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

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

Fiscal Year 2017

DISTRICT 1 LOCAL MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES AREA PLAN - FY 2017

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DISTRICT 1 LOCAL MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES AREA PLAN - FY 2017

INTRODUCTION

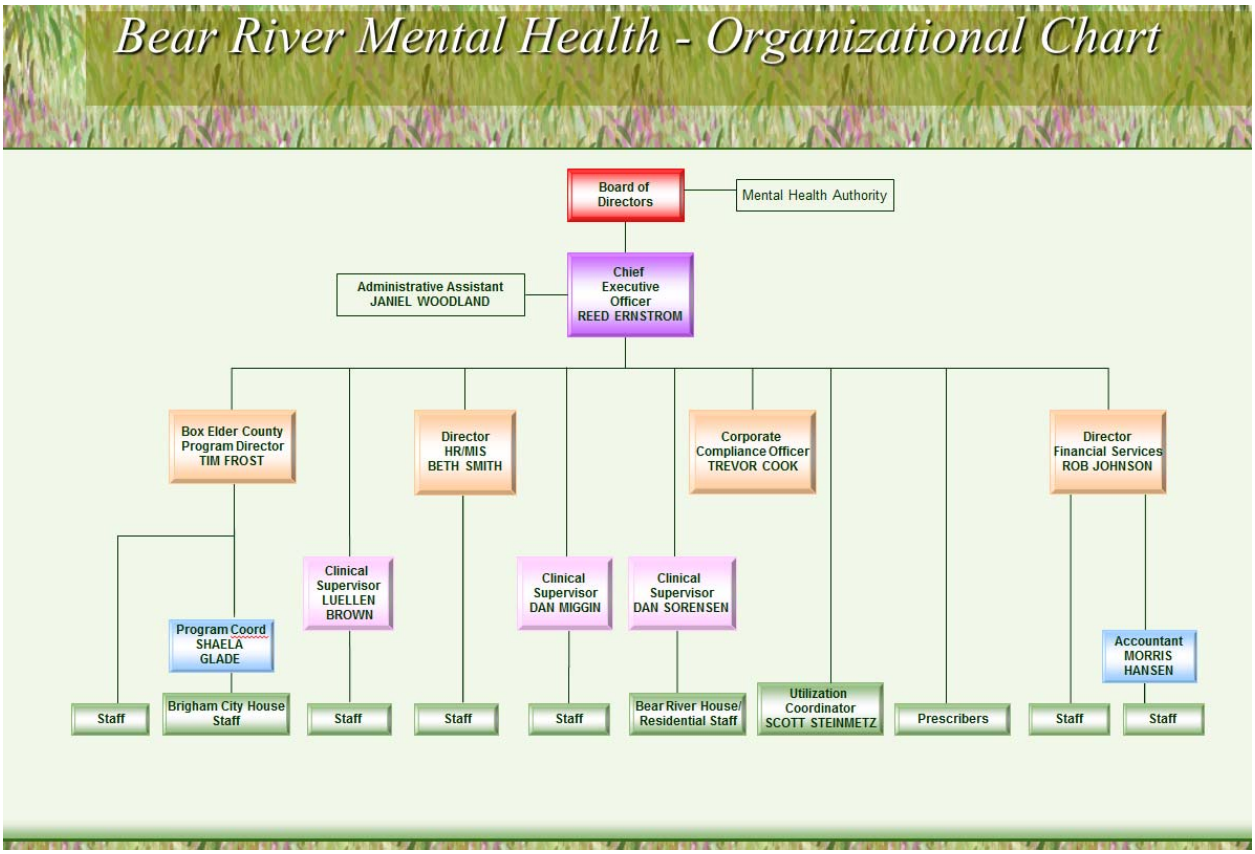
The Local Mental Health Authority submits the following Area Plan for the delivery of mental health services within the District 1 geographical area of Box Elder, Cache, and Rich counties for Fiscal Year 2017, consistent with the statutory expectations under Utah Code Annotated 62A-15-103(2)(e). These services will be provided by contract through Bear River Mental Health Services, Inc. (BRMH), as the sole source provider for the District 1 Local Mental Health Authority.

The Area Plan addresses the continuum of mental health care services as mandated by Utah Code Annotated 17-43-301 and Administrative Rule R523-1-12(c) and takes into consideration the service priorities identified by state contract. Currently, BRMH delivers a comprehensive continuum of mental health services for adults, youth and children, within the scope of existing legislative appropriations and county matching funds, as determined with respect to immediacy of need and severity of illness. These mental health service priorities include, and are consistent with, those services defined as Medicaid Covered services, as well as services mandated relative to the Division of Substance Abuse and Mental Health (DSAMH), and subsequent to the statutory and administrative provisions of State and Federal regulation.

In addition, the Area Plan incorporates the forethought of the local authority, in conjunction with the mental health provider, towards the projection of a comprehensive service delivery system within the context of the recovery model of mental health rehabilitation. The following narrative sections contain a description of service delivery, relative to adult and children/youth clients for each service required by statutory mandate, as well as additional non-mandated and supplemental service descriptions applicable to the area population.

Finally, all services delivered within the existing mental health continuum of care will be provided, consistent with a least restrictive philosophy and best practice treatment model as particularly applied to severely and acutely mentally ill children, youth, and adults.

ORGANIZATIONAL SCHEMA



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)?

General eligibility for mental health service delivery primarily extends to area Medicaid Enrollees given the Center's Medicaid contract, freedom of choice waivers particular to Medicaid, and its predominant funding role in mental health service support. However, to the degree possible, the Center provides service availability to all area residents regardless of funding, as described below, including a variety of non-Medicaid service categories so as to broaden available service delivery as permitted by the Center's funding allocations and restrictions.

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.

Specifically, 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 herein and the client will be assessed and back-billed for services already rendered according to the Center's sliding-fee schedule.

The 60 day review of status toward Medicaid eligibility shall be performed by the Center's intake clinic manager who is responsible for service requests applicable to non-Medicaid individuals. Upon determination of Medicaid eligibility, the intake clinic manager will initiate the status change in the client's electronic record AFS screen and appropriately notify the client's treatment team and reception desk.

If Medicaid eligibility remains undetermined at the 60 day review, notification will be provided to the client's treatment coordinator and the case will be subsequently monitored on a monthly basis for verification of Medicaid eligibility. Upon verification of ineligibility for Medicaid, the client's treatment coordinator shall be notified, in order to proceed according to the non-Medicaid status options reflected in the remainder of this policy.

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. **Service transition to external providers**:

Existing BRMH clients not eligible for Medicaid and not included within one of the identified specialty populations and who are subsequently referred out for mental health service delivery, may receive short term transitional therapy sessions to assist in the transfer of services, as may be determined necessary and appropriate by the client's treatment coordinator and/or clinical supervisor.

8. **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**:

As the sole source provider for the District 1 Local Mental Health Authority, BRMH 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 Services**:

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**:

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 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 eligible individuals 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.

g. **JRI Funding:**

BRMH has hired a case manager with JRI funds to specifically work in the Box Elder County jail with JRI qualifying individuals.

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.

BEAR RIVER MENTAL HEALTH TREATMENT PRIORITIES

Bear River Mental health has established clinical service priorities with respect to persons residing within the geographical boundaries of Box Elder, Cache, and Rich counties. Mental health service priorities include and are consistent with those services defined as Medicaid Covered services as well as services mandated within the legislative appropriations and required county matching funds in accordance with the priorities established by the Division of Substance Abuse and Mental Health and relevant to the statutory and administrative provisions of State and Federal regulation.

Medicaid (DOH/DHCF) Contract Specifications

The CONTRACTOR will provide to all Medicaid Enrollees under this Contract all Medically Necessary and appropriate Covered Services as promptly and continuously as is consistent with generally accepted standards of medical practice.

Medicaid Contract Article III, A

1	Inpatient Psychiatric Hospital Services and Related Inpatient Physician Services
2	1915(b)(3) Supportive Living (costs incurred in residential treatment/support programs)
3	Emergency Services
4	Pharmacologic Management
5	Psychosocial Rehabilitative Services (skills development)
6	Targeted Case Management Services
7	1915(b)(3) Respite & Personal Services & Transportation to Covered Services
8	Psychiatric Diagnostic Interview Examination
9	Mental Health Assessment by a Non-Mental Health Therapist
10	Psychological Testing
11	Psychotherapy (individual, group, family)
12	Therapeutic Behavioral Services (individual & group)
13	Electroconvulsive Shock Therapy
14	Oral Interpretation Services
15	1915(b)(3) Psychoeducational Services and Supportive Living

Medicaid Mental Health Outpatient Services

Utah Statute Specifications

Under the administrative direction of the division, each local mental health authority shall provide mental health services to persons within the county… to include services for adults, youth, and children.

