

<b>GOVERNANCE &amp; OVERSIGHT NARRATIVE</b>									
					<b>Local Authority:</b> Bear River Mental Health Services, Inc.				
<b>Instructions:</b>									
<p>In the cells below, please provide an answer/description for each question. <b>PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!</b></p> <p>Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.</p>									
<b>1) Access &amp; Eligibility for Mental Health and/or Substance Abuse Clients</b>									<b>Character Limit/Count</b>
Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?									2000

	<p>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.</p> <p>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.</p> <p>Specifically, BRMH identifies the following priorities and populations of primary service eligibility and conditions applicable to initial and continued mental health service delivery:</p> <ol style="list-style-type: none"> <li>1. Medicaid;</li> <li>2. Medicaid Pending;</li> <li>3. Medicaid Spend-down;</li> <li>4. Specialty Populations; <ol style="list-style-type: none"> <li>a. Mental health court clients;</li> <li>b. Civil commitment clients;</li> <li>c. Crisis Services;</li> <li>d. Jail Services;</li> <li>e. Medicaid Disability Determination Evaluations / Form M-20;</li> <li>f. Grant funded clients (i.e., 2.7 funding; Early Intervention funding, etc.); and</li> <li>g. JRI Funding</li> </ol> </li> </ol>	1487
	<p>Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?</p>	2000

	N/A	3
	What are the criteria used to determine who is eligible for a public subsidy?	2000
	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).	250
	How is this amount of public subsidy determined?	2000
	Public subsidy of mental health services is determined according to the Center's sliding fee schedule, relative to the service population priorities described above.	165
	How is information about eligibility and fees communicated to prospective clients?	2000

	<p>Information regarding service eligibility and associated fees are provided, generally, through the Center's external website (<a href="http://brmh.com/index.html">http://brmh.com/index.html</a>), as well as through direct contact with the Center's Service Coordinator through the request for service system.</p>	266
	<p>Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at <a href="http://www.niatx.net/Home/Home.aspx">http://www.niatx.net/Home/Home.aspx</a>, or similar structured change model.</p>	2000
	<p>Last year BRMH completed NIATx surveys at our facilities in Logan, Brigham City, and Tremonton. We did not have any significant concerns and those interviewed were happy with their access. We are familiar with the change project form, but do not currently plan to change our process that consumers are satisfied with.</p>	329
	<p>Are you a National Health Service Core (NHSC) provider? YES/NO  In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.</p>	2000

	<p>Yes, Bear River Mental Health is a qualified NHSC provider.</p>	<p>64</p>
	<p><b>2) Subcontractor Monitoring</b></p>	
	<p>The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:</p>	
	<p>(1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.</p>	
	<p>Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.</p>	<p>2000</p>

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.

FY18 Mental Health Area Plan & Budget													Local Authority: Bear River Mental Health		Form A	
State General Fund				County Funds												
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	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 FY2018 Revenue			
FY2018 Mental Health Revenue by Source		2,176,030	148,454	162887	302010	6565960	131198		46000	281000	75600	258500	\$10,147,639			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served	
Inpatient Care (170)		422478			58635	1274792							\$1,755,905	144	\$12,193.78	
Residential Care (171 & 173)		97396			13517	293886					15000	20200	\$439,999	48	\$9,166.65	
Outpatient Care (22-24 and 30-50)		727772	148454	82887	117254	2576007	56698		34538	184750	17055	57425	\$4,002,840	3375	\$1,186.03	
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		21200			2942	64687	6500			2671	1000		\$99,000	421	\$235.15	
Psychotropic Medication Management (61 & 62)		263726			36602	795772	20000			7000	7000		\$1,130,100	1080	\$1,046.39	
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		278469			38648	840258	11000			2500		4125	\$1,175,000	625	\$1,880.00	
Case Management (120 & 130)		235431			32834	710394	27000			20041	4300		\$1,030,000	1315	\$783.27	
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		43895			1110						31245	26750	\$103,000	135	\$762.96	
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		3368			468	10164			11462	14038			\$39,500	100	\$395.00	
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information				20000			10000			50000		150000	\$230,000			
Services to persons incarcerated in a county jail or other county correctional facility				60000									\$60,000	187	\$320.86	
Adult Outplacement (USH Liaison)		82295											\$82,295	5	\$16,459.00	
Other Non-mandated MH Services													\$0		#DIV/0!	
FY2018 Mental Health Expenditures Budget	0	2176030	148454	162887	302010	6565960	131198	0	46000	281000	75600	258500	\$10,147,639			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served	
ADULT		1522447	29454	107660	205929	4473656	82599		25530	118821	55704	74416	\$6,696,216	1829	\$3,661.14	
YOUTH/CHILDREN		653583	119000	55227	96082	2092304	48599		20470	162179	19896	184084	\$3,451,424	1555	\$2,219.57	
Total FY2018 Mental Health Expenditures	0	2176030	148454	162887	302011	6565960	131198	0	46000	281000	75600	258500	\$10,147,640	3384	\$2,998.71	

