District 1
Local Mental Health Authority
(Box Elder, Cache, and Rich Counties)

Bear River Mental Health Services, Inc.
Mental Health Area Plan

Fiscal Year 2015
ORGANIZATIONAL SCHEMA

GOVERNANCE AND OVERSIGHT/FINANCIAL

- ACCESS AND ELIGIBILITY
- SUBCONTRACT MONITORING
- FY 2015 PROJECTED BUDGET
- SLIDING FEE POLICY
- FEE SCHEDULE

FORM A MENTAL HEALTH BUDGET NARRATIVES

- INPATIENT SERVICES
- RESIDENTIAL CARE
- OUTPATIENT CARE
- 24-HOUR CRISIS CARE
- PSYCHOTROPIC MEDICATION MANAGEMENT
- PSYCHOEDUCATION AND PSYCHOSOCIAL REHABILITATION
- CASE MANAGEMENT
- COMMUNITY SUPPORTS
- PEER SUPPORT SERVICES
- CONSULTATION AND EDUCATION SERVICES
- OUTPLACEMENT
• UNFUNDED CLIENTS

• NON-MANDATED SERVICES

FORM A MENTAL HEALTH BUDGET NARRATIVES (CON’T)

• CLIENT EMPLOYMENT

• QUALITY AND ACCESS IMPROVEMENTS

• INTEGRATED CARE

• MENTAL HEALTH EARLY INTERVENTION
  
  o FAMILY RESOURCE FACILITATION
  
  o MOBILE CRISIS TEAM
  
  o SCHOOL-BASED MENTAL HEALTH

• SUICIDE PREVENTION

FORM D – OFFICIAL SIGNATURES
Governance and Oversight Narrative

Instructions:
• In the box below, please provide an answer/description for each question.

1) Access and Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

Measured access to community mental health services through the public mental health system within the District 1 Local Authority reflects a longstanding tension between the issues of service funding and service capacity. While growth in state appropriations and county matching funds for local mental health services have remained relatively flat over the past 10 years, Medicaid enrollment and corresponding federal funding have escalated proportionately to effectively dwarf the state appropriation.

This has relegated county funds to a level that scarcely provides for the federal Medicaid match requirement, with essentially no remaining funds available to provide for under or unfunded county residents. This has necessitated the development of appropriate service delivery strategies and priorities that mirror the Center’s fiscal reality, which, despite the realization of some modest Medicaid profit, showed the Center’s overall balance sheet for FY 2013 as recording a financial loss. Subsequently, Bear River Mental Health has established service eligibility criteria as a hedge against any further compromise to service delivery specifically as well as organizational viability generally.

Although service eligibility priorities include the Medicaid population relative to the Center’s Medicaid contract, said priorities are not exclusive to Medicaid. Moreover, as the Medicaid enrollee has equal residence within the community populations as a whole, such individuals also meet the service population relative to the state contract. In addition to the Medicaid recipient, the Center extends service availability with respect to its crisis services on a 24/7 basis to all area residents regardless of funding. Furthermore, the Center has established several service priorities specific to the unfunded population including, mental health court participants and civilly committed individuals, in which case the Center allows payment for services specific to its sliding fee schedule, where possible. Likewise, service delivery in the local correctional settings is provided irrespective of funding.

In these instances, eligibility is based categorically relative to need and severity as opposed to ability or inability to pay. Individuals within these service populations are admitted through the Center’s Request For Service (RFS) system and scheduled for assessment and treatment planning as is any prospective client having Medicaid eligibility.
BRMH identifies the following priorities and populations of primary service eligibility and conditions applicable to initial and continued mental health service delivery:

1. Medicaid:

Verified Utah Medicaid Enrollees (including non-traditional Medicaid recipients) with mental health disorders are eligible to receive all medically necessary Covered Services in terms of amount, duration, and scope reasonably necessary to correct or ameliorate a mental illness or condition, or prevent deterioration of that mental illness or condition.

2. Medicaid Pending:

Individuals who are pending Medicaid eligibility (those having a current verified Medicaid case number and a completed Medicaid application) may be admitted for services with waiver of Center co-pay / sliding-fee. Review of progress toward Medicaid eligibility is required within 60 days of intake. If ultimately determined ineligible for Medicaid, the continuation of service delivery will follow consistent with the priorities set here within and the client will be assessed and back-billed for services already rendered according to the Center’s sliding-fee schedule.

The Medicaid pending category includes those Medicaid eligible individuals requesting service delivery but who have, or are, relocating from an area of the state outside the jurisdiction of BRMH, and whose Medicaid card identifies another Center as responsible for mental health services. Such individuals may be admitted for services subsequent to verification of a change of address submitted to Medicaid; otherwise, services must be obtained from the mental health center designated on the Enrollee’s current Medicaid card, unless there is an intra-center agreement to the contrary.

3. Medicaid Spend-down:

Spend-down dependent Medicaid eligible individuals who forego payment of their spend-down, regardless of secondary insurance or payment source, will be referred out for alternative service delivery unless they are included in one of the specialty populations identified below. In such a case, the client would be encouraged to meet their spend-down amount if at all possible, however, if not financially feasible (as determined by Center) the client may be allowed a waiver of the spend-down in favor of the Center’s sliding-fee payment schedule. If determined feasible but the spend-down is refused, the client will be referred for representative payee services.

4. Third-party:

Privately insured clients are referred elsewhere, unless they are dual eligible for Medicaid and/or included within the “Specialty Populations” listed below.
5. Medicare:

Medicare clients are referred elsewhere, unless they are dual eligible for Medicaid and/or included within the “Specialty Populations” listed below.

6. Private Pay:

Private pay clients are referred elsewhere, unless they are included within the “Specialty Populations” listed below.

7. Specialty Populations:

a. Mental health court clients:

Mental health court (MHC) clients are individuals having both serious and persistent mental illness (SPMI) and criminal justice involvement who have been accepted into the specialty court program. The mental health court program is a cooperative endeavor involving numerous public and private stakeholders working toward the goal of increasing public safety as well as mental health recovery and reducing criminal recidivism. MHC clients are eligible for participation in the Center’s sliding-fee payment schedule where existing insurance coverage does not include all services considered medically necessary, or where the client is private pay. Upon graduation from the program, the client may continue to receive services according to their pre-established payment arrangement for a period of 90 days. The continuation of services beyond 90 days is determined on a case-by-case basis, depending on current level of stability, urgency of need, severity of illness, treatment adherence, and other factors critical to the risk of criminal recidivism. Petitions for continued service must be submitted by the client’s treatment coordinator to the clinical supervisor and receive both supervisory and executive committee approval. Continued service authorizations are reviewed every succeeding 90 days for subsequent approval or denial. Upon termination from the program however, continuation of services will follow according to the priorities established herein.

b. Civil commitment clients:

BRMH, as the sole source provider for the District 1 Local Mental Health Authority, is by default, the mental health service provider for those individuals currently under a court order of involuntary commitment to the custody of said authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding. However, involuntary commitment does not exempt such individuals from all payment responsibility, as the dangerousness of the client’s behavior ultimately necessitated the involuntary action, and therefore, even in private pay cases, the client is assessed a sliding-fee for services rendered.

c. Crisis:

BRMH will continue to provide 24 hour on-call emergency (crisis) services to area residents upon request irrespective of the priorities outlined in this policy.
d. Jail:

Services in the County Jail are statutorily mandated and will continue as currently delivered and may involve brief crisis/risk management assessments and brief diagnostic assessments for mental health court referrals.

e. Medicaid Disability Determination Evaluations / Form M-20:

BRMH will continue to provide for Medicaid disability determination evaluations (Form M-20) irrespective of the priorities outlined in this policy.

f. Grant funded clients (i.e., 2.7 funding; Early Intervention funding, etc.):

BRMH will provide mental health service delivery to those individuals eligible under, and consistent with, the requirements of any grant funding obtained through state, federal, or private entities throughout the life and availability of the grant resources.

As a general rule, services provided to non-Medicaid populations are delivered according to the following predominate hierarchy: (1) group services (predominately) prior to individual services, (2) individual services prior to wrap-around services, and (3) wrap-around services prior to pharmacological services, to the extent possible, depending upon severity of illness and immediacy of need.

What are the criteria used to determine who is eligible for a public subsidy?

Criteria utilized to determine eligibility for the Center’s sliding fee is generally relative to clients who are uninsured and typically where the client fits within a particular specialty population (e.g., Mental Health Court or civil commitment).

How is this amount of public subsidy determined?

Public subsidy of mental health services is determined according to the Center’s sliding fee schedule relative to the service population priorities described above.

How is information about eligibility and fees communicated to prospective clients?

Information regarding service eligibility and associated fees are provided generally through the Center’s external website as well as through direct contact with the Center’s Service Coordinator through the request for service system.

Are you a National Health Service Core (NHSC) provider?

Yes, Bear River Mental Health is a qualified NHSC provider.
Governance and Oversight Narrative

2) Subcontractor Monitoring
The DHS Contract with Mental Health/Substance Abuse Local Authority states:
When the Local Authority subcontracts, the Local Authority shall at a minimum:
(1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

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

Bear River Mental Health endeavors to maintain adequate service capacity within its network of employed providers so as to effectively deliver the comprehensive array of services as required by contract as well as statutory provision. The delegation of particular services at particular times according to subcontract, although in some instances necessary, is considered less desirable, given the added difficulties that subcontracting poses relative to the coordination and integration of care, inter-agency communication, diversity of documentation, and the overall logistics of monitoring.