UCA 17-43-301 (4)(b)

1	Inpatient Care and Services
2	Residential Care and Services (UCA 62A-15-701 - children/youth "any out-of-home placement by a LMHA")
3	24-Hour Crisis Care and Services
4	Psychotropic Med Management
5	Psychosocial Rehabilitation
6	Case Management
7	Community Supports (in-home services, housing, respite services)
8	Consultation and Education Services
9	Services to Persons Incarcerated in a County Jail or other County Correctional Facility
10	Outpatient Services (unspecified)

The Local Authority shall consider the two primary variables of immediacy of need and severity of the mental illness in developing the identified treatment priorities.

DSAMH Contract Specifications

The Local Authority shall provide and/or make available direct mental health services to persons residing within the Local Authority's geographic area. The Local Authority shall develop the priorities of treatment listed below:

DSAMH Contract Part II, II, B

1		Effective and responsive crisis intervention, assessment, direct care, and/or referral programs available to ALL citizens.
2		The least restrictive and most appropriate treatment settings for:
	a	SED children and youth;
	b	SPMI adults; and
	c	Acutely mentally ill children, youth and adults.
3		Services to emotionally disabled children and youth who are neither acutely nor severely mentally ill, but whose adjustment is critical for their future as well as for society in general.
4		Services to mentally ill adults and aged citizens who are neither acutely nor severely mentally ill, but whose adjustment is critical to their personal quality of life as well as for society in general; and
5		Consultation, educational, and preventative mental health services targeted at high-risk groups.

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. Although in some instances necessary, the delegation of particular services at particular times, according to subcontract, is considered less desirable given the added difficulties that subcontracting poses relative to the coordination and integration of care, the degree of subcontract elements and requirements imposed on both subcontractor and the Center, inter-agency communication, diversity of documentation, and the overall logistics of subcontract monitoring.

However, the Center does maintain subcontract relationships with local Federally Qualified Health Centers and other providers, 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. At present, a monitoring schedule and a timely notification system has been implemented through the Center's Executive Assistant to help ensure the completion of subcontract monitoring, as required by both DSAMH and Medicaid.

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. A Subcontract Monitoring Checklist is used to address a more comprehensive scope of monitoring that includes verification of appropriate credentialing, background screenings, checks against federal excluded parties' lists, etc.

BEAR RIVER MENTAL HEALTH SERVICES, INC.

Subcontracted Provider - Compliance Monitoring Worksheet

Subcontracted Provider: _____ **Monitoring Date:** _____

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

☐ Not Applicable

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.	
		The treatment plan includes the following:	
	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

☐ Not Applicable

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.	
3		A summary of the diagnostic interview examination findings that includes:	
	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

☐ Not Applicable

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

_____

_____

_____

_____

_____

_____

_____

Signature/ Compliance Monitor

SUBCONTRACTED PROVIDER MONITORING TOOL

Subcontractor means any individual, entity or organization (e.g., hospitals, residential treatment programs, etc.) qualified to provide Medicaid Covered Services and has signed a subcontract or participation agreement with BRMH.

SUBCONTRACTS FOR BRMH MEDICAID COVERED SERVICES

BRMH Subcontractors shall meet at least one of the following criteria:

	Current Medicaid provider.		Licensed health care professional.		Qualified to provide the covered service.

MONITORING CHECKLIST		YES	NO
BRMH has evaluated the prospective subcontractor's ability to perform the activities to be delegated.			
Has the subcontracted provider completed and passed a recent background check?			
Has subcontractor provided a current license and/or certification?			
Has Subcontractor provided current insurance verification or certificate?			
Is the subcontracted provider a federally debarred or excluded provider?			
What are the activities and report responsibilities delegated to the Subcontractor?			
Therapy Services	Med Management	Other:	
Does Subcontractor charge for service or hold Medicaid Enrollees liable for the debts of the Subcontractor?			
Does Subcontractor understand that acting within the lawful scope of their practice, they are not prohibited from advising or advocating on behalf of an Enrollee who is his or her patient for the following:			
1	Health status, medical care, or treatment options, including alternative treatment.		
2	Any information needed in order to decide among all relevant treatment options.		
3	The risks, benefits, and consequences of treatment or non-treatment.		
4	The right to participate in health care decisions, including the right to refuse treatment.		
Does Subcontractor understand and comply with the Medicaid Grievance System? Including:			
1	The right to file Grievances and Appeals including the requirements and timeframes for filing.		
2	The availability of assistance in filing.		
3	The toll-free numbers to file oral Grievances and Oral Appeals.		
4	The right to a State Fair Hearing, including procedures and representation rules.		
5	The right to request continuation of disputed services during an Appeal or State Fair Hearing, and potential liability for the cost of services, if the hearing is not favorable to the Enrollee.		
Does Subcontractor cooperate with the BRMH QAPI program and allow BRMH access to medical records?			
Does Subcontractor adhere to the Center's preferred practice guidelines?			
Does Subcontractor agree: (1) to take enrollee rights into consideration, (2) that enrollees are free to exercise rights,(3) and that the exercise of rights shall not adversely affect the way the Enrollee is treated?			
Does Subcontractor provide services in accordance with Enrollee rights?			
Does Subcontractor provide a Medicaid Member Handbook to each Enrollee (if applicable)?			
Does Subcontractor document services as required by Medicaid?			
Does Subcontractor conduct monthly LEIE and ELPS database searches (if delegated)?			
Is Subcontractor informed about reporting requirements for provider Fraud, Waste, and/or Abuse?			
Is Subcontractor informed about reporting requirements for Enrollee related Fraud?			
Is Subcontractor enrolled either a Medicaid fee-for-service provider or a "limited enrollment provider"			

Comments / Recommendations:

Reviewer Signature

Review Date

FY2017 Mental Health Area Plan and Budget

District 1 Mental Health Authority
Local Authority

Form A

FY2017 Mental Health Revenue	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	State General Fund: $2.7 million Unfunded	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2017 Revenue
FY2017 Mental Health Revenue by Source		$ 1,939,926	$ 148,812	$ 66,463	$ 347,625	$ 6,123,736	$ 131,247		$ 46,000	$ 275,000	$ 81,300	$ 172,500	$ 9,332,609

FY2017 Mental Health Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	State General Fund: $2.7 million Unfunded	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
Inpatient Care (170)		354,882			64,198	1,130,920							$ 1,550,000	150	$ 10,333
Residential Care (171 & 173)		77,845		2,500	14,082	248,073					15,000	83,500	$ 441,000	46	$ 9,587
Outpatient Care (22-24 and 30-50)		804,991	148,812	21,956	124,019	2,506,980	8,247		34,538	75,975	5,300		$ 3,730,818	3,160	$ 1,181
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		19,232			3,479	61,289	6,000			2,000	1,000		$ 93,000	370	$ 251
Psychotropic Medication Management (61 & 62)		255,973		4,000	46,305	815,722	25,000			35,000	7,000		$ 1,189,000	1,075	$ 1,106
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		239,259			43,282	762,459	45,000			5,000		5,000	$ 1,100,000	595	$ 1,849
Case Management (120 & 130)		175,838			31,809	560,353	37,000			25,000	5,000		$ 835,000	1,250	$ 668
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		7,327			1,325	23,348					48,000		$ 80,000	139	$ 576
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		4,579			828	14,593			11,462	13,038			$ 44,500	100	$ 445
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information				20,000			10,000			111,000		84,000	$ 225,000		
Services to persons incarcerated in a county jail or other county correctional facility				39,963						3,037			$ 43,000	205	$ 210
Adult Outplacement (USH Liaison)										4,950			$ 4,950	9	$ 550
Other Non-mandated MH Services													$ -		#DIV/0!
FY2017 Mental Health Expenditures Budget	$ -	$ 1,939,926	$ 148,812	$ 88,419	$ 329,328	$ 6,123,736	$ 131,247	$ -	$ 46,000	$ 275,000	$ 81,300	$ 172,500	$ 9,336,268		

MH Revenue Budget does not equal MH Expenditures Budget

FY2017 Mental Health Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	State General Fund: $2.7 million Unfunded	County Funds: NOT used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Cleint Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
ADULT		1,310,465	29,812	45,627	237,064	4,176,117	93,074	-	25,530	112,821	52,163	86,340	$ 6,169,014	1,822	$ 3,386
YOUTH/CHILDREN		629,461	119,000	42,792	92,264	1,947,619	38,173	-	20,470	162,179	29,137	86,160	$ 3,167,254	1,432	$ 2,212
Total FY2017 Mental Health Expenditures	$ -	$ 1,939,926	$ 148,812	$ 88,419	$ 329,328	$ 6,123,736	$ 131,247	$ -	$ 46,000	$ 275,000	$ 81,300	$ 172,500	$ 9,336,268	3,254	$ 2,869

FY2017 Mental Health Early Intervention Plan and Budget

District 1 Mental Health Authority
Local Authority

Form A2

FY2017 Mental Health Revenue	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: **NOT** used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
FY2017 Mental Health Revenue by Source		$ 191,073							$ 191,073