**FY18 Proposed Cost & Clients Served by Population**

Local Authority:

**Form A (1)**

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
1135561	ADULT	95	11953.27368
620344	CHILD/YOUTH	49	12660.08163
<b>Residential Care Budget</b>			
434694	ADULT	47	9248.808511
5306	CHILD/YOUTH	1	5306
<b>Outpatient Care Budget</b>			
2225711	ADULT	1825	1219.567671
1777129	CHILD/YOUTH	1550	1146.534839
<b>24-Hour Crisis Care Budget</b>			
64024	ADULT	311	205.8649518
34976	CHILD/YOUTH	110	317.9636364
<b>Psychotropic Medication Management Budget</b>			
893683	ADULT	805	1110.165217
236417	CHILD/YOUTH	275	859.6981818
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
880193	ADULT	260	3385.357692
294808	CHILD/YOUTH	365	807.6931507
<b>Case Management Budget</b>			
829252	ADULT	655	1266.033588
200747	CHILD/YOUTH	660	304.1621212
<b>Community Supports Budget (including Respite)</b>			
70658	ADULT (Housing)	25	2826.32
32342	CHILD/YOUTH (Respite)	110	294.0181818
<b>Peer Support Services Budget</b>			
20145	ADULT	50	402.9
19355	CHILD/YOUTH (includes FRF)	50	387.1
<b>Consultation &amp; Education Services Budget</b>			
	ADULT		
230000	CHILD/YOUTH		



**FY18 Mental Health Early Intervention Plan & Budget**

**Local Authority:** Bear River Mental Health Services, Inc.

**Form A2**

	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue											
FY2018 Mental Health Revenue by Source		191009							\$191,009		
	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
FY2018 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL									\$0		#DIV/0!
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL		163809							\$163,809	155	\$1,056.83
School Based Behavioral Health-ADMIN		27200							\$27,200		
FY2018 Mental Health Expenditures Budget	0	191009	0	0	0	0	0	0	\$191,009	155	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

## FORM A - MENTAL HEALTH BUDGET NARRATIVE

**Local Authority:** Bear River Mental Health Services, Inc.

**Instructions:**

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**  
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

**1a) Adult Inpatient**

Form A1 - FY18 Amount Budgeted:	1,135,561	Form A1 - FY18 Projected Clients Served:	95.00		
Form A1 - Amount Budgeted In FY17 Area Plan	1,077,870	Form A1 - Projected Clients Served In FY17 Area Plan	110		
Form A1 - Actual FY16 Expenditures Reported by Locals	1,013,878	Form A1 - Actual FY16 Clients Served as Reported By Locals	83	<b>Character Limit/Count</b>	
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.					2,500

Bear River Mental Health plans for the continued utilization of IHC facilities as the primary resources to meet the Center's acute adult and child inpatient needs for FY 2018. All inpatient resources utilized by the Center will continue to accommodate both male and female admissions. 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, etc.) have, and will, at times, be necessary in order to meet the area's inpatient service needs. 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, 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.