However, the Center does maintain subcontract relationships with a local Federally Qualified Health Center and one other provider relative to a small number of clients. With respect to subcontractor monitoring, the Center’s Corporate Compliance Officer or designee is assigned to conduct formal annual reviews of these providers to ensure compliance with both technical and substantive elements of mental health service documentation and client progress.

The Center’s annual reviews may include client record reviews and record audits utilizing its internal peer/record review system and/or an applicable Subcontractor Compliance Monitoring Worksheet as depicted in the example below.
### Documentation Requirements

The Subcontractor must document the services provided to Enrollees in accordance with the documentation requirements outlined in the Utah Medicaid Mental Health Centers and Targeted Case Management Provider Manuals:

#### Treatment Plan Documentation

- **1.** A psychiatric diagnostic interview examination has been conducted that documents the client’s need for mental health services.

- **2.** The Subcontractor has developed a written individualized treatment plan designed to improve and/or stabilize the client’s condition identified in the diagnostic interview examination.

  - a. Measurable treatment goals developed in conjunction with the client.
  - b. The specific treatment methods that will be used to meet the treatment goals.
  - c. A projected schedule for service delivery, including frequency and duration of each treatment method.
  - d. The credentials of individuals who will furnish the services.

#### Psychiatric Diagnostic Interview Examination Documentation

The Psychiatric Diagnostic Interview Examination documents the following:

- **1.** The date, actual time, duration, and specific service rendered.

- **2.** The setting in which the services was rendered.

  - a. Diagnoses, or in the case of briefer crisis examinations, revised diagnoses.
  - b. A summary of recommended mental health treatment and other services as appropriate.
  - c. The signature and licensure of the individual who rendered the service.

#### Individual Psychotherapy

The record of individual psychotherapy documents the following:

- **1.** The date and actual time of the service.

- **2.** The duration of the service.

- **3.** The setting in which the service was rendered.

- **4.** The specific service rendered.

- **5.** Treatment goal(s).

- **6.** A clinical note describing the client’s progress toward the treatment goal(s).

- **7.** The signature and licensure of the individual who rendered the service.

### NOTES / RECOMMENDATIONS

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Signature/ Compliance Monitor
## Projected Budget

### FY2015 Mental Health Area Plan and Budget

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>State General Fund</th>
<th>County Fund</th>
<th>Other Sources</th>
<th>TOTAL FY2015 Revenue</th>
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<td><strong>Total</strong></td>
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<tr>
<td><strong>State General Fund</strong></td>
<td><strong>State General Fund</strong></td>
<td><strong>Local</strong></td>
<td><strong>Other Sources</strong></td>
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<td>$170,872</td>
<td>$117,300</td>
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<td>FY2015 Mental Health Expenditures</td>
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<td>$170,872</td>
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<td>Total FY2015 Mental Health Expenditures</td>
<td>$225,846</td>
<td>$170,872</td>
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### FY2015 Mental Health Expenditures Budget

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<th>Budget Category</th>
<th>State General Fund</th>
<th>County Fund</th>
<th>Other Sources</th>
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<th>Total Clients Served</th>
<th>TOTAL FY2015 Cost/Client Served</th>
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<td>$170,872</td>
<td>$117,300</td>
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### Notes
- Inpatient Care (40%)
- Residential Care (75% RTI)
- Preparatory/Preparation Services (35%)
- Psychiatric Evaluation/Management (10%)
- Psychosocial/Behavioral (Varies)
- Cost/Client (50%)
- Community Supports, Including: Housing (MR/PCA)
- Pre-Release Services (15%)
- Risk/Needs Assessment (30%)
- Care Coordination (50%)
- Service Planning and Coordination, Case Management, and Discharge Planning (50%)
- Service to persons incarcerated in county correctional facility (50%)
- Other Mental Health Services (20%)

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**ADULT**
- FY2015 Mental Health Expenditures $225,846
- Total FY2015 Mental Health Expenditures $225,846

**YOUTH/CHILDREN**
- FY2015 Mental Health Expenditures $172,557
- Total FY2015 Mental Health Expenditures $172,557

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**Total FY2015 Mental Health Expenditures**
- $398,403
- Total FY2015 Mental Health Expenditures $398,403
- Cost/Client Served $1,350
- Total FY2015 Expenditures Budget $398,403

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**ADULT**
- FY2015 Mental Health Expenditures $225,846
- Total FY2015 Mental Health Expenditures $225,846
- Cost/Client Served $2,952

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**YOUTH/CHILDREN**
- FY2015 Mental Health Expenditures $172,557
- Total FY2015 Mental Health Expenditures $172,557
- Cost/Client Served $1,350
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<tr>
<th>FY2015 Mental Health Revenue</th>
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<td>Revenue</td>
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<tbody>
<tr>
<td></td>
<td>Revenue</td>
<td></td>
</tr>
</tbody>
</table>

| MCOT 24-Hour Crisis Care-CLINICAL       | $ -               | #DIV/0!       |
| MCOT 24-Hour Crisis Care-ADMIN          | $ -               |              |
| FRF-CLINICAL                            | $ -               | #DIV/0!       |
| FRF-ADMIN                                | $ -               |              |
| School Based Behavioral Health-CLINICAL | $ 187,346         | $ 187,346    | 125 | $ 1,499 |
| School Based Behavioral Health-ADMIN    | $ 26,000          | $ 26,000     |
| FY2015 Mental Health Expenditures Budget| $ 213,346         | $ 213,346    | 125 | $ 1,707 |

* Data reported on this worksheet is a breakdown of data reported on Form A.
### FY2015 Form A (1) - Proposed Cost and Clients Served by Population

**Bear River Mental Health Authority**

#### Budget and Clients Served Data to Accompany Area Plan Narrative

<table>
<thead>
<tr>
<th>MH Budget</th>
<th>Clients Served</th>
<th>FY2015 Expected Cost/Client Served</th>
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<tbody>
<tr>
<td><strong>Inpatient Care Budget</strong></td>
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<td>$ 620,000 ADULT</td>
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<td><strong>Residential Care Budget</strong></td>
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<td><strong>Outpatient Care Budget</strong></td>
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<td>$ 2,000,696 ADULT</td>
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<td><strong>24-Hour Crisis Care Budget</strong></td>
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<td><strong>Psychopharmacology Management Budget</strong></td>
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<td><strong>Psychological and Psychosocial Rehabilitation Budget</strong></td>
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<td><strong>Care Management Budget</strong></td>
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<td><strong>Public Support Services Budget</strong></td>
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<td><strong>Community Supports Budget</strong></td>
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<td>$ 235,000 ADULT (Housing)</td>
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<td>$ 70,000 ADULT (Respite)</td>
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<td><strong>Consultation &amp; Education Services Budget</strong></td>
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<td><strong>Services to Incarcerated Persons Budget</strong></td>
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<td><strong>Other Mandated Services Budget</strong></td>
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<td>ADULT</td>
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<td><strong>Summary</strong></td>
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<td><strong>Total</strong></td>
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<td>$ 5,402,456 ADULT</td>
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<tr>
<td>$ 2,671,452 ChildYOUTH</td>
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From the budget and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

$15,000 ADULT
$162,000 ChildYOUTH

Unfunded ($2.7 million)

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<tr>
<th></th>
<th>ADULT</th>
<th>CHILD/YOUTH</th>
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</thead>
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<tr>
<td><strong>Unfunded (all other)</strong></td>
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<td>$ 50,000</td>
<td>55</td>
<td>$ 909</td>
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<tr>
<td>$ 5,000</td>
<td>15</td>
<td>$ 222</td>
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Policy

Client co-payments are charges determined by the client’s insurer (including Medicare) to be the portion of the cost of service the insurance beneficiary must pay, or in the case of an uninsured client, the amount of sliding-fee the Center determines as reasonable and necessary based upon client income. The Center’s policy is to collect the full amount of insurance co-payments. Clients who qualify under the conditions specified below, will be assigned a sliding-fee amount per encounter, and will be expected to pay the full sliding-fee amount prior to each service appointment at the Center. The Center sliding-fee is not subject to any waiver.

Procedures

1. Client co-payments relative to the Center’s sliding-fee schedule are based on monthly gross household income.
   
   a. In the instance that single “legal adults” living with immediate family and receiving free room and board request Center services, an income of $450 may be added to their declared income as “in kind” value of room and board. Any individual who can demonstrate that they are actually paying to live with immediate family could have this value of “in kind” revenue reduced accordingly.
   
   b. Before establishing a sliding-fee, Bear River Mental Health Services, Inc. may require written verification of the client’s income. Verification may also be requested at any time during the course of the client’s treatment.

