonates with families in our county. **We are in our third year of receiving the Community Partnership Project grant and look forward to the installations of PE messaging in various locations in Blanding by the end of June, 2024.** We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families - so that we can offer those parents classes throughout our entire county. We provided the funding necessary for San Juan School District to launch and implement the Good Behavior Game in Blanding Elementary school this year. Community events, including our Fall Festival, are designed to target Family Mealtime and Family Bonding will also target the importance of upstream prevention in our communities. **We are currently in process of completing a Blanding community Readiness Assessment, with the goal of completing an overall county assessment. We have started implementation of the San Juan Family Challenge at Blanding Elementary to help with community and family bonding activities, tied back to our strategic planning.** We were able to go before the District School Board and present on the importance of SHARP data. They approved the schools to survey all grades 6-12 to help raise engagement numbers. We have started a coalition community work group in the community of Blanding. It has had it's first meeting. The work group chair is very active and excited about growing the work group. The work group will be supported under the SJCPAC Coalition umbrella as they move forward with planning and prevention framework efforts to address concerns in their community which tie back to our identified risk and protective factors. We did a Parents Empowered messaging install at the Monticello Library and park. There is still implementation of the Good Behavior Game in the elementary school. There has been more engagement with community members. We did a large Parents Empowered installation at the San Juan County Library in Blanding and at the high school football field. The San Juan Family Challenge has been fairly successful at Blanding elementary with Family Prevention nights - focusing on family bonding and early literacy. Fall Festival continues to grow every year and is a huge capacity raising event for prevention efforts. The coalition partners with Blanding City and other community partners in this effort. Had awesome prevention week at SJHS. Have 9 coalition members signed up to attend the Bryce Coalition Summit this year. We have six coalition members signed up to attend the CADCA Mid-Year training in Nashville this summer.

White Mesa (Ute Mountain Ute Reservation)

White Mesa has one semi-active leaders in our SJCPAC Coalition. Their community has shown interest in Parents Empowered messaging in their community and education centers. We have been working as part of our CPP grant with R&R to install messaging. We plan to continue building on that energy and excitement to generate more prevention awareness in a community that has been difficult to engage with in the past. We are working in all San Juan County communities to launch the new Gray Matters campaign, to help educate parents on the dangers of marijuana use on the developing teen brain. We also continue to support the "Let's Do this" / "Stoodis" campaign in San Juan County, which is based on Parents Empowered messaging - but delivered in a more culturally relevant package that resonates with families in our county. We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families - so that we can offer those parents classes throughout our entire county. Community events are designed to target Family Mealtime and Family Bonding will also target the importance of upstream prevention in our communities. **We were able to hold a successful CCR Day and Prevention Night at White Mesa. We hope to start monthly Family Movie nights, as well as other prosocial activities in White Mesa.**

Bluff

Bluff community only has an elementary school, which feeds into San Juan High School in Blanding and Whitehorse High School in Montezuma Creek. We have one coalition member from that community. We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families - so that we can offer those parents classes throughout our entire county. We provided the funding necessary for San Juan School District to launch and implement the Good Behavior Game in Bluff Elementary school this year. We will continue to raise capacity with Bluff Elementary school and in the community to support upstream prevention efforts which will impact the area high schools it feeds into. **We have started implementation of the San Juan Family Challenge at Bluff Elementary to help with community and family bonding activities, tied back to our strategic planning.** The San Juan Family Challenge has had a couple of great Family Bonding and early literacy nights at Bluff Elementary School, in conjunction with CCR Day. Well attended.

Montezuma Creek / Aneth Area (Navajo Nation)