	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).				1,000	
					0	
	Describe any significant programmatic changes from the previous year.				400	
	No significant inpatient resources or programmatic changes are anticipated for FY 2018.				89	
<b>1b) Children/Youth Inpatient</b>						
	Form A1 - FY18 Amount Budgeted:	620,344	Form A1 - FY18 Projected Clients Served:	49.00		
	Form A1 - Amount Budgeted In FY17 Area Plan	472,130	Form A1 - Projected Clients Served In FY17 Area Plan	40		
	Form A1 - Actual FY16 Expenditures Reported by Locals	553,893	Form A1 - Actual FY16 Clients Served as Reported By Locals	43	<b>Character Limit/Count</b>	
	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.				2,500	

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p>	1,771	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	



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/or any expected increase or decrease in the number of individuals served (15% or greater change).				1,000	
					0	
	Describe any significant programmatic changes from the previous year.				400	
	No significant programmatic changes, with respect to residential services, are planned or projected for FY 2018.				114	
<b>1d) Children/Youth Residential Care</b>						
	Form A1 - FY18 Amount Budgeted:	5,306	Form A1 - FY18 Projected Clients Served:	1.00		
	Form A1 - Amount Budgeted In FY17 Area Plan	5,000	Form A1 - Projected Clients Served In FY17 Area Plan	1		
	Form A1 - Actual FY16 Expenditures Reported by Locals	4,690	Form A1 - Actual FY16 Clients Served as Reported By Locals	1		<b>Character Limit/Count</b>
	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.				3,000	

	<p>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.</p> <p>Although these specific programs have been utilized in previous years, with respect to FY 2018, Bear River Mental Health does not plan to limit its residential service continuum to select facilities, but will endeavor to obtain services from any available and accredited residential treatment resource necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.</p> <p>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.</p>	1,412	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	

	Describe any significant programmatic changes from the previous year.				500	
	No programmatic changes are planned for FY 2018.				48	
	<b>1e) Adult Outpatient Care</b>					
	Form A1 - FY18 Amount Budgeted:	2,225,711	Form A1 - FY18 Projected Clients Served:	1,825.00		
	Form A1 - Amount Budgeted In FY17 Area Plan	2,016,462	Form A1 - Projected Clients Served In FY17 Area Plan	1,730		
	Form A1 - Actual FY16 Expenditures Reported by Locals	2,104,289	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,788	<b>Character Limit/Count</b>	
	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.				5,000	

	<p>As in previous years, the continuum of outpatient services provided directly by BRMH, projected for FY 2018, 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.</p> <p>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.</p> <p>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.</p> <p>BRMH has subcontracted providers, and additional private providers, where outpatient therapy services are provided to a relatively small number of Medicaid eligible individuals.</p>	1,368	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	



	<p>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.</p> <p>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.</p>	714	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

No significant programmatic changes in outpatient services, relative to children and youth, are planned or projected for FY 2018.				129
<b>1g) Adult 24-Hour Crisis Care</b>				
Form A1 - FY18 Amount Budgeted:	64,024	Form A1 - FY18 Projected Clients Served:	311.00	
Form A1 - Amount Budgeted In FY17 Area Plan	72,503	Form A1 - Projected Clients Served In FY17 Area Plan	290	
Form A1 - Actual FY16 Expenditures Reported by Locals	57,399	Form A1 - Actual FY16 Clients Served as Reported By Locals	271	<b>Character Limit/Count</b>
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500

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 2018. 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. [Individuals in crisis in most cases will reach a crisis therapist when they call. The exception to this is if the crisis therapist are on another crisis call. The individual is prompted to leave a message for a return call by the crisis therapist.](#) 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.

