

# 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

*Pam Bennett*

**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 Provo Canyon Hospital 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 SOC's, if needed, referrals will be made and facilitated for those services

**2) Residential Care**

*Adult Services*

*Pam Bennett*

**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 SOC's, if needed, referrals will be made and facilitated for those services.

### 3) Outpatient Care

#### Adult Services

Pam Bennett

**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.

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 DSAMH.

**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.

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 FRF/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 SOC to utilize their full wrap around approach when appropriate.*

#### 4) 24-Hour Crisis Care

**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 2 Bachelor's level Certified Crisis Workers. There is a licensed therapist available during the daytime hours to assist Crisis Workers as needed. We are also currently in the process of re-evaluating this model due to having an increase in therapists recently. 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.

The professional staffing shortage that is happening statewide is influencing our ability to fully staff the crisis team, though with some recent hires we are re-evaluating.. 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 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*

**Nichole Cunha**

**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 2 Bachelor's level Certified Crisis Workers. There is a licensed therapist available during the daytime hours to assist Crisis Workers as needed and due to some recent hires, we are currently re-evaluating that. 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.

The professional staffing shortage that is happening statewide is influencing our ability to fully staff the crisis team though with some recent hires, we are re-evaluating this. 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*

*Pam Bennett*

**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*

*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 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

Pam Bennett

**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. The Family Resource Facilitators that provide these services have been appropriately trained and supervised. These services are prescribed following intake and evaluation and other assessments and are provided in conjunction with treatment by clinical team members.

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

**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*

*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. 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*

*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. 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, Family Resource Facilitator services, and the strength of an established "System of Care" (SOC) 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. FRFs also provide some case management services when appropriate.

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 more case managers to provide services as well as additional locations for those with transportation issues. We have found that while we make 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? [Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov](mailto:pgcaldwell@utah.gov)**

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)*

*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. 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 FPSS person available to provide respite when a need arises and until we can hire more CM.

**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*

*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. 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 FPSSr that is an employee of San Juan Counseling.

SJC has been unable to replace our FT FPSS in 2022. We have a PT FPSS who will continue to work in 2023. We have hired someone part time and are working to promote, educate and get client's 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*

*Pam Bennett*

**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 Resource Facilitator, and San Juan County Drug and Alcohol Prevention Specialist. San Juan Counseling currently chairs the local "System of Care" meeting. SJC helps sponsor the Family Coalition Conference, and the Domestic Violence Conference. SJC is involved with the planning process for the San Juan County Health Fair.

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

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

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

*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.**

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

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

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

The San Juan System of Care committee, of which SJC is a major player, sponsors an annual Family Support conference that 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**

*Pam Bennett*

**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.**

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.

## 12) Outplacement

### *Adult Services*

*Pam Bennett*

**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*

*Leah Colburn*

**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 is a partner in children and youth outplacement efforts. Outplacement funding has contributed to the success of these services.

## 13) Unfunded Clients

### *Adult Services*

*Pam Bennett*

**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.**

N/A

**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. [Technical assistance is available through Jessica Makin at jmakin@utah.gov](mailto:jmakin@utah.gov)**

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).**

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.

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.

There has been some success helping clients find meaningful employment such as janitorial work at our main office. The employees are coached and trained to maintain their employment. Jobs are difficult to find in San Juan County under the best of circumstances. The results have been satisfying for center personnel, and even more so for clients. This effort sometimes includes training that qualifies clients for the desired job.

**The 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 collaborative efforts revolve around the San Juan System of Care Committee. SJC has been the driving force behind the local System of Care efforts. Systems of Care Meetings are held each month. Many of the families who have asked for services from the SOC committee struggle with employment. The SOC effort focuses some energy on attempting to find solutions to unemployment. This effort is supported by DWS, DCFS, VOC REHAB, DJJS, Family Resource, churches, schools, etc. SJC is currently in talks with Vocational Rehabilitation to explore the possibility of SJC becoming a community rehabilitation partner (CRP).

**Employment of people with lived experience as staff through the Local Authority or subcontractors.**

SJC has currently hired 3 people with lived experience as custodians

**Evidence-Based Supported Employment.**

We provide day treatment services and CM/TCM. We collaborate with vocational rehabilitation as well as USU.

**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).**

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.**

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.**

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.**

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. Technical assistance is available through Codie Thurgood: [cthurgood@utah.gov](mailto:cthurgood@utah.gov)**

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. Technical assistance is available through Jessica Makin, [jmakin@utah.gov](mailto:jmakin@utah.gov), and Theo Schwartz, [aschwartz@utah.gov](mailto:aschwartz@utah.gov)**

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.

**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.

**17) Integrated Care**

*Pete Caldwell*

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

We meet through SOC, Coalitions and MDT with community partners to discuss individuals (with releases) and how integrated care can be provided. 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 in SFY 2023, 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 FY2024.

**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.**

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**

**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 [ljacoburn@utah.gov](mailto:ljacoburn@utah.gov) a list of your FY24 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](mailto: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 Trained 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 SOC/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?**

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.

**Describe how clients are identified as justice involved clients**

Mental health assessments ask individuals if they have been compelled e.g., court ordered for mental health treatment

**How do you measure effectiveness and outcomes for justice involved clients?**

SJC utilizes current SAMHIS data that is submitted to the Office by SJC. Decreasing criminal and legal system involvement is a key outcome.

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



Training on the LS-RNR for Agency's staff.

**Identify a quality improvement goal to better serve justice-involved clients.**

SJC implements the LS-RNR to better serve justice involved clients.

**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.**

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.

**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 SOC 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**

*Nichole Cunha*

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

### 23) Required attachments

- List of evidence-based practices provided to fidelity and include the fidelity measures.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.
- A list of metrics used by your agency to evaluate client outcomes and quality of care.
- 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)