2. A Center sliding-fee may be contingent on the following conditions:
   
   a. To be eligible for payment according to the Center’s sliding-fee schedule, individuals must be uninsured and residents of Box Elder, Cache, or Rich Counties. All out-of-county clients will be responsible for the full charge for any service rendered. In addition, insured clients must eligibilize according to the specifications below.
   
   b. As the Center does not practice the routine waiver of insurance based co-payments, for insured clients to be eligible for a sliding-fee, they must either (1) have their insurance payment denied for the services requested, or (2) the services requested must be excluded from the client’s insurance coverage, or (3) the client must petition and receive approval for a waiver of insurance co-payment under policy. In cases where the client’s insurance denies payment, the client must also complete and sign a Waiver of Liability to be eligible for a Center sliding-fee.
   
   c. Waivers of liability represent statements and agreements in which the client either chooses to receive services and assume financial responsibility if their insurance (including Medicare) denies payment or chooses to refuse service delivery. Waivers of liability shift financial responsibility from the Center to the client in the event of a denial of an insurance claim.
d. The Waiver of Liability should be completed in advance of actual service delivery when a denial of insurance payment is predictable. However, in cases in which a denial of an insurance claim cannot be anticipated or predicted, the client will be approached to sign a Waiver of Liability upon receipt of the denial, and the Center’s sliding-fee will be applied retroactively to the clients account.

e. For Medicare beneficiaries, when it is anticipated that Medicare will deny payment for a particular covered service at a particular time, due to reasons that Medicare will likely consider as not reasonable and necessary (i.e. not consistent with diagnosis, provided by someone other than approved by Medicare, and/or the frequency or duration of the service exceeds the limits imposed by Medicare) the Center will have the client sign a waiver of liability referred to as an Advance Beneficiary Notice, prior to delivery of the service.

f. Waivers of liability, either in the form of an Advance Beneficiary Notice or in some other form, may be signed by the client’s personal representative if the client is a minor child or an incapacitated adult.

g. Waivers of liability may not be signed in emergency service situations prior to an emergency medical screening (EMS) and stabilization of the client. In addition, a waiver of liability may not be signed when a client is under duress (i.e. emotionally or cognitively impaired such that the client is unable to adequately comprehend the nature and consequences of their decision so as to be unable to make an informed choice).

h. If a client refuses to sign a waiver of liability, the Center will have a staff person witness the refusal and may consider such action as reasonable cause to refuse to provide the requested service.

i. Clients must allow Bear River Mental Health Services, Inc. to submit claims to insurance companies when applicable and must also provide all pertinent information necessary with which to process the insurance claim. All insurance payments received by the Center shall be in addition to any client co-payment; however, the Center may not collect more than what is actually charged for the services rendered.

j. Potential recipients of a Center sliding-fee must apply by completing the Center’s standard Fee Agreement. Clients who refuse to state and/or verify their monthly income will be ineligible to receive a sliding-fee and will be responsible for the full charge of any service not covered by their insurance.

k. For clients who are under the age of majority, the child’s parents or legal guardian retain financial responsibility unless the child is legally emancipated or has been placed in the legal custody of a state agency, and the agency has been assigned financial responsibility by statute or court order.
# 2015 Area Plan Discount Fee Schedule

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<thead>
<tr>
<th>Household Size</th>
<th>Monthly Income</th>
<th>Up to -110%</th>
<th>&gt;110% -130%</th>
<th>&gt;130% -140%</th>
<th>&gt;140% -160%</th>
<th>&gt;160% -180%</th>
<th>&gt;180% -200%</th>
<th>&gt;200% -300%</th>
<th>&gt;300% -400%</th>
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1a) Adult Inpatient

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.

Inpatient mental health services for adults, children and youth, are contracted services and not provided directly by the mental health center. Bear River Mental Health and the local authority plan for the continued utilization of Logan Regional Hospital and McKay Dee Hospital as the primary resources to meet the Center’s acute adult and child inpatient needs for FY 2015. All inpatient resources utilized by the Center will continue to accommodate both male and female admissions.

The Logan Regional Hospital Unit primarily serves mental health consumers 18 years of age and older and has an established capacity of 7 beds. BRMH has an existing contract with Logan Regional Hospital. The McKay Dee Hospital inpatient unit serves an adult population, and has a 22 bed capacity. BRMH has a standing interagency agreement with McKay Dee Hospital. Intermediate and longer-term inpatient hospitalization will continue to be accomplished through utilization of the Utah State Hospital.

The hospitals identified above represent the primary and preferred source of inpatient utilization for area residents. However, other inpatient options (e.g., University of Utah, Lakeview, Davis Hospital, etc.) have and will at times be necessary in order to meet the area’s inpatient service needs. In all circumstances, Center personnel will take appropriate steps to facilitate access to adult and child inpatient resources as needed and where needed.

Include expected increases or decreases from the previous year and explain any variance.

The dynamics of inpatient hospitalization are numerous and variable such that any estimate of inpatient utilization retains some degree of uncertainty. Since FY 2010 BRMH has experienced dramatic increases in inpatient bed days (e.g., 592 days in FY 2010, 614 days in FY 2011, 495 days in FY 2012) and has subsequently adjusted its projected inpatient costs accordingly, estimating roughly 540 bed days utilization per year. Given the actual rate of hospitalizations in FY 2014, BRMH does not expect any significant change in inpatient utilization for FY 2015, which comparison seems more realistic than any comparison between estimated projections from one fiscal year to the next.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.
**1b) Children/Youth Inpatient**

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

As with the adult service population, inpatient services for children and youth are technically a contracted service not provided directly by BRMH. The utilization of inpatient programs and services may be monitored by the mental health center, where Center utilization staff may work directly with inpatient personnel to provide initial or continued authorization of services as well as discharge planning and coordination.

Inpatient services for children and youth are primarily provided through the McKay Dee Institute for Behavioral Medicine which serves children 6 years of age through 17 years of age and is in operation seven days a week, twenty-four hours a day, although other inpatient providers throughout the intermountain area may at times be utilized as necessary and appropriate given individual circumstances.

Intermediate and longer-term inpatient hospitalization for children and youth will continue to be accomplished through utilization of the Utah State Hospital. The Utah State Hospital, located in Provo, generally accommodates a maximum capacity of 72 pediatric admissions. Additionally, the mental health center is allocated 4 pediatric beds subsequent to the formula established under subsection (2) of 62A-15-612, which also provides for the allocation of beds based on the percentage of the state's population of persons under the age of 18 located within a mental health center’s catchment area.

The Center has formalized its inpatient services policy for children and youth that upholds procedural consistency with Utah statute as currently written (Utah Code Annotated 62A-15-702 and 703 -Treatment and commitment of minors in the public mental health system and Residential and inpatient settings – Commitment proceeding).

**Include expected increases or decreases from the previous year and explain any variance.**

At present, BRMH does not anticipate any increase or decrease in inpatient bed capacity (i.e., number of available inpatient beds) or bed day utilization for FY 2015.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes with respect to children and youth inpatient psychiatric services are planned or projected for FY 2015.
1c) Adult Residential Care

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

Adult residential services are provided directly by BRMH through the operation of a 12 bed facility located in Logan, Utah. This facility will ensure the continued availability in FY 2015 of transitional and longer-term support options for individuals who demonstrate a need for both structured and supportive living. The facility is operated as a 24-hour supervised group home and will continue to provide Supportive Living as an adjunct to other services such as case management and rehabilitative skills development as applicable to the needs of clients in the facility who are in transition to less restrictive environments, meaning that residential service clients, depending on individual need, may receive other services in addition to supportive living, as they are in the process of transitioning from the 24-hour facility to either semi-independent or independent living in the community.

Supportive living generally includes observation, monitoring, and structured daily living support which necessitates 24-hour staffing to ensure daily resident contact, observation of general behavior and performance of routine personal care and daily living tasks, as well as monitoring of symptomatology associated with the resident’s diagnosis and individualized treatment plan.

Additionally, the residential program provides for a structured living environment which ensures the organization of household activities, tasks, and functions according to a specific daily schedule of functional living activities. Meals, medications, household chores, house meetings, visiting and other activities associated with the facility are accomplished through structure and direct supervision. The organization and routine of the household provides an emotionally stabilizing effect that tends to facilitate symptom stabilization.

Currently, the Center is near completion of a new residential facility located on site of the Bear River House day program thereby creating a mental health campus effect. Occupancy is anticipated in May 2015 and the new facility will include single occupancy bedrooms, improved bath and shower rooms, expanded kitchen and dining area, dedicated medication room, separate staff bathroom, and expanded common living areas not historically available in its previous facility.

Include expected increases or decreases from the previous year and explain any variance.

Currently, no significant change is expected in residential service capacity for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to residential services are planned or projected for FY 2015. However, during the construction of the new residential transitional support facility, the Center utilized a portion of its Bear River House psychosocial rehabilitation facility for temporary group home accommodations. In FY 2015 the Center may undertake consideration to study the feasibility and practicality of development of a small residential treatment component contained within the larger adult day facility in Logan.
1d) Children/Youth Residential Care

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.

Residential services for children and youth are not provided directly by BRMH. When more secure and extended residential treatment is determined necessary, the mental health center will utilize residential treatment facilities available throughout the Wasatch front area. In previous plan years the mental health center has occasionally placed children and youth in Primary Children’s Residential program as well as the Odyssey House program within the Salt Lake area.

Although these specific programs have been utilized in previous years, with respect to FY 2015, Bear River Mental Health does not plan to limit its residential service continuum to select facilities but will endeavor to obtain services from any available and accredited residential treatment resource necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

When determined to be clinically necessary, these intensive levels of intervention provided through residential treatment resources will be delivered to accomplish increased stability and foster the successful reintegration of children and youth with family and community. Residential service utilization is difficult to predict as BRMH endeavors to serve and maintain children and youth in their home environment through intensive wrap-around services as preferable to out-of-home placement if at all possible.