	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000
		0
	Describe any significant programmatic changes from the previous year.	400
	No significant programmatic change is anticipated for FY 2018, 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.	263
<b>1h) Children/Youth 24-Hour Crisis Care</b>		
Form A1 - FY18 Amount Budgeted:	34,976	Form A1 - FY18 Projected Clients Served: 110.00
Form A1 - Amount Budgeted In FY17 Area Plan	20,497	Form A1 - Projected Clients Served In FY17 Area Plan 80
Form A1 - Actual FY16 Expenditures Reported by Locals	31,357	Form A1 - Actual FY16 Clients Served as Reported By Locals 106
		<b>Character Limit/Count</b>
	Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.	2,500

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 2018. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).			1,000	
				0	
	Describe any significant programmatic changes from the previous year.			1,000	
	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 2018.			183	
<b>1i) Adult Psychotropic Medication Management</b>					
	Form A1 - FY18 Amount Budgeted:	893,683	Form A1 - FY18 Projected Clients Served:	805.00	
	Form A1 - Amount Budgeted In FY17 Area Plan	948,941	Form A1 - Projected Clients Served In FY17 Area Plan	820	
	Form A1 - Actual FY16 Expenditures Reported by Locals	801,480	Form A1 - Actual FY16 Clients Served as Reported By Locals	795	<b>Character Limit/Count</b>
	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.			2,000	

	<p>Psychotropic medication and medication management are direct services provided to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacological treatment.</p> <p>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.</p> <p>The Center will continue to offer a variety of options for medication administration and monitoring. 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.</p> <p>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.</p> <p>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.</p>	1,993	
	<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>	1,000	



	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>1,499</p>	
	<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>	<p>1,000</p>	



The adult psychosocial programs, both in Brigham City (Brigham City House) and Logan (Bear River House), will continue throughout FY 2018, 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:

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. 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. 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 psychoeducational, support groups, and experiential rehabilitative activities in the process of preparing consumers for social, recreational, educational, and vocational community reintegration.

	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			1,000	
				0	
	Describe any significant programmatic changes from the previous year.			400	
	No substantive programmatic changes are planned in this service area for FY 2018.			81	
<b>1i) Children/Youth Psychoeducation Services &amp; Psychosocial Rehabilitation</b>					
	Form A1 - FY18 Amount Budgeted:	294,808	Form A1 - FY18 Projected Clients Served:	365.00	
	Form A1 - Amount Budgeted In FY17 Area Plan	266,970	Form A1 - Projected Clients Served In FY17 Area Plan	335	
	Form A1 - Actual FY16 Expenditures Reported by Locals	265,232	Form A1 - Actual FY16 Clients Served as Reported By Locals	359	<b>Character Limit/Count</b>
	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.			2,500	

	<p>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.</p> <p>In addition, the mental health center plans to continue the delivery of psychosocial rehabilitative services in FY 2018 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.</p> <p>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.</p>	1,139	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

No significant programmatic changes are planned for FY 2018.				60
<b>1m) Adult Case Management</b>				
Form A1 - FY18 Amount Budgeted:	829,252	Form A1 - FY18 Projected Clients Served:	655.00	
Form A1 - Amount Budgeted In FY17 Area Plan	672,258	Form A1 - Projected Clients Served In FY17 Area Plan	660	
Form A1 - Actual FY16 Expenditures Reported by Locals	736,309	Form A1 - Actual FY16 Clients Served as Reported By Locals	636	<b>Character Limit/Count</b>
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.				2,500

	<p>For FY 2018, 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p style="text-align: right;">1,615</p>	
	<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>	<p style="text-align: right;">1,000</p>	



	<p>Case management services in FY 2018 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.</p> <p>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 predominantly 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.</p>	1,127	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

	Programmatic aspects of case management, as well as the scope and methods of service delivery, will continue unchanged for FY 2018.				131	
<b>1o) Adult Community Supports (housing services)</b>						
	Form A1 - FY18 Amount Budgeted:	70,658	Form A1 - FY18 Projected Clients Served:	25.00		
	Form A1 - Amount Budgeted In FY17 Area Plan	40,000	Form A1 - Projected Clients Served In FY17 Area Plan	34		
	Form A1 - Actual FY16 Expenditures Reported by Locals	63,856	Form A1 - Actual FY16 Clients Served as Reported By Locals	22	<b>Character Limit/Count</b>	
	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.				2,000	