FY2017 Mental Health Expenditures Budget	State General Fund: State General Fund	State General Fund: State General Fund used for Medicaid Match	County Funds: **NOT** used for Medicaid Match	County Funds: Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
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		179,556							$ 179,556	130	$ 1,381
School Based Behavioral Health-ADMIN		29,814							$ 29,814		
FY2017 Mental Health Expenditures Budget	$ -	$ 209,370	$ -	$ -	$ -	$ -	$ -	$ -	$ 209,370	130	$ 1,611

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

FY2017 Form A (1) - Proposed Cost and Clients Served by Population

District 1 Mental Health Authority
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2017 Expected Cost/Client Served
Inpatient Care Budget			
$ 1,077,870	ADULT	110	$ 9,799
$ 472,130	CHILD/YOUTH	40	$ 11,803
Residential Care Budget			
$ 436,000	ADULT	45	$ 9,689
$ 5,000	CHILD/YOUTH	1	$ 5,000
Outpatient Care Budget			
$ 2,016,462	ADULT	1,730	$ 1,166
$ 1,714,356	CHILD/YOUTH	1,430	$ 1,199
24-Hour Crisis Care Budget			
$ 72,503	ADULT	290	$ 250
$ 20,497	CHILD/YOUTH	80	$ 256
Psychotropic Medication Management Budget			
$ 948,941	ADULT	820	$ 1,157
$ 240,059	CHILD/YOUTH	255	$ 941
Psychoeducation and Psychosocial Rehabilitation Budget			
$ 833,030	ADULT	260	$ 3,204
$ 266,970	CHILD/YOUTH	335	$ 797
Case Management Budget			
$ 672,258	ADULT	660	$ 1,019
$ 162,742	CHILD/YOUTH	590	$ 276
Community Supports Budget (including Respite)			
$ 40,000	ADULT (Housing)	34	$ 1,176
$ 40,000	CHILD/YOUTH (Respite)	105	$ 381
Peer Support Services Budget			
$ 24,000	ADULT	50	$ 480
$ 20,500	CHILD/YOUTH (includes FRF)	50	$ 410
Consultation & Education Services Budget			
	ADULT		
$ 225,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
$ 43,000	ADULT Jail Services	205	$ 210
Outplacement Budget			
$ 4,950	ADULT	9	$ 550
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals

$ 6,169,013	Total Adult
$ 3,167,254	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

Unfunded ($2.7 million)			
$ 29,762	ADULT	24	$ 1,240
$ 119,050	CHILD/YOUTH	87	$ 1,368
Unfunded (all other)			
$ 27,500	ADULT	30	$ 917
$ 2,500	CHILD/YOUTH	7	$ 357

Bear River Mental Health Services, Inc.

SLIDING-FEE POLICY

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 eligiblize 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.

2017 Area Plan Discount Fee Schedule

Bear River Mental Health - Discount Fee Schedule

# of Dep	up to 110	>110 - 130	>130 - 140	>140 - 160	>160 - 180	>180 - 200	>200-300	>300 - 400	>400%
Any #									
1	$12,947	$15,301	$16,478	$18,832	$21,186	$23,540	$35,310	$47,080	
2	$17,523	$20,709	$22,302	$25,488	$28,674	$31,860	$47,790	$63,720	
3	$22,099	$26,117	$28,126	$32,144	$36,162	$40,180	$60,270	$80,360	
4	$26,675	$31,525	$33,950	$38,800	$43,650	$48,500	$72,750	$97,000	
5	$31,251	$36,933	$39,774	$45,456	$51,138	$56,820	$85,230	$113,640	
6	$35,827	$42,341	$45,598	$52,112	$58,626	$65,140	$97,710	$130,280	
7	$40,403	$47,749	$51,422	$58,768	$66,114	$73,460	$110,190	$146,920	
8	$44,979	$53,157	$57,246	$65,424	$73,602	$81,780	$122,670	$163,560	
Addtnl/ Person	$4,576	$5,408	$5,824	$6,656	$7,488	$8,320	$12,480	$16,640	
Discount Fee	$8	$16	$24	$32	$42	$52	$72	$84	$110

Fee Levels	2015 - % of Poverty levels		
8	1	$11,770	
16	2	$15,930	
24	3	$20,090	
32	4	$24,250	
42	5	$28,410	
52	6	$32,570	
72	7	$36,730	
84	8	$40,890	
110		4,160	For each additional person

Instructions:

- In the boxes below, please provide an answer/description for each question.

1a) Adult Inpatient

Form A1 - FY16 Amount Budgeted: $980,000
Form A – FY16 Projected Clients Served: 75

Form A1 - FY17 Amount Budgeted: $1,077,870
Form A – FY17 Projected Clients Served: 110

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 has been the case, historically, inpatient mental health services (i.e., post-stabilization) 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 IHC facilities (e.g., Logan Regional Hospital and McKay Dee Hospital) as the primary resources to meet the Center's acute adult and child inpatient needs for FY 2017. All inpatient resources utilized by the Center will continue to accommodate both male and female admissions, and such services follow the Medicaid requirements for post-stabilization of psychiatric emergencies, as illustrated in the ready reference below.

Both Logan Regional Hospital Unit and McKay Dee Hospital inpatient units serve an adult population. Children and youth frequently receive inpatient services through McKay Dee Institute for Behavioral Medicine. BRMH retains a formal contract with Logan Regional Hospital and 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 Neuropsychiatric Institute, Lakeview Hospital, Davis Hospital, Highland Ridge Hospital, Salt Lake Behavioral Health, 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.

With respect to Logan Regional Hospital / Behavioral Health Unit (LRH / BHU), Bear River Mental Health has an assigned hospital liaison responsible for the activities of utilization review, as well as continuity of care and discharge planning. This individual meets with the LRH / BHU inpatient behavioral health team on Monday, Wednesday, and Friday mornings. Together, they review and discuss patient progress, disposition planning, and coordination of outpatient placements (24 hour residential, state hospital services, outpatient follow up scheduling), as well as coordination of initial outpatient BRMH admission assessments, which are managed through the Center's weekly intake clinic.

Continuity of care and disposition planning, relative to out of area inpatient facilities (e.g., McKay Dee, Lakeview, Highland Ridge, LDS Hospital, University of Utah Neuropsychiatric Institute, etc.), are generally facilitated and managed via direct phone contact between inpatient unit personnel and BRMH clinical and/or administrative supervisors. BRMH supervisory staffs, when contacted by hospital inpatient units, are then able keep abreast of inpatient treatment, assess treatment progress, provide authorizations for continued stay if necessary, as well as facilitate both the scheduling and continuation of services for existing clients, or arrange for appropriate admission for follow up services for those individuals not, as yet, in the BRMH service system.

Additionally, the Center is involved in data collection and reporting, relative to a Medicaid Post-Hospitalization Follow Up Performance Measure, designed to capture information as to the scheduling of follow up services within 1 to 7 days, 8 to 31 days, or greater than 31 days post-inpatient care. The preference for post-inpatient service, scheduling within 1 to 7 days following hospitalization, is communicated to both BRMH providers and support staff, Center-wide. These measures are reported to Medicaid and validated annually and, consequently, serve to provide information relative to quality improvement in the areas of inpatient care continuity, and timely disposition planning and facilitation.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients in FY 2016 was under budgeted resulting in an increase for FY 2017. The projected number for FY 2017 is significantly higher based on retroactive inpatient clients/bed days not being reported to the State. BRMH will report retroactively inpatient clients/bed days for FY 2016. This reporting should reflect a more accurate number of clients/bed days for FY 2016. BRMH will report all retroactive inpatient clients/bed days received by August of each year.

Describe any significant programmatic changes from the previous year.

No significant inpatient resources or programmatic changes are anticipated for FY 2017.

1b) Children/Youth Inpatient

Form A1 - FY16 Amount Budgeted: $420,000
Form A – FY16 Projected Clients Served: 30

Form A1 - FY17 Amount Budgeted: $472,130
Form A – FY17 Projected Clients Served: 40

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 Ann. § 62A-15-702 and 703 -Treatment and commitment of minors in the public mental health system and Residential and inpatient settings – Commitment proceeding).

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients in FY 2016 was under budgeted resulting in an increase for FY 2017.

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 2017.

POST-STABILIZATION CARE SERVICES READY REFERENCE

Post-stabilization Care Services are defined as inpatient services related to an Emergency Medical Condition that are provided after an individual is stabilized in order to maintain the stabilized condition, or to improve or resolve the individual/s condition.