This Area has several community members on our SJCPAC Coalition. Our plan is to establish a new coalition here within a few years. We are currently looking for a champion. We recently hired a part-time prevention coordinator, who lives in the Aneth community. **This new prevention specialist has now been SAPS Trained. She is currently being trained in the National Coalition Academy (will complete week 3 in June) and has been trained as a Strengthening Families Instructor. She has also been through the CTC training. She has been very active in working with youth coalition members and strengthening the youth coalition at WHS.** She is very excited about reaching out to local key leaders and community members in an effort to raise prevention awareness. She has been in contact with local Chapter House leaders and she is helping strengthen and build up the youth coalition at WHS through training and recruitment efforts. The Youth Coalition works in tandem with the United National Indian Tribal Youth (UNITY) Club. We have planned various youth campaigns for the coming year, which ties directly to risk factors identified from the SHARP Survey and community Assessment. We also plan on having a Prevention week, sponsored by WHS, SJCPAC Coalition and the SJCYC to help build capacity within the community. We are working in all San Juan County communities to launch the new Gray Matters campaign, to help educate parents on the dangers of marijuana use on the developing teen brain. We also continue to support the "Let's Do this" / "Stoodis" campaign in San Juan County, which is based on Parents Empowered messaging - but delivered in a more culturally relevant package that resonates with families in our county. **We are in our third year of receiving the Community Partnership Project grant and look forward to the installations of PE messaging in various locations in Montezuma Creek by the end of June, 2024.** We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families - so that we can offer those parents classes throughout our entire county. We provided the funding necessary for San Juan School District to launch and implement the Good Behavior Game in Montezuma Creek Elementary school this year. Community events designed to target Family Mealtime and Family Bonding will also target the importance of upstream prevention in our communities. **We are currently in process of completing a Montezuma Creek/Aneth community Readiness Assessment, with the goal of completing an overall county assessment. Our Prevention Specialist has been very proactive in working with Utah Navajo Health Systems, Aneth Community School, the local oil company and the local Tribal Chapter Houses to look at upstream prevention efforts. It has been vital in helping build capacity in this area.** We are trying to start a community coalition work group in the Aneth/Red Mesa/Montezuma Creek area. We do have a work group chair and several coalition members to support. They will be meeting soon. We lost our prevention specialist in 2024. We have so far, been unable to hire a replacement for this position. This has greatly impacted our work with the youth coalition and community. WHS did have a successful Prevention Week.

Monument Valley / Oljato / Mexican Hat (Navajo Nation)

This Area has several community members on our SJCPAC Coalition. Two of our coalition members from this community, recently completed the CADCA Academy training and they are so excited about the possibility of establishing a new coalition here within a few years. We hired a part-time prevention coordinator, last year. She lives in the Oljato area. **This new prevention specialist has now been SAPS Trained. She is currently being trained in the National Coalition Academy (will complete week 3 in June) and will be trained as a Strengthening Families Instructor in June. She has been very active in working with youth coalition members and strengthening the youth coalition at MVHS.** She is very excited about reaching out to local key leaders and community members in an effort to raise prevention awareness. She has been in contact with local Chapter House leaders in an effort to help gain support for implementation of the SHARP Survey in our River Region (tribal) schools. She is helping strengthen and build up the youth coalition at MVHS through training and recruitment efforts. The Youth Coalition works in tandem with the United National Indian Tribal Youth (UNITY) Club. We have planned various youth campaigns for the coming year, which ties directly to risk factors identified from the SHARP Survey and community Assessment. We also plan on having a Prevention week, sponsored by MVHS, SJCPAC Coalition and the SJCYC to help build capacity within the community. We are working in all San Juan County communities to launch the new Gray Matters campaign, to help educate parents on the dangers of marijuana use on the developing teen brain. We also continue to support the "Let's Do this" / "Stoodis" campaign in San Juan County, which is based on Parents Empowered messaging - but delivered in a more culturally relevant package that resonates with families in our county. **We are in our third year of receiving the Community Partnership Project grant and look forward to the installations of PE messaging in various locations in Monument Valley by the end of June, 2024.** We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families - so that we can offer those parents classes throughout our entire county. We provided San Juan School District the funding necessary to launch and implement the Good Behavior Game in Tse'Bi'Nidzizgai Elementary school this year. Community events designed to target Family Mealtime and Family Bonding will also target the importance of upstream prevention in our communities. We anticipate starting a new community coalition in this area within the next couple of years. **We are currently in process of completing a Monument Valley area community Readiness Assessment, with the goal of completing an overall county assessment.** We have started a coalition community work group in the community of Monument Valley. It is holding it's first meeting tomorrow. The Prevention Specialist is our work group chair and is very active and excited about growing the work group. Our hope is that we will be able to have a new coalition in that community in the coming year. For now, the work group will be supported under the SJCPAC Coalition umbrella as they move forward with planning and prevention framework efforts to address concerns in their community which tie back to our identified risk and protective factors. Our Prevention Specialist has done some great work with our youth coalition and elementary school students. Both schools held a prevention week and were excited about what they learned. Our specialist recently held a youth coalition training for MVHS, as well as positive and healthy graduation activities at the end of this school year. Special sweatshirts have been designed that are culturally relevant for the youth and be a part of raising capacity for their youth coalition efforts. Have 3 coalition members from Monument Valley signed up to attend the Bryce Coalition Summit this year.