Include expected increases or decreases from the previous year and explain any variance.

No significant change in utilization or service delivery is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No programmatic changes are planned for FY 2015.
1e) Adult Outpatient Care

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.

The continuum of outpatient services provided by directly by BRMH projected for FY 2015 will continue to include mental health assessments, psychological evaluations, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development (psychosocial rehabilitation), respite, and medication management, although incorporated within the mental health center’s context of outpatient services, are described separately in sections of the Area Plan to follow as they are identified by statute as separate from the outpatient service continuum.

Services are generally provided in the outpatient clinic sites located in Logan, Brigham City, Tremonton, and Garden City, however, these services may be provided at other times and community locations as determined necessary and appropriate to the needs of mental health consumers. Additionally, outpatient services are provided through face-to-face contact with the client, which may at times be delivered through the Center’s tele-health system.

Additionally, BRMH has two subcontracted provider entities (i.e., Mt. Logan Clinic and Bear Lake Community Health Center), where outpatient therapy services are provided to a relatively small number of Medicaid eligible individuals.

Include expected increases or decreases from the previous year and explain any variance.

Delivery of outpatient services is expected to remain consistent with the previous fiscal year with no anticipated substantive programmatic changes or true expansion of actual services. Utilization of outpatient services may show some minimal increase relative to possible increases in Medicaid eligibility rates.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to the general continuum of adult outpatient services are planned or projected for FY 2015.
### 1f) Children/Youth Outpatient Care

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.

Direct outpatient services provided to children and youth, as with adult consumers, include mental health assessments, psychological evaluations, psychiatric evaluations, individual, family and group psychotherapy, individual and group skills development, behavior management, as well as psycho-education and support groups.

As specified under Adult Outpatient Care, the array of outpatient services are generally provided in the clinic settings located in Brigham City, Tremonton, Logan and Garden City, however, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers.

**Include expected increases or decreases from the previous year and explain any variance.**

Delivery of outpatient services, as with the adult population, is expected to remain consistent with the previous fiscal year with no anticipated substantive programmatic changes or true expansion of actual services. Utilization of outpatient services may show some increase consistent with the possibility of an increase in Medicaid eligibility rates, although as previously indicated, the predictions represented in the Center’s Area Plan Budget are merely rough or best-guess estimates based on historical patterns of population growth, and are not as such, statistically reliable.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes in outpatient services relative to children and youth are planned or projected for FY 2015.
1g) Adult 24-Hour Crisis Care

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.

Mental health crisis management will continue to be provided primarily as a direct service and not under subcontract (with exception as described below), as necessary to assist clients who are experiencing immediate and/or debilitating or life threatening complications as a result of serious mental illness. Through a variety of educational formats, all individual clients of the Center are provided with the information necessary in which to access the 24-hour crisis system. In addition, crisis services for Medicaid clients are specifically covered under partnership agreements in which hospitals and other agencies are informed of the Center’s commitment in providing a first line response to the crisis needs of this population. Furthermore, access to the Center’s crisis team is available to other individuals within the community, as well as public and social service entities including law enforcement. Annually, the Center participates in direct training of law enforcement personnel working as CIT (Crisis Intervention Team) officers as part of a community-wide crisis intervention system. Both CIT officers as well as designated BRMH crisis staff are trained in mental health law policy and practice, including acute and extended inpatient resource utilization and community-based alternatives to hospitalization.

Crisis services will continue to be available seven days a week, 24 hours per day and 365 days a year for FY 2015. During regular business hours, a selection of outpatient staffs in each clinic site will continue to rotate crisis coverage Monday through Friday. For evenings, weekends, and holidays, clinicians who are certified as mental health officers for the State of Utah will fulfill the crisis coverage assignment, again on a rotating schedule. Pagers and cellular phones will be utilized by crisis service staff to allow for quick communication and response. Also, during routine office hours, crisis staff will maintain a flexible work schedule that ensures the possibility of an immediate response to any mental health emergency situation. Assigned crisis staff will be capable of managing both child and adult mental health emergencies and, when necessary, will be trained in the process of making referrals to the Center’s inpatient resources as previously described.

Include expected increases or decreases from the previous year and explain any variance.

The Center will likely see some decrease in crisis coverage subsequent to a change in crisis services provided through the Logan Regional Hospital Emergency Department as explained below.

Describe any significant programmatic changes from the previous year.

In May of 2013 Logan Regional Hospital began providing hospital crisis coverage utilizing its own employed staff as is practiced in other Intermountain Health Care facilities throughout Utah. Bear River Mental Health is available for consultation relative to Center clients, Medicaid individuals, or civil commitment cases as needed. This change in crisis service delivery was initiated by Logan Regional Hospital administration during 2013 inpatient rate negotiations, and is the preference of Intermountain Healthcare so as to achieve system congruity throughout the state.
1h) Children/Youth 24-Hour Crisis Care

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.

Crisis services for children and youth will continue to be provided primarily as a direct service and not under subcontract as necessary to assist clients who are experiencing immediate and/or debilitating or life threatening complications as a result of serious mental illness.

Children and youth crisis services will continue to be available seven days a week, 24 hours per day and 365 days a year for FY 2015. During regular business hours, a selection of outpatient staffs in each clinic site will continue to rotate crisis coverage Monday through Friday. For evenings, weekends, and holidays, clinicians who are certified as mental health officers for the State of Utah will fulfill the crisis coverage assignment, again on a rotating schedule. Pagers and cellular phones will be utilized by crisis service staff to allow for quick communication and response to all crisis service requests. Also, during routine office hours, crisis staff will maintain a flexible work schedule that ensures the possibility of an immediate response to any mental health emergency situation. Assigned crisis staff will be capable of managing child and youth mental health emergencies and, when necessary, will be trained in the process of making referrals to the Center’s inpatient resources as previously described.

As indicated previously, assigned crisis staff is trained and capable of managing both child and adult mental health emergencies. However, the Center’s network of clinical providers with crisis experience and expertise is widespread throughout the community and particularly in each of the school districts in Box Elder and Cache Counties. Mental health therapists, case managers and behavior managers work closely with school personnel to assist in the service delivery system to insure children receive needed services, including crisis services, in in-vivo environments.

Additionally, Center personnel are involved in children and youth crisis assessments, service referral, and disposition/placement consultation on an on-going basis with community partners such as the Local Interagency council, juvenile courts, and DCFS.

Include expected increases or decreases from the previous year and explain any variance.

As with other outpatient services, crisis and emergency management services for children and youth will also likely show relevant increases or decreases in delivery and utilization as area population demographics and Medicaid eligibility rates similarly increase or decrease.

Describe any significant programmatic changes from the previous year.

As with adult crisis services specified above, the Center’s 24-hour crisis or emergency response system is not expected to expand either geographically or programatically in FY 2015.
1i) Adult Psychotropic Medication Management

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

Psychotropic medication and medication management are direct services provided to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacological treatment. For FY 2015, the mental health center will continue to offer a flexible medication clinic where clients may present without a scheduled appointment to see a medical team nurse for medication related problems or concerns.

The mental health center’s medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). Where possible and appropriate, the Center’s medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center’s outpatient clinics.

The Center will continue to offer a variety of options for medication administration and monitoring, including daily and weekly medicine packaging, medication pickup and delivery, and direct observation of medication utilization as determined necessary and appropriate to the clinical needs of the client. Psychotropic medication management services will also remain available as needed for crisis services after hours. These services will be provided by a team of medical practitioners including a psychiatrist, and an advanced practice registered nurse. Medication related services will be available to all mental health center clients, who are determined to be in need of psychopharmacological treatment.

Where possible and appropriate, the Center’s medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center’s outpatient clinics.

Additionally, direct access to medication management and prescription services provided by Center physicians and APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites and may be accessed from other locations through the Center’s tele-health system.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes relative to medication management are planned or anticipated for FY 2015 in this service area.
### 1j) Children/Youth Psychotropic Medication Management

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

As described in the adult section above, psychotropic medication and medication management services will be provided as well to the Center’s child/youth populations in order to accomplish a full range of psychopharmacological mental health treatment. These services are provided by a medication management team of professionals in consultation and coordination with each client’s personal treatment team.

The Center’s medication management team includes Medical Assistants, Registered Nurses, Advance Practice Registered Nurses, and physicians. Physician staffs include both a Psychiatrist and general practice physician. The Center’s Psychiatrist, although not board certified in child psychiatry, nevertheless provides prescriptive services for children and youth as well as adults.

As with adult medication management services, where possible and appropriate, the Center’s medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center’s outpatient clinics.

Additionally, direct access to medication management and prescription services provided by Center physicians and APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites and may be accessed from other locations through the Center’s tele-health system.

**Include expected increases or decreases from the previous year and explain any variance.**

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes with respect to medication management services are planned or projected for FY 2015.
Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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.

The adult psychosocial programs both in Brigham City (Brigham City House) and Logan (Bear River House) will continue throughout FY 2015 as currently developed. These programs are patterned after the recovery model as the foundation rehabilitative perspective. The recovery model and approach to changing client attitudes, values, skills and/or roles, developing new life meaning and purpose, as well as regaining social function despite limitations of mental illness will continue to be the practical focus of this service.