POST-STABILIZATION CARE SERVICES PROVISIONS					
1	BRMH shall comply with Medicare regulations for Post-stabilization Care Services found in 42 CFR 422.113 c. Generally, Post-stabilization Care Services begin upon admission to an inpatient psychiatric unit after Emergency Services to evaluate or stabilize the Emergency Medical Condition have been provided in an emergency room.				
2	Pre-approved Post-stabilization (inpatient) Care Services	BRMH shall pay for Post-stabilization Care Services obtained within or outside BRMH's area that are pre-approved by BRMH.			
3	Post-stabilization Care Services not pre-approved	a	BRMH shall pay for Post-stabilization Care Services obtained within or outside its organization that are not pre-approved by BRMH, but are administered to maintain the individual's stabilized condition within one hour of a request to BRMH for pre-approval.		
		b	BRMH shall pay for Post-stabilization Care Services obtained within or outside its organization that are not pre-approved by BRMH, but are administered to maintain, improve or resolve the individual's stabilized condition, if:		
			i	BRMH does not respond to a request for pre-approval within one hour of the request.	
			ii	BRMH cannot be contacted.	
			iii	The BRMH representative and the treating physician cannot reach an agreement concerning the individual's care and a BRMH physician is not available for consultation.	
				In this situation, BRMH shall give the treating physician the opportunity to consult with a BRMH physician and the treating physician may continue with the care of the individual until the BRMH physician is reached; or one of the following criteria outlined in 42 CFR 422.113 c (3) is met:	
				a	A BRMH physician with privileges at the treating hospital assumes responsibility for the individual's care.
				b	The BRMH physician assumes responsibility for the individual's care through transfer.
				c	A BRMH representative and the treating physician reach an agreement concerning the individual's care, or
				d	The individual is discharged.
		c	Technically (by regulation), BRMH is not responsible for Post-stabilization Care Services provided prior to the request for pre-approval, however, there may be extenuating circumstances that preclude the hospital from requesting pre-approval. In such instances, BRMH may reimburse the hospital for the entire inpatient psychiatric admission when it is determined it would be clinically appropriate.		
		d	If a hospital requests pre-approval for a specific number of days, and BRMH authorizes less than the number of days requested, this constitutes an ACTION, unless BRMH authorizes fewer days but conducts continued stay reviews to ensure timely discharge from inpatient services.		
4	Inpatient Authorization Protocols - Non-Contracting Hospitals	BRMH must provide verification of inpatient approvals to non-contracting hospitals.			
		If BRMH provides verbal approval for Post-stabilization Care Services over the telephone, a faxed confirmation of the approval must be provided to the hospital within 24 hours of the verbal approval. BRMH should include a prior approval number to allow for both hospital and Center tracking of the service.			
5	Payment to Non-Contracting Hospitals	If BRMH's payment to non-contracting hospitals providing inpatient services exceeds the lower of the rates listed below, applicable at the time services were rendered, than additional expenses may be subject to review and possible disallowance during financial reviews by the Department.			
		a	The hospital's usual and customary charge.		
		b	The applicable Medicaid fee-for-service rate published by the Department of Health, or		
		c	The rate BRMH pays for its subcontractors.		

1c) Adult Residential Care

Form A1 - FY16 Amount Budgeted: $392,500 ***Form A1 - FY17 Amount Budgeted: $436,000***
Form A – FY16 Projected Clients Served: 44 ***Form A – FY17 Projected Clients Served: 45***

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 continue to ensure the availability 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, i.e. 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, 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.

In FY 2015, the Center completed construction and occupancy of a new residential facility located on site of the Bear River House adult day program located at 88 West 1000 North in Logan, Utah, thereby creating a mental health campus effect. The new facility includes 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, with respect to residential services, are planned or projected for FY 2017.

1d) Children/Youth Residential Care

Form A1 - FY16 Amount Budgeted: $5,000
Form A – FY16 Projected Clients Served: 1

Form A1 - FY17 Amount Budgeted: $5,000
Form A – FY17 Projected Clients Served: 1

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 2017, 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 necssary 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No programmatic changes are planned for FY 2017.

1e) Adult Outpatient Care

Form A1 - FY16 Amount Budgeted: $2,151,317
Form A – FY16 Projected Clients Served: 2000

Form A1 - FY17 Amount Budgeted: $2,016,462
Form A – FY17 Projected Clients Served: 1730

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, the continuum of outpatient services provided directly by BRMH, projected for FY 2017, 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, personal services, 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.

Generally, services are 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.

BRMH has two subcontracted providers (Cache Valley Community Health Center and Midtown Community Health Center), and additional private providers, where outpatient therapy services are provided to a relatively small number of Medicaid eligible individuals.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, with respect to the general continuum of adult outpatient services, are projected for FY 2017.

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: $1,490,093
Form A – FY16 Projected Clients Served: 1350

Form A1 - FY17 Amount Budgeted: $1,711,900
Form A – FY17 Projected Clients Served: 1430

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

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 2017.

1g) Adult 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: $85,000 ***Form A1 - FY17 Amount Budgeted: $72,503***
Form A – FY16 Projected Clients Served: 210 ***Form A – FY17 Projected Clients Served: 290***

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 (i.e., emergency services) will continue to be provided, primarily as a direct service and not under subcontract (with exceptions as described below), as necessary, to assist individuals 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. 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 2017. 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. Additionally, the delivery of crisis or emergency services will adhere to the established provisions as required by Medicaid, and illustrated in the Emergency Services and Crisis Response Ready References depicted below.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients in FY 2016 was under budgeted resulting in an increase for FY 2017.

Describe any significant programmatic changes from the previous year.

No significant programmatic change is anticipated for FY 2017, as Logan Regional Hospital continues, since 2013, to provide hospital crisis coverage utilizing its own employed staff, as is practiced in other Intermountain Health Care facilities throughout Utah. Bear River Mental Health remains available for consultation relative to Center clients, Medicaid individuals, or civil commitment cases, as needed.

EMERGENCY SERVICES READY REFERENCE

Emergency services are defined as outpatient or inpatient services furnished by a qualified provider (i.e., per licensure through the Department of Commerce, Division of Occupational and Professional Licensing, or other State licensing agency) that are medically necessary to evaluate or stabilize an Emergency Medical Condition.

EMERGENCY MEDICAL CONDITION

PRUDENT LAYPERSON STANDARD	A psychiatric condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:	1	Placing the health or safety of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
		2	Placing the health or safety of other individuals in serious jeopardy.
		3	Serious impairment to bodily functions.
		4	Serious dysfunction of any bodily organ or part.

EMERGENCY SERVICES PROVISIONS

1	BRMH must have the capability to provide or arrange for all Emergency Services, 24 hours each day, seven days a week. On a 24-hour basis, individuals must be able to access by telephone a live voice or answering machine which will immediately page an on-call mental health professional.			
2	BRMH must inform its Medicaid Enrollees that access to Emergency Services is not restricted and that if an Enrollee experiences an Emergency, he or she may obtain Emergency Services from a non-plan physician or other qualified provider without penalty.			
3	When BRMH or other health care provider instructs a Medicaid Enrollee to seek Emergency Services in or out of BRMH's provider network, BRMH shall pay for the Emergency Services without regard to whether the Enrollee meets the prudent layperson standard.			
4	A Medicaid Enrollee who has an Emergency Medical Condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the Enrollee.			
5	BRMH is responsible for all outpatient and inpatient mental health Emergency Services that are needed regardless of where the Emergency Medicaid Condition occurred or was treated. However, in outpatient hospital emergency rooms, BRMH is only responsible to pay for Emergency Services furnished by a psychiatrist.			
	Payment to psychiatrists who are not BRMH providers shall not exceed the lower of:		a	The psychiatrist's usual and customary charge.
			b	The applicable Medicaid fee-for-service rate, or
			c	The rate BRMH pays its subcontracted providers.
6	BRMH shall not limit what constitutes an Emergency Medical Condition on the basis of lists of diagnoses or symptoms.			
	Payment for Emergency Services	**PRUDENT LAYPERSON STANDARD**	a	BRMH shall pay for Emergency Services where the presenting symptoms are of sufficient severity that a person with average knowledge of (mental) health and medicine would reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
		b	BRMH shall not deny payment for treatment obtained when a Medicaid Enrollee had an Emergency Medical Condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in the definition of Emergency Medical Condition.	
		c	In situations where a hospital demonstrates that Emergency Services related to an Emergency Medical Condition were received during an inpatient psychiatric admission, then BRMH shall reimburse the hospital in accordance with the above Emergency Service provisions.	
7	The attending emergency physician or the provider actually treating Medicaid Enrollee is responsible for determining when the Enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on BRMH.			
8	BRMH shall not refuse to cover Emergency Services because the emergency room provider (psychiatrist), hospital or fiscal agent did not notify BRMH of the Medicaid Enrollee's screening and treatment within ten (10) calendar days of presentation for Emergency Services.			

BEAR RIVER MENTAL HEALTH SERVICES, INC.

Didactic Fragments - Crisis Response Ready Reference

Bear River Mental Health provides 24 hour/7 day per week crisis response services (Emergency Services) as necessary to mediate issues of distress, disability, and the risks to public safety as related to circumstances that constitute a mental health emergency (threats or acts of harm due to mental illness). Crisis Response Services are defined as both physical and/or verbal interventions needed in response to a mental health emergency.