NAVAJO MOUNTAIN (Navajo Nation)

This area is a very small and remote community in the corner of San Juan County. Monument Valley coalition members try very hard to support that community in its prevention efforts. With the hiring of our part-time prevention specialist in Monument Valley, we hope to add to the support of coalition strategies and youth involvement efforts in the Navajo Mountain area. We are currently looking for a champion. We are strengthening and building up the youth coalition at NMHS through training and recruitment efforts and working in tandem with the United National Indian Tribal Youth (UNITY) Club. We have planned various youth campaigns for the coming year, which tie directly to risk factors identified from the SHARP Survey and Community Assessment. We also plan on having a Prevention week, sponsored by NMHS, SJCPAC Coalition and the SJCYC to help build capacity within the community. We are working in all San Juan County communities to launch the new Gray Matters campaign, to help educate parents on the dangers of marijuana use on the developing teen brain. We also continue to support the "Let's Do this" / "Stoodis" campaign in San Juan County, which is based on Parents Empowered messaging - but delivered in a more culturally relevant package that resonates with families in our county. We are working to train all of our prevention staff in Guiding Good Choices and Strengthening Families - so that we can offer those parents classes throughout our entire county. Community events designed to target Family Mealtime and Family Bonding will also target the importance of upstream prevention in our communities. **We are very excited this year to have two NM students, along with their advisor, attend the Bryce Youth Leadership Training in June, 2024. This is the first time we have been able to have students from that school attend, due to remote logistics and supervision. We are hoping to be able to strengthen youth coalition activities within that school and community.** For the first time ever, we had students from Navajo Mountain go to our Prevention on Capitol Hill Day. It was a great experience. We are hoping this is the beginnings of a Navajo Mt. coalition work group.

NOTE: We are using our 2019 data on our logic models, due to the impact of covid-19 on our engagement numbers, especially in that our River Region (tribal) schools did not participate at all in 2021. Engagement in our Abajo Mountain (northern county) schools was very low in 2021. There is one exception on our logic models in reference to the Prescription Drugs. This substance is more of an issue (according to qualitative data we have) than our data has shown before. Therefore — we used 2021 SHARP data to substantiate this substance as a concern. Only within the last few weeks have we obtained permission to implement the SHARP Survey in our River Region schools. We are so excited that it went through. We anticipate that much of our Area Plan will change when we are able to obtain the SHARP data from the 2023 survey — which will move us back in line with our baseline data from 2019. **Using 2023 SHARP data now. SHARP 2025 coming soon...**

Problem Behavior Goal		Reduce underage drinking by 4.3%							
Measures & Sources		Reduce Lifetime Use of Alcohol as reported by grade 12 from 16.3% in 2019 to 12% on 2029 SHARP Survey.							
Agency/Coalition		San Juan County Prevention Action Collaboration (SJCPAC) Coalition							
	Risk/Protective Factor	Local Conditions	Strategies	Focus Population: Universal Selective Indicated	Evidence Based: Link to Program Registry Link to EBW Tier Level Not Evidence Based	Cost	Outcomes		
							Short (process)	Medium (3 to 5 years)	Long (10 years)
Logic	Parent Attitudes	Twenty Seven percent of students reported family conflict in 2019 as reported in all grades. 25.7% of students reported family conflict in 2023 as reported in All Grades.	Strengthening Families / Guiding Good Choices	Universal	Blueprints Programs – Blueprints for Healthy Youth Development	Block Grant: State General Fund: Discretionary:	Parents who attend the program will show increase in knowledge and skills related to conflict resolution, behavior modification and relationship building.	Parent Attitudes Favorable to ASB will decrease from 26.8% in 2019 to 24% in 2025 - as reported by grade 12. Parent Attitudes Favorable to ASB in 2023 is 32.3% as reported by grade 12.	Reduce Lifetime Use of Alcohol as reported by grade 12 from 16.3% in 2019 to 12% in 2029. Lifetime Use of Alcohol as reported by grade 12 in 2023 was 4.7%.
		Alcohol use by youth outside of town on public lands and other locations.	Parents Empowered (adapted to resonate with San Juan County Families through delivery and messaging) Stoodis/Let's Do This Campaign	Universal	https://parentsempowered.org/	Discretionary (PXP) \$22,000	Number of drinking locations outside of town will decrease as indicated by focus groups	Family Attachment will increase from 49.0% in 2019 to 55% in 2025 as reported by grade 12. Family Attachment in 2023 is 52.8% as reported by grade 12.	