	<p>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.</p> <p>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.</p> <p>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.</p>	1,090	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	400	

No significant programmatic changes, with respect to community supports, are planned or projected for FY 2018.				110
<b>1p) Children/Youth Community Supports (respite services)</b>				
Form A1 - FY18 Amount Budgeted:	32,342	Form A1 - FY18 Projected Clients Served:	110.00	
Form A1 - Amount Budgeted In FY17 Area Plan	40,000	Form A1 - Projected Clients Served In FY17 Area Plan	105	
Form A1 - Actual FY16 Expenditures Reported by Locals	29,323	Form A1 - Actual FY16 Clients Served as Reported By Locals	108	<b>Character Limit/Count</b>
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.				2,500

	<p>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.</p> <p>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.</p>	1,321	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

No significant programmatic changes are planned for FY 2018.				60
<b>1q) Adult Peer Support Services</b>				
Form A1 - FY18 Amount Budgeted:	20,145	Form A1 - FY18 Projected Clients Served:	50.00	
Form A1 - Amount Budgeted In FY17 Area Plan	24,000	Form A1 - Projected Clients Served In FY17 Area Plan	50	
Form A1 - Actual FY16 Expenditures Reported by Locals	17,892	Form A1 - Actual FY16 Clients Served as Reported By Locals	45	<b>Character Limit/Count</b>
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.				2,000
<p>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.</p> <p>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).</p> <p>BRMH will employ three Peer Support Specialist for FY 2018.</p>				924

	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
	No increase or decrease is expected.	38	
	How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?	1,000	
	BRMH Day Treatment Supervisor supervises the adult peer support specialists. Supervision is conducted twice a month. was provided by the State on how to supervise peer support specialists, as well as general supervision training.	240	
	Describe any significant programmatic changes from the previous year.	400	
	No programmatic change in adult peer support is planned for FY 2018.	71	

<b>1r) Children/Youth Peer Support Services</b>					
Form A1 - FY18 Amount Budgeted:	19,355	Form A1 - FY18 Projected Clients Served:	50.00		
Form A1 - Amount Budgeted In FY17 Area Plan	20,500	Form A1 - Projected Clients Served In FY17 Area Plan	50		
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals			<b>Character Limit/Count</b>
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.					2,500
<p>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.</p> <p>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.</p>					1,506
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).					1,000

	<p>It has been requested that we budget for FRF even though we do not have our FRF record the services in BRMH client records for billings.</p>	138	
	<p>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>The Division provides supervision when the FRF during their monthly meetings as well as Lori Cerar during their regular supervision. The clinical supervisor also meets with the FRF regularly to provide assistance. Dan Sorensen provides the supervision. Supervisors receive regular attendance at Division sponsored trainings and other professional development.</p>	363	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
	<p>No programmatic change in children and youth peer support is planned for FY 2018.</p>	84	

<b>1s) Adult Consultation &amp; Education Services</b>								
	Form A1 - FY18 Amount Budgeted:	0						
	Form A1 - Amount Budgeted In FY17 Area Plan	0						
	Form A1 - Actual FY16 Expenditures Reported by Locals	0					<b>Character Limit/Count</b>	
	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.						2,000	

	<p>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.</p> <p>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. 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.</p> <p>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.</p> <p>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.</p>	<p style="text-align: right;">1,787</p>	
	<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>	<p style="text-align: right;">1,000</p>	



	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	1,172	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

No significant programmatic changes are planned in this area for FY 2018.				73
<b>1u) Services to Incarcerated Persons</b>				
Form A1 - FY18 Amount Budgeted:	60,000	Form A1 - FY18 Projected Clients Served:	187.00	
Form A1 - Amount Budgeted In FY17 Area Plan	43,000	Form A1 - Projected Clients Served In FY17 Area Plan	205	
Form A1 - Actual FY16 Expenditures Reported by Locals	53,510	Form A1 - Actual FY16 Clients Served as Reported By Locals	163	<b>Character Limit/Count</b>
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.				2,000