Adult psychosocial programs are organized into three recovery oriented program tracks (Foundation, Gateway, and Transitions) designed to address the issues of mental health recovery and functional living while taking into consideration functional diversity within the consumer population as described below:

(1) The Foundation Track is designed to meet the needs of consumers with profound cognitive, social, and functional limitations. This track focuses on functional survival and targets remedial social skills, daily living skills, and protective skills such as basic medication management and symptom maintenance necessary to promote community tenure and avoid institutionalization.

(2) The Gateway Track is conceptualized as a gateway to wellness, and will continue to focus on an intermediate level of functional coping skills, functional living skills, and functional rehabilitative activities designed to enhance functional assertion.

(3) The Transitions Track is designed for the advanced consumer and follows the Personal Development for Life and Work curriculum and is focused on the work of functional mastery.

This program also utilizes the modalities of psychoeducation, support groups, and experiential rehabilitative activities in the process of preparing consumers for social, recreational, educational, and vocational community reintegration. The psychoeducation modality in particular invests rehabilitative effort in the development and support of vocational adequacy and productive life skills necessary to restore mental health center clients to their best possible functioning level.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in psychoeducation and psychosocial rehabilitation service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No substantive programmatic changes are planned in this service area for FY 2015.
### 11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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.

Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through a network of Skills Development Specialists. Children’s service staff will employ both individual and group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominate family, school, and social environments of children and youth.

In addition, the mental health center plans to continue the delivery of psychosocial rehabilitative services in FY 2015 for children and youth during the school session and in the interim through a summer psychosocial skills curriculum. These services are provided in all outpatient service sites located in Brigham City, Logan, and Tremonton, as well as in school sites in all three service area counties.

All psychosocial rehabilitative services are applied to reduce psychiatric symptomatology, decrease unnecessary psychiatric hospitalizations, decrease maladaptive behaviors, increase personal motivation, enhance self-esteem, and help clients achieve the highest level of functioning possible.

**Include expected increases or decreases from the previous year and explain any variance.**

Increased utilization or service delivery in the areas of both psychoeducation and psychosocial rehabilitation is not currently anticipated, and no geographical program expansion is planned for FY 2015.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are planned for FY 2015.
1m) Adult Case Management

**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.**

For FY 2015, case management services will continue with the primary goal of assisting clients (adult, child/youth) and families to access additional community services and resources in an effort to help manage the functional complications of mental illness. Primary case management activities will include assessment and documentation of the client’s need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress and review and modification of the case management service plans and objectives as necessary.

Additional activities will often involve finding and maintaining housing resources, obtaining medical or dental services, linking with the Department of Workforce Services or Social Security Administration relative to the acquisition of benefits and entitlements, advocating for educational opportunities, and/or coordinating and facilitating inpatient hospital discharge.

Case management services will continue to be available throughout the Center’s tri-county catchment area, although predominately delivered in Logan, Brigham City, Garden City, Tremonton and neighboring communities, to those clients who would benefit from and require assistance in coordinating, monitoring, and linking to community services and resources. These services are open to all mental health center clients based upon medical necessity as determined by a formal needs assessment.

**Include expected increases or decreases from the previous year and explain any variance.**

Expected increases in case management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes with respect to case management services are planned or projected for FY 2015.
In) Children/Youth Case Management

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

Case management services in FY 2015 for children and youth will mirror those described above in most respects with the general exception of income and housing supports. Primary case management activities, as with adult consumers, will include assessment and documentation of the client’s need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress and review and modification of the case management service plans and objectives as necessary.

Case management services will continue to be available to children and youth, as with adults, throughout the Center’s tri-county catchment area. These services are predominately delivered in the Logan, Brigham City, Garden City, Tremonton clinic sites as well as in neighboring communities, to those clients who would benefit from and require assistance in coordinating, monitoring, and linking to community services and resources.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in case management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

Programmatic aspects of case management as well as the scope and methods of service delivery will continue unchanged for FY 2015.
10) Adult Community Supports (In home, housing, respite services)

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.

In-home supports such as skills development, behavior management, and personal services will continue to be provided directly by BRMH to seriously and persistently mentally ill (SPMI) adults by case management and skills development service providers. Psychotherapy support services may be provided outside of the clinic either in home or in community settings such as local nursing homes, as determined necessary and appropriate to help eliminate barriers to service access.

Additionally, the mental health Center has an established housing network consisting of several apartment complexes located in Logan (Gateway 6-plex apartments) and Brigham City (Snow Park Village and Box Elder Commons) that provide semi-independent housing supports for eligible consumers who have transitional living needs.

Adult respite services are also available to families housing adult SPMI clients on a limited basis through the Center’s 24-hour residential facility, where the client can be placed on a short-term basis to allow the family a brief period of rest and regeneration.

Include expected increases or decreases from the previous year and explain any variance.

No new transitional housing resources are expected to be acquired during FY 2015, although utilization and demand for such services may increase relative to increases in service population. However, as referenced in the previous Adult Residential Care section, Bear River Mental health is near completion of a new 24-hour residential facility on site of the Bear River House (adult psychosocial rehabilitation facility) located at 88 West 1000 North in Logan.

Client occupancy is anticipated in May 2015 and the new facility will include single occupancy bedrooms, improved bath and shower rooms, expanded kitchen and dining area, dedicated medication room, separate staff bathroom, and expanded common living areas not historically available in its previous facility.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to community supports are planned or projected for FY 2015.
1p) Children/Youth Community Supports (In home, housing, respite services)

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.

In-home supports such as skills development, behavior management services will continue to be provided to severely emotionally disturbed (SED) children by case managers and skills development specialists throughout the Center’s service in Box Elder, Cache and Rich Counties. In addition, respite services will continue to be provided to children classified as seriously emotionally disturbed (SED). This service will provide families with temporary relief from the stress of managing difficult children and adolescents by providing structured activities and supervision of the child or adolescent during the respite period. Respite allows for children and families to have a planned break from one another which is often a vital key to maintaining children in their homes and communities.

Families receiving respite services are also provided additional supportive services to assist them in coping with special needs youth. Child and adolescent programs and staff also provide a variety of community support and involvement through partnership arrangements with the Division of Child and Family Services, the Division of Youth Corrections, the Juvenile Justice System, local School Districts, and other local entities invested in the integration of mental health services with community support resources.

Although personal services may be included within the community support category, typically these services involve assistance with instrumental activities of daily living (IADL), including marketing, maintenance of the living environment, income management, and other activities necessary to live independently in the community. As such, these services are generally applicable to adult clients and therefore not provided per se to children and youth.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.
**1q) Adult Peer Support Services**

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.

Peer Support services were initiated in FY 2013 in Box Elder County and represent face-to-face services provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of adults with serious and persistent mental illness (SPMI). Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist’s own recovery story and experience as a recovery tool, Center clients may be assisted with the development and actualization of their own individual recovery goals.

Center staff employed in other positions (i.e., Case Manager, Skills Development Specialist, etc.) may also provide adjunct peer support services within the scope of their job description if they also meet the qualifications of a Peer Support Specialist (i.e., in recovery for SPMI and completion of required training).

Include expected increases or decreases from the previous year and explain any variance.

Bear River Mental Health, in Executive and Supervisory discussion, has determined to pursue the hiring of a Peer Support Specialist to serve the Cache County area. It is anticipated that this position will likely provide services at 10 hours per week. The recruitment for a Peer Support Specialist will adhere to the Center’s standard recruitment process and include posted announcements on the Center’s external website, internal announcement box, as well as postings through local media outlets.

A formal Peer Support job description has been developed, and pending the scheduling and organization of the next Peer Support certification training, Bear River Mental Health will likely move forward toward the hiring of a Cache County Peer Support Specialist position. Currently, given the significance of the Center’s participation in the First District Mental Health Court program, and that program’s interest in the development of a mental health court mentoring system, serious consideration will be given with respect to the recruitment of a Forensic Peer Support Specialist who can effectively serve both general and mental health court consumer populations, thereby broadening the application and utilization of the peer support role.

Describe any significant programmatic changes from the previous year.

The introduction of a peer support services in the Cache County area as described above represents a programmatic change anticipated for FY 2015.
1r) Children/Youth Peer Support Services

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

As indicated above, Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. With respect to children and youth, peer support services are provided to their respective parents/legal guardians as appropriate to the child’s age and clinical need. Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist’s own recovery story and experience as a recovery tool, the parent or legal guardian of children and youth may be assisted with the development and actualization of their child’s own individual recovery goals.

As Family Resource Facilitators generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists, Family Resource Facilitators may at times provide peer-to-peer support in the course of their Center-related responsibilities, subsequently, clients may be referred to the Family Resource Facilitator or other peer support specialist as determined necessary and appropriate.

Include expected increases or decreases from the previous year and explain any variance.

Currently BRMH is finalizing its formal policy regarding the Peer Support Specialist position in anticipation of the initiation of recruitment efforts within the adult consumer population. It is the Center’s position that appropriate care must be exercised through development of policy and procedure in order to minimize potential boundary difficulties in the employment of mental health consumers, where the mental health center assumes the dual role of both provider and employer of the client.