Measures & Sources	SHARP Survey 2019	Community Mapping and Assessment activities					1. Pre/post test scores 2. Community Mapping and assessment activities	2025 SHARP Survey	2029 SHARP Survey
	Risk/Protective Factor	Local Conditions	Strategies	Focus Population: Universal Selective Indicated	Evidence Based: Link to Program Registry Link to EBW Tier Level Not Evidence Based	Cost	Outcomes		
							Short (process)	Medium (3 to 5 years)	Long (10 years)
Logic	Availability - Retail		EASY Compliance Checks	Universal	https://www.prevention.org/alcohol-policy-resource-center/law-enforcement-strategies/alcohol-compliance-checks/	Block Grant: State General Fund: Discretionary:	Increase in # of compliance checks conducted	Retail availability will decrease	Underage drinking will decrease
Measures & Sources	Mapping activity shows that alcohol is easy to access	No EASY Checks conducted - law enforcement data					2023 law enforcement data	2025 Mapping Activity	2029 SHARP Survey

Problem Behavior Goal	Reduce underage marijuana use by 3%								
Measures & Sources	Reduce Lifetime Use of marijuana in grade 12 from 23% in 2019 to 20% on 2029 SHARP Survey.								
Agency/Coalition	San Juan County Prevention Action Collaboration (SJCPAC) Coalition								
	Risk/Protective Factor	Local Conditions	Strategies	Focus Population	Evidence Based	Cost	Outcomes		

	Factor	Conditions		Population: Universal Selective Indicated	Based: Link to Program Registry Link to EBW Tier Level Not Evidence Based		Short (process)	Medium (3 to 5 years)	Long (10 years)
Logic	Aademic Failure	Youth marijuana use on school grounds throughout county communities	Good Behavior Game	Universal	https://sprc.org/online-library/good-behavior-game-gbg/#:~:text=SPRC%20designated%20this%20intervention%20as,based%20positive%20youth%20development%20programs.	\$27,291.00 Discretionary (PXP)	Targeted classroom strategies help students reduce aggressive and disruptive behavior in primary classrooms, teaching personal management and refusal skills	Reduce Academic Failure in grade 12 from 61.7% in 2019 to 55% in 2025. Academic Failure as reported in grade 12 in 2023 is 39.1%.	Reduce Lifetime Use of marijuana in grade 12 from 23% in 2019 to 20% on 2029 SHARP Survey. Students reporting Lifetime Use of Marijuana in grade 12 is 12.2% in 2023.
Measures & Sources	SHARP Survey 2019	Community Mapping and Assessment activities. SHARP Survey 2019					Teacher Evaluations, classroom behavior logs, coalition meeting minutes and attendance logs.	2025 SHARP Survey	2029 SHARP Survey
	Risk/Protective Factor	Local Conditions	Strategies	Focus Population: Universal Selective Indicated	Evidence Based: Link to Program Registry Link to EBW Tier Level Not Evidence Based	Cost	Outcomes		
							Short (process)	Medium (3 to 5 years)	Long (10 years)

Logic	Rewards for Prosocial Involvement Perceived Risk of Drug Use	Youth report lack of prosocial involvement and opportunities, youth don't think marijuana and other drugs are that dangerous to use	Youth Coalition	Universal	https://www.bluprintsprogram.s.org/programs/444999999/communities-that-care/	Block Grant: State General Fund: Discretionary:	Form and strength youth coalitions in each area high school, train youth in prevention science, dangers of youth substance abuse, and help them learn how to identify local conditions and issues and have opportunities for prosocial involvement.	Rewards for Prosocial Involvement in grade 12 from 35.2% in the Family Domain in 2019 to 45% in 2025. Rewards for Prosocial Involvement as reported in grade 12 in 2023 is 53% in the Family Domain. Perceived Risk of Drug Use as reported in grade 12 will increase from 52.7% in 2019 to 60% in 2025. Perceived Risk of Drug Use as reported in grade 12 in 2023 is 45.9%	Reduce Lifetime Use of marijuana in grade 12 from 23% in 2019 to 19% on 2029 SHARP Survey. Lifetime Use of marijuana as reported in grade 12 in 2023 is 12.2%
Measures & Sources	SHARP Survey 2019	SHARP Survey 2019					Meeting minutes and attendance rolls	2025 SHARP Survey	2029 SHARP Survey