Referral Source	Response Description
Community / Phone or Walk-in Referrals	Requests for crisis services via telephone are referred to the appropriate outpatient clinic (Logan, Brigham City, Tremonton) reception for dispatch to staff that are on the crisis response rotation at the time of the call. Walk-in crisis referrals in any of the Center's outpatient clinic sites will be immediately forwarded to the crisis responder on rotation at the time of the request.
Service Coordinator / RFS Designee Referrals	When the Service Coordinator determines that a Request for Service (RFS) requires emergent care, the request will be forwarded to the crisis response staff on rotation at the time of the request. The crisis response staff will then conduct a crisis screening via telephone within 30 minutes of the referral from the service coordinator. When the crisis responder determines that the individual is in need of an emergent level of care, the crisis responder will see the individual face-to-face within one hour of that determination.
Resdential and Day Program Referrals	Requests for crisis response services by residential staff are considered equivalent to a hospital emergency department request. Crisis response staff may provide residential staff with any verbal support or instruction as determined necessary and appropriate to the situation at hand. Following any verbal response, the crisis responder may proceed to the residential facility as expediently as possible for further assessment and intervention as determined necessary, unless residential staff, in the exercise of personal judgment, determine that a physical response is unnecessary.
Hospital / Emergency Department Referrals	Crisis referrals generated from a local hospital emergency department may be forwarded to the crisis responder on rotation at the time of the referral. Crisis responders should contact the hospital emergency department within 30 minutes of the referral to provide crisis consultation as determined necessary and appropriate
Field Referrals	Any staff who determines or makes an assessment that a mental health emergency situation exists while they are in the field (i.e., client's home, general community venue, etc.) may contact local law enforcement for crisis assistance. In addition, crisis response staff do not respond in the field at the request of law enforcement due to the volatile and unpredictable nature of crisis situations. Law enforcement are invested with appropriate authority to take persons into the custody of a local mental health authority and to transport such individuals to a designated facility (hospital emergency department) of the local mental health authority, where BRMH crisis response staff can further evaluate the individual. Furthermore, as stated previously, crisis contacts with opposite sex individuals should be conducted in public settings such as the Center's clinic sites or facilities, or in hospital settings such as the emergency room, and not privately (e.g., in the home of the client).
Jail / Juvenile Detention Referrals	The Center may provide mental health services to incarcerated county residents, which services shall include 24-hour crisis response at the request of correctional staff from either county jail or juvenile detention facilities. Additionally, in such facilities, Center staff may disclose protected health information to the correctional institution or a law enforcement official having lawful custody of an inmate or other individual, if the institution or official represents that such disclosure is necessary for:
	a The provision of health care to the inmate or other individual;
	b The health or safety of such individual or other inmates;
	c The health and safety of the officers or employees of or other at the facility;
	d The health or safety of such individuals and officers or other persons involved in the transportation of inmates or detainees from one facility to another or other setting;
	e Law enforcement on the premises of the correctional or detention facility, and
	f The administration and maintenance of the safety, security, and good order of the correctional or detention facility

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: $23,000
Form A – FY16 Projected Clients Served: 65

Form A1 - FY17 Amount Budgeted: $20,497
Form A – FY17 Projected Clients Served: 80

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 2017. 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 ensure 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients in FY 2016 was under budgeted resulting in an increase for FY 2017.

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 programmatically in FY 2017.

1i) Adult Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: $873,000 ***Form A1 - FY17 Amount Budgeted: $948,941***
Form A – FY16 Projected Clients Served: 850 ***Form A – FY17 Projected Clients Served: 820***

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.

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 physician and advanced practice registered nurses. 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 the Center's physician 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, relative to medication management, are planned or anticipated for FY 2017 in this service area.

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: $162,000 ***Form A1 - FY17 Amount Budgeted: $240,059***
Form A – FY16 Projected Clients Served: 250 ***Form A – FY17 Projected Clients Served: 255***

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 Physician. Physician staff includes one Internal Medicine physician. The Center's physician, 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 physician 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

FY 2016 costs were under budgeted. FY 2015 Area Plan actual costs were $244,122.00

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 2017.

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: $980,000 ***Form A1 - FY17 Amount Budgeted: $833,030***
Form A – FY16 Projected Clients Served: 275 ***Form A – FY17 Projected Clients Served: 260***

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 2017, as currently developed. These programs are patterned after the recovery model as the predominant 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.

As established several years previous, 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, 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. Overall, psychosocial rehabilitation follows a developmental cycle that incorporates conceptual, contextual, experiential, and referential phases, as illustrated below.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No substantive programmatic changes are planned in this service area for FY 2017.

1l) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: $310,000 ***Form A1 - FY17 Amount Budgeted: $266,970***
Form A – FY16 Projected Clients Served: 375 ***Form A – FY17 Projected Clients Served: 335***

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 2017 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2017.

1m) Adult Case Management

Form A1 - FY16 Amount Budgeted: $653,000
Form A – FY16 Projected Clients Served: 775

Form A1 - FY17 Amount Budgeted: $672,258
Form A – FY17 Projected Clients Served: 660

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 2017, 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, 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

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 2017.

1n) Children/Youth Case Management

Form A1 - FY16 Amount Budgeted: $191,000 ***Form A1 - FY17 Amount Budgeted: $162,742***
Form A – FY16 Projected Clients Served: 600 ***Form A – FY17 Projected Clients Served: 590***

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 2017 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

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 2017.

1o) Adult Community Supports (In home, housing, respite services)

Form A1 - FY16 Amount Budgeted: $35,000
Form A – FY16 Projected Clients Served: 30

Form A1 - FY17 Amount Budgeted: $40,000
Form A – FY17 Projected Clients Served: 34

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 currently 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.

As noted in the FY 2016 Area Plan, the Gateway 6-plex was to be sold. The sale of the Gateway 6-plex did not go through as anticipated.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, with respect to community supports, are planned or projected for FY 2017.

1p) Children/Youth Community Supports (In home, housing, respite services)

Form A1 - FY16 Amount Budgeted: $70,000
Form A – FY16 Projected Clients Served: 150

Form A1 - FY17 Amount Budgeted: $ 40,000
Form A – FY17 Projected Clients Served: 105

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 and 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.

Omitted paragraph that referenced personal services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

Both the number of clients and funding were overstated in the FY 2016 Area Plan Budget.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2017.

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: $55,081
Form A – FY16 Projected Clients Served: 50

Form A1 - FY17 Amount Budgeted: $24,000
Form A – FY17 Projected Clients Served: 50

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 client's 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).

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

Cost for FY 2016 was over budgeted resulting in a decrease in funding for FY 2017. BRMH has hired a Peer Support Specialist, but even with the new Specialist the FY 2016 budget was too high. BRMH has peer support specialist in both Box Elder and Cache counties.

Describe any significant programmatic changes from the previous year.

No programmatic change in adult peer support is planned for FY 2017.

BEAR RIVER MENTAL HEALTH SERVICES, INC.

POSITION TITLE:	Forensic Peer Support Specialist	Supervisor:	Clinical Supervisor
DEPARTMENT:	Clinical	FLSA CLASSIFICATION:	Non-Exempt

EDUCATIONAL AND/OR PROFESSIONAL REQUIREMENTS:

High School Diploma, State of Utah Peer Specialist Certification, and graduation from First District Mental Health Court program. Have a history of Severe and Persistent Mental Illness, currently well-grounded in own recovery, with at least a year since diagnosis of mental illness. Be willing to share one's own recovery experience with clients and staff. Clearance through State of Utah Background and Criminal Investigation check. Clear driving record.

AREAS OF RESPONSIBILITY (Duties include but not limited to):

Direct Billable

% Time	80	Peer Support - Face-to-face (occasional telephone contact)

RECOVERY SPECIFIC DUTIES

Utilize his/her unique recovery experience to teach and role model the value of every individual's recovery experience, and assist mental health court participants and other consumers to articulate personal goals for recovery, determine reasonable and holistic steps toward recovery, identify barriers to recovery goals, identify personal strengths in daily living, help reinforce positive progress toward recovery goals, help address criminogenic risk factors and facilitate appropriate mental health court phase advancement.

SKILLS SPECIFIC DUTIES

Teach consumers problem-solving skills and how to identify and combat negative self-talk as well as how to identify and overcome fears. Support the vocational choices consumers make and assist them in overcoming job/educational related anxieties and conflicts. Assist consumers in building social skills by demonstrating self-responsibility. Support consumers in maintaining effective coping and self-help techniques. Assist consumers transitioning from Hospital/Residential placement back into the community. Utilize crisis intervention skills. Use inclusive, culturally appropriate language and attitudes with all clients and staff. Assist as needed in transitional support services (agency to agency change), when a client is transferring between agencies or levels of care. Assist in the orientation of clients to the mental health court program as well as community and mental health agencies and services.

AGENCY SPECIFIC DUTIES

Assist staff in identifying program elements that are supportive or destructive to recovery. Attend treatment team meetings as necessary. Attend treatment appointments as negotiated by consumer and /or treatment team. Maintain appropriate professional boundaries with consumers and avoid dual relationships within the community. Support treatment team objectives and strategies. Meet job expectations as specified in the Employee Handbook (if applicable).