As indicated in the above section on Adult Peer Support Services, for FY 2015 Bear River Mental Health has determined to seriously consider the pursuit of a Peer Support Specialist to serve the Cache County area. It is anticipated that this position will likely provide for peer support services at 10 hours per week and would be available to both adult clients and the parent/legal guardian of clients who are under the age of majority.

Describe any significant programmatic changes from the previous year.

The inclusion of peer support services in Cache County represents a programmatic change for Bear River Mental Health in FY 2015.
1s) Adult Consultation & Education Services

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.

Bear River Mental Health will maintain its commitment to community partnership and collaboration in FY 2015 and intends to further its efforts to reach out and embrace community stakeholders. The mental health center currently has employed a number of personnel who also maintain clinical practice relationships with the Cache County Jail, the Center for Persons with Disabilities, and the local health department for example, which serves to solidify the Center’s alliance and interdependent partnerships with allied agencies.

Additional staff continue to participate as mental health system consultants in a number of community forums and activities such as local nursing home advisory, marriage and family therapy advisory, Juvenile Justice Center, as well as participation with a number of community agencies which focus on adult protective and safety issues such as Aging and Adult Services, as well as the Cache County Health Council.

Bear River Mental Health also plans to continue its participation with the local Community Abuse Prevention Services Agency (CAPSA) administration in partnership efforts focusing on education, training, and consultation needs relative to CAPSA employees and services. Presently, Center administrative and clinical staffs also continue to meet with the Northern Utah’s Choices Out of Violence coalition (NUCOV) on a weekly basis as this collaborative project proceeds.

The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides frequent consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups.

Additionally BRMH staff sits on the local health department board as well as the board of the Cache Valley Community Health Clinic (free clinic, not the local FQHC), and participates as an active member of the Cache Valley Homeless Council which meets regularly under the auspices of Bear River Association of Governments in order to address the issues, needs, and resources relative to problems of homeless in Cache County.

Finally, Bear River Mental Health will continue its participation on the planning and steering committees of the First District Mental Health Court, First District Drug Court, and Friends of Mental Health Court organizations involved in mental health systems programming, funding, and community liaison activities.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.
### 1t) Children/Youth Consultation & Education Services

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.

With respect to children and youth, Bear River Mental Health has established valued relationships with other community and state agencies in its tri-county area and makes every effort to be a contributing member to the community. The Center’s children’s services team consistently links and coordinates with schools, social agencies, and State entities in Box Elder, Cache, and Rich counties and has placed service staff on location in local school systems, and in the Division of Child and Family Services facilities.

Also, children’s services staff meet on a monthly basis with Local Interagency Councils in both Brigham City and Logan to coordinate and discuss service systems issues, enhance collaborative relationships, conduct interagency problem-solving, provide case consultation, and plan for Department of Human Services (DHS) custody dispositions.

Additional agency and community consultation and education relative to children and youth also occurs at the administrative level by assignment through the Center’s executive and supervisory structure.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant increase or decrease in this service area is expected for FY 2015.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are planned for FY 2015.
1u) Services to Incarcerated Persons

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.

For FY 2015, Bear River Mental Health will continue to provide services within the local county jails. Currently, mental health professionals are assigned to both the Box Elder and Cache County jails where they offer at least two hours of clinical service time each week apart from any crisis service contacts or emergency interventions. Clinical services relative to Rich County jail inmates is provided upon request of correctional staff. Clinical services provided within the correctional facilities may include mental health assessment, crisis assessment and intervention, psychotherapy, behavior management, and medication consultation generally.

The Center’s forensic mental health services are provided to incarcerated county residents. Each week the correctional staff at both Box Elder and Cache County jails provides a list of inmates who are requesting to see a mental health professional. In addition, staff of each county jail may specifically request that a mental health professional meet with a particular inmate for assessment of mental health problems and risk of harm subsequent to observations of correctional officers.

BRMH staff is also actively engaged in conducting mental health court eligibility assessments in the Cache County Jail on a routine basis. Additionally, many Cache County inmates are diverted each year from the correctional setting through the interception efforts accomplished through the First District Mental Health Court program to which BRMH staff participate as mental health court committee members and liaisons between the mental health authority and the court.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.
1v) Adult Outplacement

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

As in previous years, BRMH has identified the barrier of supportive housing as a critical factor that potentially threatens the timely transition of the state hospital or acute hospital patient into less restrictive living environments. To manage this threat, the Center has endeavored to maintain its 24-hour residential facility to in part serve as both an inpatient pre-admission as well as a transitional discharge facility for adult SPMI clients referred from both acute inpatient settings as well as the Utah State Hospital.

In support of this transitional resource, the Center has, and does, utilize outplacement funds to cover the facility’s room and board costs for state hospital clients during their initial and/or subsequent trial leave periods prior to state hospital discharge as well as for the month following their formal institutional release. In this way the client is provided an adequate safety net and shelter resource, including meals, laundry, controlled medication delivery, and functional support while efforts are initiated to acquire appropriate benefits and entitlements that will enable the client to progress toward functional independence and the establishment of community tenure.

However, despite the general utilization of outplacement funding relative to the situation above, the Center recognizes that other barriers may at times exist that could also hinder the timely discharge of state hospital patients, and is equally committed to the application of these funds to effectively manage such barriers as they may be identified on a case-by-case basis.

Additionally, since the distribution of outplacement funding via formula, overall the Center has encountered minimal difficulty in our ability to timely transition appropriate state hospital clients back into the community once they have been placed on the state hospital discharge list.

Currently, outplacement funds identified on the formula allocation sheet in the Area Plan are inclusive of a larger aggregate of funds relative to various funding subsets (e.g., IMD funding), and are utilized according to identified need. The Center’s funding posture with respect to outplacement support is one of fiscal flexibility, whereby funds needed to resolve barriers to State Hospital discharge are available and applied as necessary in any given case. Under such a need-based system of utilization management, expenses relative to outplacement will subsequently vary from year to year depending on the individual circumstances in specific cases as well as the Center’s system capability in particular instances.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

Programmatic changes relative to outplacement resources are not expected to significantly change for FY 2015.
1w) Children/Youth Outplacement

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.

Outplacement funds have predominately been utilized to subsidize family contact and support of children and youth through reimbursement of transportation costs to and from the Utah State Hospital. This has facilitated the increased frequency of family involvement necessary to provide for the appropriate transition of children and youth back into community-based care.

Additionally, outplacement resources for children and youth may at times be used to fund transitional placements where state hospital pre-discharge clients live with a professional parent family and are engaged in a higher level of care and support in a structured home. This, in combination with periodic home visits with their family of origin to practice “in vivo” the skills learned in the professional home and in the hospital prior to formal discharge, are further benefits of the outplacement funding program.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

Programmatic changes relative to outplacement resources for children and youth are not expected to significantly change for FY 2015.
1x) Unfunded Adult Clients

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.

In addition to the unfunded 2.7 school project described relative to children and youth in the narrative section below, the mental health center has identified additional domains for indigent/uninsured funding support for the following populations:

- Eligible individuals in local correctional settings who are intercepted and diverted from incarceration through the First District Mental Health Court program.

- Individuals currently under a court order of involuntary commitment to the custody of the local mental health authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding.

- 24 hour on-call emergency (crisis) services to area residents upon request irrespective of funding will continue to be provided.

- Services in county jails as statutorily mandated will continue as currently delivered. These services typically involve brief crisis/risk assessments and brief diagnostic assessments for population management and are provided irrespective of funding.

- Medicaid disability determination evaluations.

- Mental health service delivery to those individuals eligible under, and consistent with, the requirements of any grant funding obtained through state, federal, or private entities throughout the life and availability of the grant resources.

- Mental health evaluations for non-Medicaid drug court participants via referral from the First District Drug Court program as far as possible and practical without unduly compromising the Center’s Medicaid/non-Medicaid service ratio.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.
1y) Unfunded Children/Youth Clients

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.

The integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts initiated in FY 2008 will continue in FY 2015 as previously implemented. This project currently utilizes two full time clinical FTEs at a minimum Masters level and is funded through a State appropriation of $170,000.00.

Clinicians involved with this project work in collaboration with school administrations and counselors and schedule available clinical time on-site with schools in each of the above referenced districts. This approach is viewed as both an access and delivery point for children and youth as well as parents/families of the students engaged in the on-site mental health services.

Additionally, children and youth involved in the area’s juvenile mental health court program, irrespective of funding, fit within the Center’s service priority and are eligible for participation in the Center’s sliding-fee payment schedule where existing insurance coverage does not include all services considered medically necessary, or where the client is private pay.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.
### 1z) Other Non-mandated Services

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

As referenced previously, the mental health center currently is participating with the Bear River Health Department subsequent to grant funding received by the health department relative to the development of a community-wide suicide prevention system.

Additionally, Bear River Mental Health provides direct clinical supervision services to Utah State University social work interns currently providing social skills training within the Box Elder County school district.