Problem Behavior Goal	Reduce Prescription Drug Use by 4.6%							
Measures & Sources	Reduce 30-Day Prescription Drug Use from 2.7% in 2023 to 1.5% on 2029 Survey as reported in Grade 10.							
Agency/Coalition	San Juan County Prevention Action Collaboration (SJCPAC) Coalition							
	Risk/Protective	Local	Strategies	Focus	Evidence	Cost	Outcomes	

	Factor	Conditions		Population: Universal Selective Indicated	Based: Link to Program Registry Link to EBW Tier Level Not Evidence Based		Short (process)	Medium (3 to 5 years)	Long (10 years)
Logic	Reduce Family Conflict	Key informant interviews indicate a higher use of prescription drugs than our data suggests.	Strengthening Families / Guiding Good Choices	Universal	Blueprints Programs – Blueprints for Healthy Youth Development	Block Grant: State General Fund: Discretionary:	Parents who attend the program will show an increase in knowledge and skills related to teaching conflict resolution and refusal skills	Percent in grade 12 reporting Family Conflict will decrease from 22.1% in 2019 to 19% in 2025. Percent in grade 12 as reporting Family Conflict in 2023 is 16.1%	Reduce 30-Day Prescription Drug Use from 2.7% in 2023 to 1.5% on 2029 SHARP Survey as reported in Grade 10.
Measures & Sources	SHARP Survey 2019	Key informant interviews, SHARP Survey 2021					1. Pre/post test scores 2. Key informant interviews in 2025	2025 SHARP Survey	2031 SHARP Survey

Provide your action plan for both Synar and EASY Compliance Checks

Instructions:

1. Pick one of the templates below to enter your compliance check plans
2. The bottom two templates have examples on how they might be completed
3. Delete the two templates you ended up not using before submitting

12-month action plan--EASY and Synar Compliance Checks			
Goal 1:	EASY Compliance Checks		
Objective 1:	Increase the number of completed EASY Compliance Checks by 10 by June 30th, 2025		
Strategy 1:	Increase local law enforcement buy-in for compliance checks		
	Activity	Who is responsible	By When
	Contact County Commissioner	Alyn Mitchell	September 1, 2024
	Have a discussion during SJCP	Shauna Sherrow	August 1, 2024
	Follow-Up meeting with LE and	Alyn Mitchell	July 1, 2025
Strategy 2:	Support Law Enforcement in EASY checks after they engage.		
	Activity	Who is responsible	By When
	Help provide cubs for buys if needed.		Pending...
Goal 2:	Synar Compliance Checks		
Objective 1:	Maintain Synar Compliance rate above 90% by June 30th, 2025		
Strategy 1:	Ensure local cooperation with Public Health for Synar Checks		
	Activity	Who is responsible	By When
	Follow UP with Public Health E	Shauna Sherrow	September 1, 2024

<p><i>Example: EASY</i></p>	<p>Newly assigned officer to coalition has not responded to requests. Sheriff has not responded to various requests. Reached out to a different County Commissioner who has helped us meet with the County Sheriff's department to discuss next steps to providing and supporting EASY checks in our county. Have had our first meeting. Sgt. Sagers from Tooele, also attended and has offered to help train and support. We are so excited. Second meeting has been scheduled.</p>	<p>Lack of engagement with local law enforcement. Traveling distance will be difficult, along with jurisdiction issues in our River Region area. But at least we are starting up.</p>	<p>1. We will have a discussion at our coalition meeting to increase member buy-in and support. 2. We will reach out to county commissioner to discuss concerns with lack of LE engagement. 3. We will provide educational materials to retailers on the role they play in preventing underage drinking 4. We will recognize retailers that were checked and passed all compliance checks throughout the year. Next steps will be identified in our upcoming meeting.</p>	<p>If we can get local law enforcement to engage and support checks.</p>
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Example: Synar	<p><i>Synar checks are completed by the health department, we don't have any involvement, our rates have always been about 90% our PH Educator has always been supportive and active in these checks.</i></p> <p><i>Will continue to work with Public Health on this. Has been a good collaboration so far.</i></p>		<p><i>1. We will coordinate quarterly with Health Department.</i></p> <p><i>2. If compliance rate approaches or drops below 90% we will work with health department to provide training and resources to retailers.</i></p>	
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