	<p>For FY 2018, 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.</p> <p>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.</p> <p>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.</p>	<p>1,674</p>	
	<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>	<p>1,000</p>	



	<p>BRMH has identified housing as a critical factor that potentially threatens the timely transition of the state hospital or acute hospital patient into less restrictive living environments. 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.</p> <p>In support of this transitional resource, the Center utilizes outplacement funds to cover the facility's room and board costs for state hospital clients during their initial and/or subsequent trial periods prior to state hospital discharge, as well as for the month following their formal institutional release.</p> <p>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 and are utilized according to identified need.</p>	996	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
	We budgeted what the State asked us to.	39	
	Describe any significant programmatic changes from the previous year.	400	

	<p>Programmatic changes, relative to outplacement resources, are not expected to significantly change for FY 2018.</p>	<p>115</p>	
	<p><b>1w) Children/Youth Outplacement</b></p>	<p><b>Character Limit/Count</b></p>	
	<p>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.</p>	<p>2,000</p>	
	<p>Outplacement funds have, predominantly, 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.</p> <p>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.</p>	<p>900</p>	
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>1,000</p>	

	Programmatic changes, relative to outplacement resources for children and youth, are not expected to significantly change for FY 2018.				136	
	<b>1x) Unfunded Adult Clients</b>					
	Form A1 - FY18 Amount Budgeted:	29,545	Form A1 - FY18 Projected Clients Served:	24.00		
	Form A1 - Amount Budgeted In FY17 Area Plan	57,262	Form A1 - Projected Clients Served In FY17 Area Plan	54		
	Form A1 - Actual FY16 Expenditures Reported by Locals	24,723	Form A1 - Actual FY16 Clients Served as Reported By Locals	25	<b>Character Limit/Count</b>	
	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.				2,000	

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/or any expected increase or decrease in the number of individuals served (15% or greater change).				1,000	
					0	
	Describe any significant programmatic changes from the previous year.				400	
	Programmatic changes, relative to outplacement resources for children and youth, are not expected to significantly change for FY 2018.				138	
	<b>1y) Unfunded Children/Youth Clients</b>					
	Form A1 - FY18 Amount Budgeted:	119,000	Form A1 - FY18 Projected Clients Served:	87.00		
	Form A1 - Amount Budgeted In FY17 Area Plan	121,550	Form A1 - Projected Clients Served In FY17 Area Plan	94		
	Form A1 - Actual FY16 Expenditures Reported by Locals	152,794	Form A1 - Actual FY16 Clients Served as Reported By Locals	94	<b>Character Limit/Count</b>	
	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.				2,500	

	<p>The integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts will continue in FY 2018, as previously implemented.</p> <p>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.</p> <p>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.</p>	983	
	Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

Programmatic changes are not expected to significantly change for FY 2018.				78
<b>1z) Other non-mandated Services</b>				
Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:		
Form A1 - Amount Budgeted In FY17 Area Plan	0	Form A1 - Projected Clients Served In FY17 Area Plan	0	
Form A1 - Actual FY16 Expenditures Reported by Locals	0	Form A1 - Actual FY16 Clients Served as Reported By Locals	0	<b>Character Limit/Count</b>
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.				3,000
<p>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.</p> <p>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.</p>				478
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).				1,000



	<p>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 2018.</p> <p>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.</p> <p>Through case management clients are assisted in a team approach with Voc Rehab in an effort help the client obtain gainful employment. This includes help with resumes, mock interviews, job coaching, supportive employment, etc.</p>	<p style="text-align: right;">2,054</p>	
	Collaborative efforts involving other community partners.	<p style="text-align: right;">1,500</p>	