**Include expected increases or decreases from the previous year and explain any variance.**

Although participation in the above activities increases supervisory staff time and effort, such time is not budgeted separately and any increase is not considered significant for FY 2015.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes are planned for FY 2015.
2. Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being. They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

- **Competitive employment in the community**

  The Center's adult psychosocial program "Transitions Track" is devoted to the issues of community reintegration and focuses on skills development relative to areas of life and work directly applicable to employment settings and employer-employee relationship skills. This program track helps consumers prepare for integration into the competitive workforce. Center case management staffs assist consumers to access workforce services, vocational rehabilitation, and other employment oriented resources to help facilitate opportunities for competitive employment as well. This rehabilitative service focusing on functional mastery and transition into community-based employment will continue without substantive programmatic change throughout FY 2015.

  Additionally, the local mental health court program incorporates practical expectations of participation which include the area of productive activity. Mental health court participants, in each phase of the program, must engage in some form of work related activity, which may include volunteer work, sheltered employment, supported employment, supportive employment, or gainful employment. The expectation of productive activity is scalable to the functional level of the participant, however, where possible, competitive community employments are encouraged as a key factor in the process of mental health recovery and a hedge against criminal recidivism.

- **Collaborative efforts involving other community partners**

  As previously indicated, the Center’s administrative staff continues its collaborative partnerships with CAPSA, Utah State University’s Center for Persons with Disabilities (CPD), Options for Independence, and Family Institute of Northern Utah. This collaborative effort is designed to focus on the needs of survivors of domestic violence with mental health impairments as well as the problem of sexual assault of women with mental health and intellectual disabilities. Recently, Bear River Mental Health has expanded its partnerships to include participation with the Northern Box Elder County Suicide Prevention Coalition. Additionally, extensive collaboration with criminal justice partners (e.g., district court, county attorney, defense attorney) continues relative to the Center’s involvement with local mental health and drug courts and civil commitment procedures.
The mental health center will also continue its efforts to strengthen its support and partnership with the Utah Alliance for the Mentally Ill in FY 2015 by continuing its co-location of UAMI in its Logan outpatient clinic as well as the location of NAMI offices in its Brigham City day program facility. From the standpoint of an inclusive perspective, Bear River Mental Health conceptualizes the Center as a resource facility which can accommodate community associates who have an allied relationship with the public mental health system.

• Employment of consumers as staff

Currently, the Center employs two consumers in its Bear River House adult day program. Additionally, several consumers are placed as classroom aids in Box Elder County schools as a result of the close working relationship between the mental health center and the Box Elder County School District. An additional consumer peer specialist position is currently being considered for service in Cache County to begin in FY 2015. As previously stated, consideration of a Forensic Peer Support Specialist who could function in support of both justice-involved and general mental health populations may assume priority as the Center moves forward in FY 2015 to fill this consumer support need.

• Peer Specialists/Family Resource Facilitators

For FY 2015 the Center will maintain its subcontract with Allies with Families for a Family Resource Facilitator (FRF) consistent with the recommendation and support of DSAMH. This individual will continue to provide advocacy and partnership services for families of mentally ill children and youth in accessing family resource needs and linking with agencies or other community supports to fulfill identified needs. The family resource facilitator position is continued at 19 hours per week in Box Elder County and the facilitator is trained to understand family concerns, systems of care, confidentiality, and family resource delivery.

Individual and group peer support services are currently provided in Box Elder County, and as previously indicated, these services will likely expand to Cache County in FY 2015.

• Supported Employment to fidelity

Supported employment as a comprehensive approach to vocational rehabilitation involving employment specialists, employment assessments, job training, job coaching, and ongoing support to maintain employment, is in part, a function of vocational rehabilitation services under Title I of The Rehabilitation Act Amendments of 1973 (P.L. 99-506). The mental health center currently does not employ an employment specialist as part of the mental health treatment team; however, the Center does provide medical and mental health service components as a system of integrated treatment services that provide clinical support relative to consumer employment. Subsequently, fidelity ratings relative to employment specialists, vocational assessments, job coaching, etc., are not currently applicable.

For FY 2015, the Center will initiate targeted planning consistent with an Employment First emphasis relative to the provision of mental health services in order to explore partnerships and/or resources, to create supportive and other employment supports and further develop a culture of employment as part of its comprehensive system of care. Employment first planning will focus on developing specific strategies to accomplish, (1) consumer assessment of employment strengths and needs, (2) customization of strength-based approaches to obtaining employment, (3) development of partnerships with potential employers, (4) maximizing appropriate consumer-based employment training opportunities, and (5) advocating and facilitating, where possible, sub-minimum wage or volunteer work for eligible and willing service recipients when gainful or other employment opportunities are unavailable.
3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**

  Bear River Mental Health supports and periodically sponsors clinical staff training on evidenced based therapeutic approaches to mental health treatment. Also, incorporated within the Center’s treatment planning document (see example below) is an Evidenced Based Practice selection box which both prompts and directs clinical attention to a consideration of EBPs that the clinician intends to apply in the treatment and care plan for each client. The selection box highlights those EBPs of which the Center is actively engaged. This strategy to cue evidenced related practice models serves to shape clinical practice in this direction as well as inform clinical staff of relative treatment options.

  With respect to the implementation and integration of evidenced-based practices relative to the issue of systemic and systematic application center-wide. For FY 2015, BRMH plans to expand the initiation of peer support services in Cache Valley. In preparation for the formal advance of this practice model, the Center has created and adopted a specific peer-support employment description and job posting to be initiated pending notification of the next Peer Support certification training.

- **Outcome Based Practices**

  Outcome measurement and evidence-based practice are complementary and iterative efforts; both contribute to quality health care. The use of technology, medications, and other interventions ideally should be based on sound scientific evidence of efficacy and effectiveness in clinical practice. As measurement of clinical outcome can decidedly contribute to and strengthen the process of improving clinical practice BRMH periodically provides training to its provider staff relative to the OQ and YOQ outcome-based instruments.

  The continuation of such efforts to incorporate evidence and outcome based practice into the Center’s service philosophy and delivery and to continue utilization and analysis of OQ and YOQ instruments specifically, are planned for FY 2015.
Form A – Mental Health Budget Narrative

• Increased service capacity

Funding for children’s mental health early intervention has resulted in the expansion of service to school-based populations specifically in 14 schools within Box Elder and Cache county school districts within the Center’s geographical service area.

• Increased access

Through the development of specific unfunded service priorities (e.g., mental health court, civil commitment, crisis, grant funded populations, etc.) Bear River Mental Health has effectively expanded service access to additional recipients beyond the Medicaid population.

• Efforts to respond to community input/need

Established community partnerships and coalitions as described in the foregoing plan represent direct efforts to keep abreast of community input relative to mental health service needs and develop appropriate response options.

• Coalition development

As specified in previous sections, BRMH is actively involved in a variety of ways, and with a variety of community entities, in development of several interdependent and collaborative partnerships. These associations with entities such as the local Health Department, NAMI, First District Court, CAPSA, Utah State University, Cache Valley Homeless Council, Cache Valley Community Health Clinic and others, are planned to continue through FY 2015.

• Other
4. Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

Mental health and substance abuse treatment services are provided by separate entities within the geographical area of the District 1 Local Mental Health Authority. Currently there is no comprehensive system of integration between mental health and substances abuse services. However, the completion of the new Tremonton facility, co-locating mental health, physical health, and substance abuse services, is the first shared endeavor in the integration of health care services in the tri-county area, with the exception of existing FQHC facilities. The potential for further integration is enhanced by the collaborative relationships currently established through both drug and mental health courts, where mental health and substance abuse providers work together to address the service needs of justice involved individuals.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

The planning, development, construction, and completion of the mental health center’s Tremonton facility, which co-locates mental health, physical health, and substance abuse services, was an interdependent partnership between Bear River Mental Health and the local health department. Also, an existing FQHC organization was approached and engaged in the planning process in order to include a broader health care component and subsequently the facility was constructed with supplementary capacity for physical health care services. Additionally, Bear River Mental Health maintains a contracted relationship with the Bear Lake and Cache Valley Community Health Centers, an existing FQHC organization located both in Rich and Cache counties. These health centers serve as a referral source for unfunded county residents in need of physical and mental health services and also provide some subcontracted mental health services for Medicaid enrollees.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Over the preceding two years Bear River Mental Health has revised its brief substance abuse assessment component of the mental health evaluation tool to reflect a more critical item inventory designed to assist clinicians in identifying substance abuse issues needing further assessment and/or referral to the Bear River Drug and Alcohol treatment entity.

It is anticipated that in FY 2015, the Center will further design and implement a formal substance abuse referral system that may consider the placement of a substance abuse service provider on a part time basis within the Center’s Cache and Box Elder outpatient clinics for ease of referral for further substance abuse assessment.

With respect to the physical health care needs of Center clients, coordination between mental health and physical health care predominately functions relative to case management services. Case managers are consistently involved with client health care referrals as well as linking, monitoring, and coordination of health care services with local providers.
Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

Bear River Mental Health has endeavored to advance its focus and attention on the pressing issues of health and wellness as related to its consumer population for co-occurring illness, understanding the trends of morbidity and mortality in the severely mentally ill where research has established excess rates of mortality in this population with especially high rates in the adult population versus the elderly.

Numerous studies document disproportionate physical morbidity and premature death among people with serious mental illness. Although suicide remains an important cause of mortality for this population, cardiovascular disease is the leading cause of death. Cardiovascular death among those with serious mental illness is 2 to 3 times that of the general population. This vulnerability is commonly attributed to underlying mental illness and behavior.