≈ 8 hrs / week

Non-billable

% Time	20	Secondary Activities include but are not limited to:

Complete up-to-date quality service documentation including accurate time sheet records with appropriate service codes and progress notes by 30 minutes past closing of the next business day in the Center's automated clinical records system. Obtain approval from immediate supervisor on any and all leave taken. Attend supervision appointments and team and organizational meetings as scheduled. Maintain an automated schedule, reflecting the FTE availability within Center hours, in order to be consistently available and visible to Center staff and clients. Prepare materials for groups. Attend trainings within, and outside of the Center for job development.

≈ 2 hrs/ week

OTHER SKILLS, ABILITIES, AND EXPECTATIONS:

- Completion of 20 hours of continuing education annually to maintain certification.
- Knowledge and strict adherance to confidentiality law and policy related to all client and Center sensitive information.
- Effective oral and written communication skills
- Teaming skills for effective interoffice relations and for working with others in client treatment.
- Computer literacy and skills for operation of automated medical records, email, scheduling, etc.
- Timeliness with schedule including whereabouts, arrival to work, attendance at meetings, and client appointments.
- Positive attitude related to job expectations, supervision, Center policies and procedures, etc.
- Flexible hours to meet client and/or Center needs.
- Conduct expected tasks safely, uphold Center safety policies, and report perceived safety issues to appropriate sources.

I understand that this is a description of what is minimally expected of me in my role at BRMHS, Inc. I agree to complete these functions to the best of my ability.

Employee Signature _____ Date _____

1r) Children/Youth Peer Support Services

Form A1 - FY16 Amount Budgeted: $1,000 ***Form A1 - FY17 Amount Budgeted: $20,500***
Form A – FY16 Projected Clients Served: 5 ***Form A – FY17 Projected Clients Served: 50***

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 (FRFs) 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 are instrumental in the delivery of peer-based recovery coaching for families struggling with the issues of mental illness and the systemic or societal barriers to mental health and wellness. Consequently, Family Resource Facilitators, as Peer Support Specialists, 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 specialists, as determined necessary and appropriate.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

FY 2016 Area Plan Budget was too low and did not include the DSAMH contracted dollar amount.

Describe any significant programmatic changes from the previous year.

No programmatic change in children and youth peer support is planned for FY 2017.

1s) Adult Consultation & Education Services

Form A1 - FY16 Amount Budgeted: $0 ***Form A1 - FY17 Amount Budgeted: $0***

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 is committed to maintaining its commitment to community partnerships and collaboration in FY 2017. Center staffs 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, and Juvenile Justice Center participation. They also continue to be involved with a number of community agencies which focus on adult protective and safety issues, such as Aging and Adult Services and the Cache County Health Council. Consultation and education in these capacities are administratively rolled into staff responsibilities and not carved out into separately budgeted activities.

Bear River Mental Health also plans to continue its participation with the local Citizens Against Physical and Sexual Abuse (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. 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 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 homelessness 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, involving mental health systems programming, funding, and community liaison activities.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

A budget is not setup for these specific services.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2017.

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: $100,000 ***Form A1 - FY17 Amount Budgeted: $225,000***

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 will continue its established valued relationships with other community and state agencies in the tri-county area and will make 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.

Also, children's services staff meet regularly with Local Interagency Councils and as part of juvenile mental health court teams, in both Brigham City and Logan, to coordinate and discuss service systems issues, enhance collaborative relationships, conduct interagency problem-solving, provide case consultation, plan for Department of Human Services (DHS) custody dispositions, as well as develop and coordinate mental health service planning for justice-involved children and youth.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

FY 2016 Area Plan Budget was too low. FY 2014 and FY 2015 costs were both over $200,000.00. The previous two years the budge has been too low. The FY17 budget more accurately reflects what has been spent on consultation and education services. BRMH has contracted with local school districts to treat children within the schools. Further, therapists meet with teachers regarding troubled children and how the teachers can best handle these children.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned in this area for FY 2017.

1u) Services to Incarcerated Persons

Form A1 - FY16 Amount Budgeted: $50,000
Form A – FY16 Projected Clients Served: 200

Form A1 - FY17 Amount Budgeted: $43,000
Form A – FY17 Projected Clients Served: 205

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 2017, 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, are 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 and Box Elder County jails, on a routine basis. Additionally, many Cache County and Box Elder 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

There is no increase or decrease of 15% or greater.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned in this service category for FY 2017. However, considerations may be undertaken for some expansion of services within county corrections facilities in the future, relative to the Justice Reinvestment Initiative (JRI), once the Center completes its provisional set of JRI implementations identified for FY 2017.

1v) Adult Outplacement

Form A1 - FY16 Amount Budgeted: $10,000
Form A – FY16 Projected Clients Served: 10

Form A1 - FY17 Amount Budgeted: $4,950
Form A – FY17 Projected Clients Served: 9

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 Utah State Hospital discharge are available and applied, as necessary, in any given case.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

FY 2016 Area Plan Budget funds were overstated.

Describe any significant programmatic changes from the previous year.

Programmatic changes, relative to outplacement resources, are not expected to significantly change for FY 2017.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

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 2017.

1x) Unfunded Adult Clients

Form A1 - FY16 Amount Budgeted: $80,000 ***Form A1 - FY17 Amount Budgeted: $57,262***
Form A – FY16 Projected Clients Served: 85 ***Form A – FY17 Projected Clients Served: 54***

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.
- Mental health service delivery to eligible individuals 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

With the passage of House Bill 437, we anticipate some of our unfunded clients will be eligible for Medicaid January 1, 2017.

Describe any significant programmatic changes from the previous year.

It is anticipated that some of our unfunded clients will be eligible for Medicaid January 1, 2017, based on the passage of House Bill 437.

1y) Unfunded Children/Youth Clients

Form A1 - FY16 Amount Budgeted: $157,517
Form A – FY16 Projected Clients Served: 105

Form A1 - FY17 Amount Budgeted: $121,550
Form A – FY17 Projected Clients Served: 94

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 2017, as previously implemented.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

FY 2016 Area Plan Budget funds were overstated.

Describe any significant programmatic changes from the previous year.

Programmatic changes are not expected to significantly change for FY 2017.

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: $0 ***Form A1 - FY17 Amount Budgeted: $0***
Form A – FY16 Projected Clients Served: 0 ***Form A – FY17 Projected Clients Served: 0***

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 is currently 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served (15% or greater change).

Although participation in the above activities increases supervisory staff time and effort, such time is not budgeted separately.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are projected in this area for FY 2017.

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

• Competitive employment in the community

Two particular areas within the service array of Bear River Mental Health devote specific attention to the supportive factors of employment that underlie the recovery process and the perpetuation of mental health and wellness. From the standpoint of functional rehabilitation, the Center's adult psychosocial program "Transitions Track" provides concerted efforts to address the issues of community re-integration and focused attention on skills development, relative to areas of life and work directly applicable to employment settings and employer - employee relationship skills. This program track helps adult consumers prepare for integration into the competitive workforce. Furthermore, Center case management staffs, within the rehabilitative service system, 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 2017.

Secondly, the local mental health court program for justice-involved clients 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 indicated previously in the FY 2015 Area Plan, the Center's administrative staff continues its collaborative partnerships with CAPSA, Utah State University's Center for Persons with Disabilities (CPD), Options for Independence, Family Institute of Northern Utah, local homeless council, and area nursing homes, for example. 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. Bear River Mental Health has expanded its partnerships to include participation with the Northern Box Elder County Suicide Prevention Coalition, the Southern Box Elder County Suicide Prevention Coalition, and the Cache County Suicide Prevention Coalition. Additionally, extensive collaboration with criminal justice partners (e.g., district court, county attorney, defense attorney, law enforcement, AP&P, etc.) continues, relative to the Center's involvement with local mental health and drug courts, civil commitment system, and will be further enhanced through the Center's participation in the FY 2017 Justice Reinvestment Initiative.

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 2017 by continuing its co-location of NAMI 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 continues to employ consumers in its Bear River House adult day program. These employments, although time-limited so as to allow more consumers an opportunity for a supportive work experience, provide a valued entry level employment as a springboard to competitive employment in the community.

Additionally, consumer peer specialist positions are planned in both Cache and Box Elder counties to begin in FY 2017.

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

For FY 2017, 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. Additionally, Family Resource Facilitators, as Peer Support Specialists, are instrumental in the delivery of peer-based recovery coaching for families struggling with the issues of mental illness and the systemic or societal barriers to mental health and wellness. The family resource facilitator position is continued on a part time basis in Cache County, and the facilitator is trained to understand family concerns, systems of care, confidentiality, and family resource delivery.

• Evidenced-Based Supported Employment

As represented in FY 2015, 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, which provide clinical support relative to consumer employment. Subsequently, fidelity ratings relative to employment specialists, vocational assessments, job coaching, etc., are not currently applicable.