	BRMH works closely with Vocational Rehab. BRMH meets on a monthly basis with Voc. Rehab, as well as meeting throughout the month, on a needed basis, to discuss the needs of individual clients.	195	
	Employment of people with lived experience as staff.	1,500	
	<p>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.</p> <p>Additionally, consumer peer specialist positions are planned in both Cache and Box Elder counties to begin in FY 2018.</p>	442	
	Peer Specialists/Family Resource Facilitators providing Peer Support Services.	1,500	

	<p>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.</p>	<p style="text-align: center;">895</p>	
	<p>Evidence-Based Supported Employment.</p>	<p style="text-align: center;">1,500</p>	

	<p>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.</p> <p>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 2018.</p> <p>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.</p> <p>BRMH will look into receiving employment technical assistance from Supported Employment/Individual Placement and Support (IPS) Trainer at DSAMH to assist with further developing employment services and implementing an evidence-based supported employment model.</p>	1,417	
	<b>3) Quality &amp; Access Improvements</b>		
	Identify process improvement activities including implementation and training of:	<b>Character Limit/Count</b>	
	Describe access and quality improvements	1,500	

	BRMH implemented/transferred to a new software system in July 2016. The system has automated many of the required reports that BRMH submits to State Medicaid and DSAMH.	173	
	Identify process improvement activities - Implementation	1,500	
	BRMH is currently working with Zimmet and Zimmet on a sexual misconduct risk assessment to insure that our policies and procedure fall within the best practices of the industry.	180	
	Identify process improvement activities - Training of Evidence Based Practices	1,000	

	<p>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.</p>	726	
Identify process improvement activities - Outcome Based Practices		1,000	
	<p>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.</p> <p>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 2018.</p>	918	

	Identify process improvement activities - Increased service capacity	1,000	
	<p>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 2018 (despite the reduction in funds). Additionally, service capacity to justice-involved individuals will be expanded in FY 2018 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.</p>	727	
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000	
	<p>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 2018.</p>	323	
	Identify process improvement activities - Efforts to respond to community input/need	1,000	

	<p>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 2018 with the intent to develop policy, procedure, and community practice standards that will improve the Center's working relationships in the local community.</p>	634	
	Identify process improvement activities - Coalition Development	1,000	
	<p>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 2018.</p>	486	
	Describe how mental health needs for people in Nursing Facilities are being met in your area	1,000	
	<p>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.</p>	373	
	Other Quality and Access Improvements (not included above)	1,000	



	<p>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.</p> <p>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.</p> <p>With respect to the physical healthcare needs of Center clients, coordination between mental health and physical health care predominantly 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.</p>	1,287	
	Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	1,500	
	<p>Part of our assessment and tx planning activities involves physical health issues, assessing ADL’s using the DLA-20 and referrals to prescribers, both internally and externally. Our med team routinely orders labs, reviews them and coordinates with PCP’s as needed. We coordinate with the local Health Department and other health specific entities as needed. BRMH also has Case Managers who have been trained in tobacco cessation and regularly assist clients in accessing the Utah Quit line and their PCP for Medication Assisted Therapy. BRMH regularly coordinates with specialized health care providers.</p>	1,287	
	Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a <b>tobacco free environment</b> . SUD Target= reduce tobacco and nicotine use by 5%.	1,500	

	<p>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.</p> <p>Additionally, Center staff 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 2018, the Center will continue to provide this, specific, six week curriculum to fidelity, once every six months during the year.</p> <p>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 2018 in the interest of promoting consumer development and adoption of healthy lifestyle change as an inclusive part of an overall system of care.</p> <p>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.</p>	1,485	
	<p><b>5a) Children/Youth Mental Health Early Intervention</b></p>	<p><b>Character Limit/Count</b></p>	
	<p>Describe the <b>Family Resource Facilitation with Wraparound</b> activities you propose to undertake and identify where services are provided. <b>Describe how you intend to partner with other Department of Human Services child serving agencies.</b> For each service, identify whether you will provide services directly or through a contracted provider.</p>	2,500	

	BRMH has chosen to use the early intervention funds for School-Based Mental Health.	87	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	
		0	