With respect to FY 2015, the Center’s adult day programs will spearhead activities directly addressing smoking cessation and health/wellness strategies. The Brigham City House program has previously supported formal staff education and training in smoking cessation and periodically conducts smoking cessation groups as part of its psychosocial rehabilitation program which will continue through the 2015 fiscal year. Additionally, selected Brigham City House staff participated in April of 2013 in training and certification through the state health department in learning a standard curriculum from Stanford University that focuses on “Living a Healthy Life with Chronic Conditions” which teaches self-management of physical and mental health conditions. For FY 2015, the Brigham City House will conduct this specific six week curriculum to fidelity once every six months during the year. In the interim between the curriculum sessions, the program will offer weekly support group sessions utilizing the chronic conditions textbook.

FY 2015 marks the second anniversary of the Brigham City House program’s initiation of a smoke-free treatment campus.

Additionally, the Center’s Bear River House adult psychosocial rehabilitation program in Logan also conducts weekly health and wellness and exercise groups and will continue these programmatic efforts throughout FY 2015 in the interest in promoting consumer development and adoption of healthy lifestyle change as an inclusive part of an overall system of care. Furthermore, for FY 2015, the Bear River House program is planning to sponsor selected staff for training and certification in smoking cessation as well as the development and implementation of smoking cessation psychosocial groups in further support of the development and promotion of a culture of health and wellness.
5a) Children/Youth Mental Health Early Intervention

Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.

The Center’s early intervention program, consistent with its assurance to abide by the Mental Health Early Intervention Resource Facilitation and Wrap-around agreement, is designed as a school-based mental health delivery system which expands services into 14 schools between Box Elder and Cache County utilizing two mental health therapists and two case management staff. BRMH will be adding an additional Family Resource Facilitator to the Logan Outpatient Clinic using the recently awarded TANF funds. This position will be contracted through Allies. Services will be based out of the Logan office but may also be provided in the community as needed.

Include expected increases or decreases from the previous year and explain any variance.

Early intervention, comprising generally case management and psychotherapy, are aspects of outpatient services described previously. Although increases or decreases in this service area may be generally reflected in their respective category descriptions in previous sections of the Area Plan, which are typically dependent on population growth and Medicaid eligibility rate increases, in this instance, the Center anticipates early intervention services within this category to remain essentially the same as the previous year, without increase or decrease relative to schools involved, staff assigned, or numbers served.

Describe any significant programmatic changes from the previous year.

The early intervention service does not represent a programmatic change from the previous year, but an expansion of existing school-based services.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?

As indicated above, Bear River Mental Health is supportive and committed to this agreement.
5b) Children/Youth Mental Health Early Intervention

Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.

Currently, Bear River Mental Health has not developed or implemented a formal mobile crisis team service and is not considering the inclusion of this modality for FY 2015.

Include expected increases or decreases from the previous year and explain any variance.

N/A

Describe any significant programmatic changes from the previous year.

N/A

Describe outcomes that you will gather and report on.

N/A
Children/Youth Mental Health Early Intervention

Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

BRMH works with 4 school districts to provide in school services to at risk students in elementary and secondary schools. Parents are invited to team with school and agency personnel to help students who are struggling with a variety of social and emotional problems that impact their educational success, promote their overall mental health, and prevent students from needing out of home treatment.

Individual therapy and family therapy are offered during the school day, at homes, or in the office environment by a mental health therapist and/or case manager. A mental health assessment with a follow up treatment plan is developed in conjunction with children and family members.

Each child that becomes a client as a result of activities in the school will receive regular contact with the clinician and/or the case manager assigned to the case. Where needed, outreach services extend to the home or other places in the community. Each child will be assessed and receive the medically necessary services indicated based on the severity of their situation. Specific activities include individual therapy, meds (only provided in office), case management, psychosocial rehabilitation. BRMH will be the sole provider of services.

Include expected increases or decreases from the previous year and explain any variance.

It is difficult to anticipate how many children will be referred in for services each year. Variables include school personnel “buy off”, parental permission and involvement, length and severity of issues, Center limitations due to funding. However, at present no significant increase or decrease is expected for FY 2015 in this area.

Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year).

No significant programmatic changes with respect to early intervention services are projected or anticipated for FY 2015.

Describe outcomes that you will gather and report on.

See outcome report generated for the Early Intervention Grant. Generally outcome questionnaires reflect self-report and parental report of progress each client is making. Also school-based data includes: Grade point average, office disciplinary referrals, on target for graduation, suspensions, truancy, absenteeism, tardiness, etc. This information should demonstrate a positive correlation reflecting improved behavior, lessened emotional distress, and successful school achievement.
Describe the current services in place in suicide prevention, intervention and postvention.

PREVENTION:

Two suicide prevention coalitions exist within Box Elder county with the goal of raising awareness in the community and working toward community prevention solutions. A coalition at the northern part of the county has focused on a “town hall meeting” where community members could learn about the problems of suicide in the community. This coalition consists of community mental health, public health, local hospital and medical providers, schools, local government and interested community members and initiated a well-attended “town hall meeting” where community members, local government, medical providers, schools and agencies learned about the problems of suicide in the community. This forum is currently planned as an annual event which will continue to raise awareness in this rural area where resources and awareness are identified obstacles to preventing suicide. Additionally, this coalition has sponsored a remembrance walk, a monthly meeting, and is working on a media campaign featuring local families affected by suicide.

A second coalition at the southern end of the county involves the application of a grant that has been renewed for a second year. The grant provided training in suicide prevention via Question Persuade Refer, an evidenced based practice. This coalition has focused on the goal of bringing this training to 12 community groups during the 2015 fiscal year.

Additionally, the Center’s Early Intervention grant is utilized in Box Elder and Cache counties to provide school based psycho-education, case management, and psychotherapy services designed to prevent self-harming behaviors in youth identified within the school setting. Consequently, Referral to community partners and resources that may reduce psychosocial stressors associated with suicidal ideation is readily available to school-based populations.

INTERVENTION:

Crisis/suicide intervention services are available during business hours at Bear River Mental Health outpatient clinics. A crisis intervention hotline number is accessible for telephone consult with a crisis clinician after business hours. Bear River Mental Health consults regularly with community partners who may identify someone at risk for self-harm.

POSTVENTION:

All persons seen by BRMH crisis workers are referred for follow up by BRMH staff or community partners. Medicaid clients and clients in the Center’s identified priority populations may receive additional supports from BRMH to assure that they receive postvention services that address the risks, strategies, and interventions targeted toward the suicidal recidivism.
Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.

The agency plans to focus staff training in FY 2015 on suicide prevention utilizing appropriate and specific risk assessment instruments as well as develop relevant policy and procedure to address preventative strategies as well as pre and post- interventions measures particular to the issue of suicide.

BRMH treatment staff has been trained in the Columbia Suicide Severity Risk Assessment. Additionally, Box Elder staffs have been trained in the evidenced-based Question, Persuade, Refer model relative to suicide prevention. All persons who present for services at BRMH are assessed for risk of self-harm and harm to others as part of the mental health assessment. At risk clients are discussed in weekly intervention staffings, and outreach services are offered to those identified as needing additional assessment and support.

For FY 2015, BRMH will conduct a broad-based behavioral healthcare assessment of staff knowledge, expertise, skills, experience, and training relative to the issue of suicide, utilizing an acceptable assessment tool provided by the Division of Substance Abuse and Mental Health or an appropriate assessment tool as recommended by the Center’s clinical supervisory team. The assessment and submission of a corresponding report to the Division is planned for completion by the end of June, 2015.

Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well as specific efforts for your clients.

Crisis staffs coordinate with local emergency services and assist in post treatment follow-up and care. The Center endeavors to offer and schedule follow-up appointments within 1 to 7 days of emergency room and/or inpatient treatment.

Additionally, crisis workers, when involved directly in emergency room assessments at the Brigham City Community Hospital, assure that those seen in the emergency room leave with a crisis safety plan and discharge plan with BRMH or another appropriate community provider. Also, regular collaboration with Logan Regional Hospital staff takes place in a monthly meeting between the Center’s Clinical Supervisor and the Logan Regional Hospital Behavioral Health Unit (LRH-BHU) Director. Additionally, Center staff attends the LRH-BHU unit clinical team meeting on a weekly basis to discuss and coordinate post-discharge follow-up care relative BRMH clients or potential clients. Finally, although Logan Regional Hospital social work staff are responsible to manage emergency room assessments of psychiatric admissions, the Center has in place a consultation agreement, whereby the hospital’s social work staff covering the hospital emergency room may obtain consultation and collaboration relative to any BRMH-related emergency room admission, including involuntary cases. BRMH clients also may receive additional mediation and support directed toward prevention, intervention and postvention related to suicidal circumstances, such as direct case management, clinical telephone contact, as well as transportation assistance as needed to ensure that clients receive attention and care to help resolve the emotional, behavioral, and situational concomitants of suicidal conflicts.
FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17, Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached resolution or other written verification of the Local Authority’s action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 052440, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

By: _______________________________________________
Name: Jeff Scott
Title: Box Elder County Commissioner
Date: ___________________________

By: _______________________________________________
Name: M. Lynn Lemon
Title: Cache County Executive
Date: ____________________

By: _______________________________________________
Name: William Cox
Title: Rich County Commissioner
Date: ______________________