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 a comprehensive system of care, still remains a Center objective for FY 2017, and efforts will be made to incorporate more formal consumer assessment of employment strengths and needs as part of the Center's implementation of its new electronic record system, anticipated in July 2016.

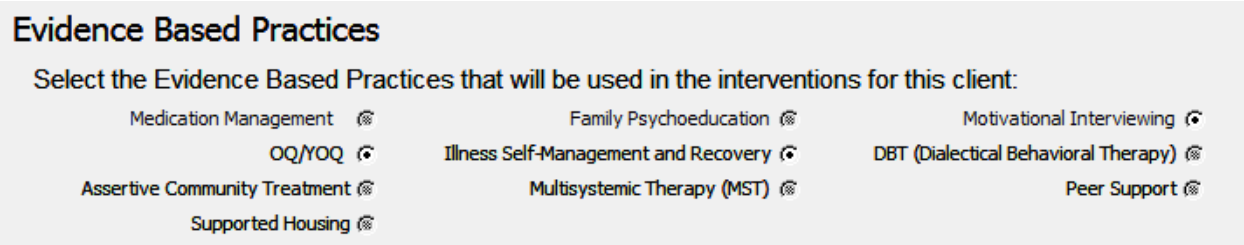
Additionally, as referenced previously, the Center's psychosocial rehabilitative service and its "Transitions Track" program directs specific efforts toward the customization of strength-based approaches to obtaining employment, development of partnerships with potential employers, maximization of appropriate consumer-based employment training opportunities, as well as advocacy and facilitation, where possible, particular to gainful or other community employment opportunities.

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**

Bear River Mental Health continues to support, and periodically sponsors, clinical staff trainings on evidenced based therapeutic approaches to mental health treatment. Also, incorporated within the Center's treatment planning document, as illustrated below, is an Evidenced Based Practice selection box which 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.



- **Outcome Based Practices**

Outcome measurement and evidence-based practice are complementary activities, as both efforts contribute to the support and maintenance of 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 furtherance of these 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 considered critical and instrumental to the issues of quality improvement and the Center will continue these efforts in FY 2017.

- **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 County and Cache County School Districts within the Center's geographical service area in FY 2015, and this expansion will be maintained in FY 2017 (despite the reduction in funds). Additionally, service capacity to justice-involved individuals will be expanded in FY 2017 through the mental health court program operating in Box Elder County. This program, in combination with the Justice Reinvestment Initiative, will broaden screening, assessment, and recovery support services for mentally ill offenders throughout the Box Elder County service area.

- **Increased access for Medicaid and Non-Medicaid funded individuals**

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 and will maintain these priorities through FY 2017.

- **Efforts to respond to community input/need**

Established community partnerships and coalitions, as described previously, represent direct efforts to keep abreast of community input relative to mental health service needs and development of appropriate response options. Specific efforts have been made to approach long-term care facilities and the Center for Persons with Disabilities, in particular, to receive feedback regarding mental health service needs within these entities. These efforts will continue in FY 2017 with the intent to develop policy, procedure, and community practice standards that will improve the Center's working relationships in the local community.

- **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, Friends of Mental Health Court, and others, are planned to continue through FY 2017.

In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility

Bear River Mental Health has maintained National Health Service Corps eligibility in our Logan and Brigham City offices for many years. In 2014, we obtained eligibility relative to the Center's Tremonton facility. One of the implications of providing services in HPSA areas is the difficulty in recruitment and retention of competent staff. The Center has found, by experience, that being an eligible National Health Service Corps site helps attract competent individuals who are seeking assistance in student loan repayment. This program has worked exceptionally well for Bear River Mental Health, to the benefit of both the Center and community, alike.

Furthermore, the Center's role has been to maintain site eligibility, to notify our staff of the particular benefits of this program, and to include this information with the Center's job postings. In support of this program, the Center has hosted auditors, utilized applicable websites, and provided any and all information necessary, when requested. Such information has included fee schedules, policies, patient demographic and service data, and clinician service hours, for example.

- **Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

  BRMH has a working relationship with the nursing facilities within its catchment area, with some nursing facilities receiving routine visits from therapists. It is the practice of the nursing facilities, which do not receive routine visits, to contact BRMH when they have a client with mental health needs who is enrolled with Medicaid. BRMH then serves that client.

- **Other Quality and Access Improvements (if not included above)**

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?

For many years, mental health and substance abuse treatment services have been 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, in Box Elder County, the Center's Tremonton facility co-locates mental health, physical health, and substance abuse services, and represents 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. Integration between mental health and substance abuse will likely be further enhanced through the Justice Reinvestment Initiative, which will require additional interdependent collaboration and planning.

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. Bear River Mental Health maintains a contracted relationship with Midtown Community Health Center, Bear Lake Community Health Center, and Cache Valley Community Health Center, existing FQHC organizations located 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.

Bear River Mental Health has revised its brief substance abuse survey component of the mental health evaluation tool to reflect a more critical item inventory designed to assist clinicians in identifying substance abuse issues and prompting appropriate referrals to the Bear River Drug and Alcohol treatment entity, whereas previously, there was less impetus on the critical need for substance service referral.

The Center must further design and implement a formal substance abuse referral system, as well as consider placement of a substance abuse service provider, on a part time basis, within the Center's Cache County and Box Elder County outpatient clinics, for ease of referral for further substance abuse assessment and treatment.

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. This is in addition to medical team consultations and referrals to primary care providers when significant health care treatment issues are identified in the Center's service population.

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, as well as 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 2017, 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 FY 2017.

Additionally, Center staffs have participated in periodic 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 2017, the Center will continue to provide 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 2017 marks the fourth 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 2017 in the interest of promoting consumer development and adoption of healthy lifestyle change as an inclusive part of an overall system of care.

Furthermore, the Center's Bear River House program plans to continue sponsorship of staff 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.

BRMH has chosen to use the early intervention funds for School-Based Mental Health.

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

Describe any significant programmatic changes from the previous year.

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

BRMH has chosen to use the early intervention funds for School-Based Mental Health.

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

5c) 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 several school districts within all three county areas 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. 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.

BRMH will serve children and youth regardless of funding source (unfunded, underinsured, or Medicaid) as far as resources allow.

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, and Center limitations, due to funding. However, at present, no significant increase or decrease is expected for FY 2017 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 or school location changes, with respect to early intervention services, are projected for FY 2017.

Describe outcomes that you will gather and report on.

Generally, outcomes are relative to the Early Intervention Grant questionnaire and 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

6. Suicide Prevention, Intervention and Postvention

Describe the current services in place in suicide prevention, intervention and postvention.

PREVENTION:

Prevention coalitions exist within Cache and Box Elder counties, with the goal of raising awareness in the community and working toward community prevention solutions. BRMH is an active member in the Cache County Suicide Prevention Coalition, Northern Box Elder County Suicide Prevention Coalition, and Brigham City Suicide Prevention Coalition. The Northern Box Elder County Suicide Prevention Coalition 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, who 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. The Brigham City Suicide Prevention Coalition involves the application of a grant that provided training in suicide prevention via ***Question, Persuade, Refer***, an evidenced based practice.

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.

Suicide Prevention, Intervention and Postvention

Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

BRMH treatment staff has been trained and are currently using the Columbia Suicide Severity Rating Scale (C-SSRS). 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 case staffings, and outreach services are offered to those identified as needing additional assessment and support.

BRMH treatment staff administers the C-SSRS risk assessment to all newly admitted clients and those clients that staff determine are in need of a suicide assessment. All assessments that are conducted are reported to a support staff member who tracks the data gleaned from the assessments in an excel spread sheet. (Manual tracking will be automated on July 5, 2016 due to conversion to a new automated system.) The spread sheet tracks the date the C-SSRS assessment was performed, the therapist administrating the assessment, identifies the client by first and last name, as well as client number, the assessment score, and whether a Same Day Safety Plan was created and applied. If a client scores a three or higher on the assessment then, based on the C-SSRS assessment, that client shows risks of potential suicide. A Same Day Safety Plan should then be created for the client. The spread sheet tracks the number of clients that score a three or higher, which produces the number of clients needing a Same Day Safety Plan and also produces the number of Same Day Safety Plans that were created. BRMH's ultimate goal is to prevent any suicides within its client population.

Given the severity and prevalence of suicidal risks, and completions in northern Utah in recent history, BRMH is in process of constructing policy and protocol relative to suicide, as well as clinical and administrative response and comprehensive planning particular to assessment, prevention, intervention, postvention, and coalition activities, Center-wide.

For FY 2017, BRMH will be involved in a statewide performance improvement project relative to suicide screening and safety planning, further utilizing the C-SSRS. Beginning July 2015, the C-SSRS study instrument will be included within the Electronic Health Record as part of the initial client assessment and existing client re-assessments and treatment plan updates. With the electronic availability of the C-SSRS instrument and corresponding electronic data entry, baseline data collection and measurements will be initiated starting July 2015 through standard electronic data queries. Data collection, relative to the C-SSRS study instrument, will be managed by the Center's Information Technology staff comprised of, (1) the Center's Director of Information Technology, (2) Network Specialist, and (3) IT Administrative Assistant.