	<p><b>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</b></p>	<p>[1]</p>	
	<p><b>5b) Children/Youth Mental Health Early Intervention</b></p>	<p><b>Character Limit/Count</b></p>	
	<p>Describe the <b>Mobile Crisis Team</b> activities you propose to undertake and identify where services are provided. <b>Please note the hours of operation.</b> For each service, identify whether you will provide services directly or through a contracted provider.</p>	<p>5,000</p>	
	<p>BRMH has chosen to use the early intervention funds for School-Based Mental Health.</p>	<p>87</p>	
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	<p>1,000</p>	
		<p>0</p>	
	<p>Describe any significant programmatic changes from the previous year.</p>	<p>1,500</p>	



	<p>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.</p> <p>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.</p> <p>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.</p> <p>BRMH will serve children and youth regardless of funding source (unfunded, underinsured, or Medicaid) as far as resources allow.</p>	<p>1,395</p>	
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.</p>	<p>1,000</p>	



		<b>6) Suicide Prevention, Intervention &amp; Postvention</b>	<b>Character Limit/Count</b>	
		Describe the current services in place in suicide prevention, intervention and postvention.	3,000	

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.

BRMH has trained all clinician on the CSSRS tool to assess the likelihood of suicide risk. Training has been given on how to assess and write same day safety plans. Clients are given access to BRMH's crisis line.

#### POSTVENTION:

	<p>Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.</p>	1,500	
	<p>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.</p> <p>CSSRS Screening Administration  2015 Baseline- Numerator 218 Denominator 2746 = 7.9%  2016 Remeasurement - Numerator 820 Denominator 2966 = 27.6%</p> <p>CSSRS Same Day Safety Plan Administration  2015 Baseline - Numerator 38 Denominator 105 = 36.2 %  2016 Remeasurement - Numerator 342 Denominator 441 = 77.6%</p> <p>CSSRS screening administration and same day safety plan administration percentages increased significantly from the baseline year to the remeasurement year. An increase in numbers and percentages is expected in second remeasurement period.</p> <p>For FY 2018, BRMH will be involved in a statewide performance improvement project relative to suicide screening and safety planning, further utilizing the C-SSRS.</p>	1,274	
	<p>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.</p>	1,500	

	<p>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.</p> <p>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.</p> <p>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 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.</p>	1,435	
		<b>Character Limit/Count</b>	
	<p><b>7) Justice Reinvestment Initiative</b></p> <p>Identify the members of your local JRI implementation Team.</p>	1,500	

**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.	1,500	
	<p>Bear River Mental Health, as the provider for the District 1 Local Mental Health Authority, will implement the following:</p> <p>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.</p> <p>Incorporation of Moral Reconciliation Therapy (MRT) into the Center’s available services, including Center sponsorship of appropriate staff training, education, and certification in MRT.</p> <p>Revision of the Center’s Service Priority Policy for inclusion of justice-involved individuals, contingent on Justice Reinvestment Initiative funding for subsidized treatment.</p> <p>As medically necessary, assign a forensic case manager to the justice-involved mentally ill offender in need of intensive outreach community-based services.</p> <p>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.</p> <p>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.</p>	1,424	
	Identify your proposed outcome measures.	1,000	

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.

[1] Type YES/NO here.

**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 2018 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(s) # 160238, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY:** Rich County

**By:** William E Cox  
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

**PLEASE PRINT:**

**Name:** William E Cox

**Title:** Commissioner

**Date:** 5/10/17

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

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**LOCAL AUTHORITY:** Box Elder County

**By:** Jeffrey D. Scott  
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

**PLEASE PRINT:**

**Name:** Jeffrey D. Scott

**Title:** B.E. County Commissioner

**Date:** 5-17-2017

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

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**LOCAL AUTHORITY:** Cache County

**By:** Craig W Butters  
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

**PLEASE PRINT:**

**Name:** CRAIG W BUTTARS

**Title:** CACHE COUNTY EXECUTIVE

**Date:** 5/10/17