

# 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.

**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 Reconciliation Therapy (MRT), Seeking Safety, parenting skills, relationships skills and the Helping Men / Women Recover programs.

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

SJCC does not have an intensive outpatient program as per 2009 Audit conducted by Dave Felt. The policy was changed after that date and our programs were also changed to reflect that recommendation. All adult group therapy is outpatient (ASAM level 1).

#### 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.

**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.

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.**

Our current Peer Support provides mental health services. We are exploring the possibility of hiring one that can work with SUD but with little luck.

**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](http://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 Reconciliation 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

**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 SFY 2024, 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. SJCr 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**

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| <b>Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.</b>   |
| N/A  |
| <b>Please describe the proposed use of the WTX funds</b>   |
|  |
| <b>Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities</b>   |
|  |
| <b>Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: <a href="mailto:bkelsey@utah.gov">bkelsey@utah.gov</a></b>  |
|  |
| <b>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.</b> |
|  |

**14) Adolescent (Youth) Treatment**

**Shanin Rapp**

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| <b>Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.</b>  |
| <p>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.</p> <p>Most of the youth we see are referred by the school. Those that do not require treatment are typically referred to their school counselor.</p> |
| <b>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.</b>  |
| <p>SJC receives the majority of our youth referrals from the San Juan School District (SJSD) 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</p>  |

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 SJSD 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

Shanel Long

**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 Reconciliation Therapy (MRT), Seeking Safety, parenting skills, relationships skills and the Helping Men / Women Recover programs.

SJCC has two practitioners whose primary responsibility is to provide outpatient substance 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 SFY 2020.**

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 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.