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 clinical team meeting, on a weekly basis, to discuss and coordinate post-discharge follow-up care relative to BRMH clients or potential clients.

Finally, although Logan Regional Hospital social work staffs 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 medication 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.

7. Justice Reinvestment Initiative

Identify the members of your local Implementation Team

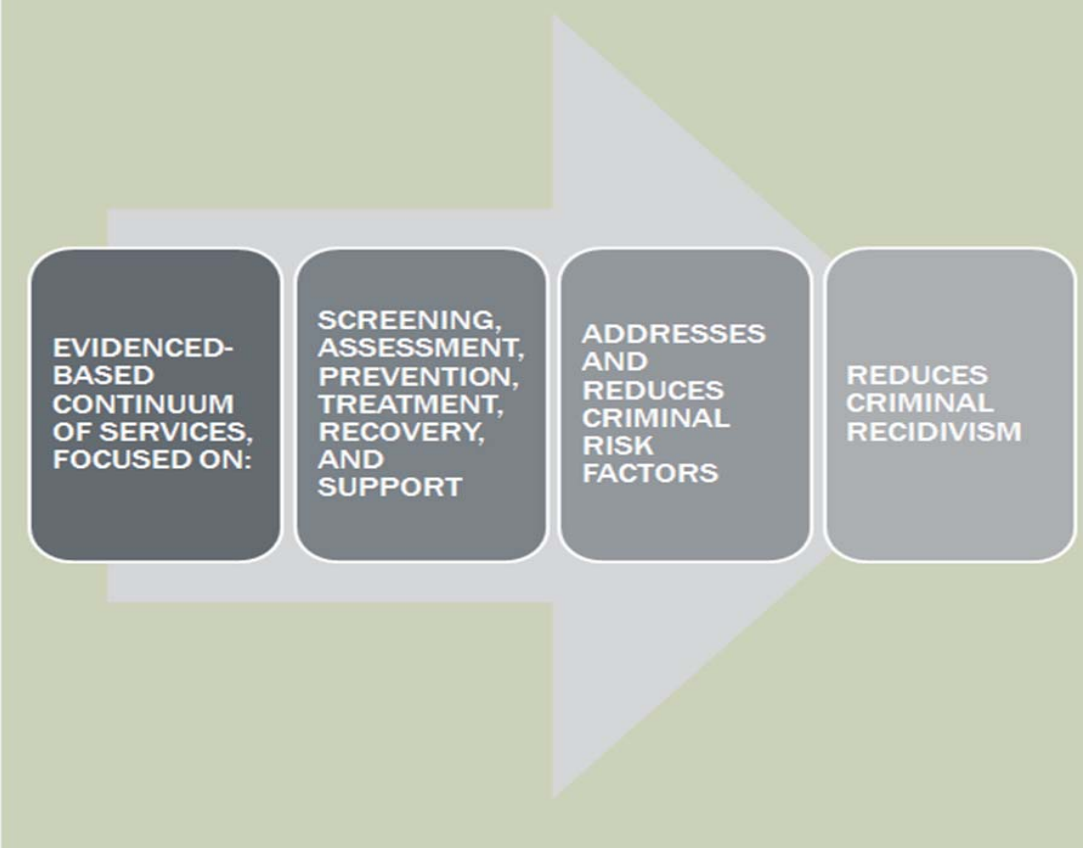
Representatives forming this initial planning group are further identified below:

FIRST JUDICIAL DISTRICT – JUSTICE REINVESTMENT INITIATIVE COALITION	
CRAIG BUTTERS	CACHE COUNTY EXECUTIVE
JEFF SCOTT	BOX ELDER COUNTY COMMISSIONER
REED ERNSTROM	CEO, BEAR RIVER MENTAL HEALTH
BROCK ALDER	DIRECTOR, BEAR RIVER DRUG AND ALCOHOL
JAMES SWINK	CACHE COUNTY ATTORNEY
STEPHEN HADFIELD	BOX ELDER COUNTY ATTORNEY
LLOYD BERENTZEN	HEALTH DEPARTMENT
SANDY HUTHMAN	BOX ELDER COUNTY JAIL
CHAD JENSEN	CACHE COUNTY SHERIFF
DALE WARD	BOX ELDER COUNTY SHERIFF DEPT
ROB JOHNSON	BEAR RIVER MENTAL HEALTH
TIM FROST	BEAR RIVER MENTAL HEALTH
DOYLE PECK	CACHE COUNTY SHERIFF OFFICE JAIL DIVISION

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

Given that the causal relationship between mental illness and criminal conduct is distal, in most cases, consequently, the prominent distinction between the general mental health population and the mentally ill offender remains the constituent of criminogenic risk. Unless the factors of such risk are understood, properly assessed, identified, and addressed within the therapeutic context, treatment of mental illness symptomatology alone, will not suffice to achieve the goal of reduced recidivism.

The key component of the justice reinvestment initiative focuses on the factors of criminal risk that underlie the problem of criminal recidivism. Typically, these factors include pro-criminal associations, pro-criminal attitudes and values, pro-criminal personality features, as well as poor social, educational, leisure, and work histories, as well as illicit substance use and abuse.



As represented above, evidenced-based activities of screening, assessment, treatment, and recovery support services, of necessity must incorporate intervention strategies designed to effectively challenge and reshape the patterns of daily living and value development that foster pro-criminal risk.

Therefore, mental health systems engaging in therapeutic work with the mentally ill offender must infuse within its clinical practice model, assessment and treatment planning dedicated to the medication of criminal risk, in addition to the management of functional skill-building and symptom stabilization.

Provisional Mental Health Proposals

In consideration of both justice reinvestment provisions and allocated funding, Bear River Mental Health, as the provider for the District 1 Local Mental Health Authority, proposes the following:

1. Inclusion of the Level of Service Inventory – Revised (LSI-R) as part of the Center's functional assessment portion of its initial mental health evaluation, and as part of its system for individuals that have been arrested within the last 30 days.

2. Incorporation of Moral Reconation Therapy (MRT) into the Center's available services, including Center sponsorship of appropriate staff training, education, and certification in MRT.

3. Revision of the Center's Service Priority Policy for inclusion of justice-involved individuals, contingent on Justice Reinvestment Initiative funding for subsidized treatment.

4. As medically necessary, assign a forensic case manager to the justice-involved mentally ill offender in need of intensive outreach community-based services.

5. Utilization of the DLA-20 functional assessment as part of the initial mental health assessment for mental health court referral candidates, and DLA-20 re-assessment as part of each phase advancement.

6. Expansion of BRMH jail services to include mental health court eligibility assessments and orientation for rapid program intervention and jail diversion, as well as consideration for development and provision of a mentally ill offender treatment or pre-release group.

Identify your proposed outcome measures

Throughout the past year, BRMH has met regularly with our JRI implementation team, often taking the lead in scheduling and inviting participation. There have been several miscommunications as members try to ascertain their respective roles. BRMH has remained positive and cooperative as the committee members expressed frustration. We have also scheduled individual meetings with the First District Court judges, AP&P, the Sheriff's Office in Box Elder and Cache counties, and with the Cache County attorney. Direction to our staff is to treat any criminally involved client with JRI funding.

Additionally, we are supportive of, and cooperating with, the Utah Department of Corrections (UDC) Division of Adult Probation and Parole (AP&P) Logan Office Pilot Proposal. A copy of this proposal can be made available. This proposal, supported also by the Governor's Office of Management and Budget, seeks to reshape the criminal justice system in a way that reduces recidivism, changes lives, and saves money. The program, and our participation, includes concentrated "dosages" of treatment within the first 90 days of sentencing, which is the most influential time to address offender risk. Evidence-based research shows that therapy addressing anti-social cognition, anti-social personality, and anti-social associates, tend to have the most meaningful impact in getting an offender to effect positive and lasting change in his/her life. BRMH has therapists capable of addressing these concerns. This pilot will be conducted for 9 months, with AP&P taking the lead. We are supportive, as far as our JRI funding will allow.

BRMH, in conjunction with NUCOV (Northern Utah Coalition out of Violence), is sponsoring a one-day training on June 3, 2016 at the Riverwoods Conference Center in Logan, with a nationally recognized presenter, Amy Judy, a senior associate with the Vera Institute of Justice under the Center on Victimization and Safety. All BRMH staff is invited to the training, as well as everyone on the JRI implementation committee, and their associates. Vera works with law enforcement and government agencies to reduce crime and promote efficient policing, while improving public safety. In partnership with sentencing and correction officials, Vera works to promote fairness and consistency in sentencing, enhance community-based supervision, and reduce jail and prison overcrowding.

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 2017 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: _____

Title: _____

Date: _____