

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Bear River MH

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!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
<p>General eligibility for mental health services 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. The hope is to broaden available service delivery as permitted by the Center's funding allocations and restrictions.</p> <p>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.</p> <ol style="list-style-type: none">1. Medicaid;2. Medicaid Pending;3. Medicaid Spend-down;4. Specialty Populations;<ol style="list-style-type: none">a. Mental health court clients;b. Civil commitment clients;c. 24 hour Crisis Services;d. Jail Services;e. Medicaid Disability Determination Evaluations / Form M-20;f. Grant funded clients (i.e., 2.7 funding; Early Intervention funding, schools, etc.); andg. JRI Funding
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?
N/A
What are the criteria used to determine who is eligible for a public subsidy?
Criteria utilized to determine eligibility for the Center's sliding fee is generally relative to clients who are uninsured and, typically, where the client fits within a particular specialty population (e.g., Mental Health Court or civil commitment).
How is this amount of public subsidy determined?
Public subsidy of mental health services is determined according to the Center's sliding fee schedule, relative to the service population priorities described above.
How is information about eligibility and fees communicated to prospective clients?

Information regarding service eligibility and associated fees are provided, generally, through the Center's external website (<http://brmh.com/index.html>), as well as through direct contact with the Center's Service Coordinator through the request for service system.

**Are you a National Health Service Core (NHSC) provider? YES/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.**

Yes, Bear River Mental Health is a qualified NHSC provider. We find this program to be beneficial in recruiting and retaining professional staff. We make every effort to complete requirements to maintain our eligibility as a NHSC site, by providing any requested information in a timely manner, and monitoring and responding to our Site requirements. We also do what we can to help our employees, who participate, to provide any information they need from us, in a timely manner. Bear River Mental Health also complies with the NHSC requirement to serve clients, regardless of ability to pay, by offering a sliding fee schedule, based on household size and income.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.**

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

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

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 Subcontract 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.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes

FY19 Proposed Cost & Clients Served by Population				Local Authority:	Bear River Mental Health	Form A (1)
Budget and Clients Served Data to Accompany Area Plan Narrative						
MH Budgets		Clients Served	Expected			
Inpatient Care Budget						
\$1,095,404	ADULT	100	\$10,954			
\$754,596	CHILD/YOUTH	55	\$13,720			
Residential Care Budget						
\$414,400	ADULT	47	\$8,817			
\$5,600	CHILD/YOUTH	1	\$5,600			
Outpatient Care Budget						
\$2,361,340	ADULT	1,850	\$1,276			
\$1,574,583	CHILD/YOUTH	1,525	\$1,033			
24-Hour Crisis Care Budget						
\$85,000	ADULT	390	\$218			
\$215,000	CHILD/YOUTH	140	\$1,536			
Psychotropic Medication Management Budget						
\$940,000	ADULT	775	\$1,213			
\$210,000	CHILD/YOUTH	275	\$764			
Psychoeducation and Psychosocial Rehabilitation Budget						
\$900,000	ADULT	255	\$3,529			
\$275,000	CHILD/YOUTH	295	\$932			
Case Management Budget						
\$883,499	ADULT	625	\$1,414			
\$165,000	CHILD/YOUTH	575	\$287			
Community Supports Budget (including Respite)						
\$112,343	ADULT (Housing)	27	\$4,161			
\$10,500	CHILD/YOUTH (Respite)	38	\$276			
Peer Support Services Budget						
\$29,000	ADULT	55	\$527			
\$11,462	CHILD/YOUTH (includes FRF)	15	\$764			
Consultation & Education Services Budget						
\$166,436	ADULT					
	CHILD/YOUTH					
Services to Incarcerated Persons Budget						
\$30,000	ADULT Jail Services	275	\$109			
Outplacement Budget						
\$82,197	ADULT	6	\$13,700			
Other Non-mandated Services Budget						
\$0	ADULT		#DIV/0!			
\$0	CHILD/YOUTH		#DIV/0!			
Summary						
Totals						
\$6,933,183	Total Adult					
\$3,388,177	Total Children/Youth					
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)						
Unfunded (\$2.7 million)						
\$19,000	ADULT	16	\$1,188			
\$77,444	CHILD/YOUTH	60	\$1,291			
Unfunded (all other)						
	ADULT		#DIV/0!			
	CHILD/YOUTH		#DIV/0!			

FY19 Mental Health Early Intervention Plan & Budget

Local Authority: Bear River Mental Health

Form A2

	State General Fund		County Funds								
FY2019 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue		
FY2019 Mental Health Revenue by Source		\$190,801							\$190,801		
	State General Fund		County Funds								
FY2019 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
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		\$163,631							\$163,631	165	\$991.70
School Based Behavioral Health-ADMIN		\$27,170							\$27,170		
FY2019 Mental Health Expenditures Budget	\$0	\$190,801	\$0	\$0	\$0	\$0	\$0	\$0	\$190,801	165	#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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	\$1,095,404	Form A1 - FY19 Projected clients Served:	100
Form A1 - Amount budgeted in FY18 Area Plan	\$1,135,561	Form A1 - Projected Clients Served in FY18 Area Plan	95
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,231,809	Form A1 - Actual FY17 Clients Served as Reported by Locals	98

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

Bear River Mental Health Services, Inc. (BRMH) plans for the continued utilization of Intermountain Healthcare (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.

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 to 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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$754,596	Form A1 - FY19 Projected clients Served:	55
Form A1 - Amount budgeted in FY18 Area Plan	\$620,344	Form A1 - Projected Clients Served in FY18 Area Plan	49
Form A1 - Actual FY17 Expenditures Reported by Locals	\$848,598	Form A1 - Actual FY17 Clients Served as Reported by Locals	55

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

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

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

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

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

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

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, with respect to children and youth inpatient psychiatric services, are planned for the upcoming fiscal year.

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	\$414,400	Form A1 - FY19 Projected clients Served:	47
Form A1 - Amount budgeted in FY18 Area Plan	\$434,694	Form A1 - Projected Clients Served in FY18 Area Plan	47
Form A1 - Actual FY17 Expenditures Reported by Locals	\$450,756	Form A1 - Actual FY17 Clients Served as Reported by Locals	47

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

Adult residential services are provided directly by BRMH through the operation of a 12-bed facility located in Logan, Utah. Five beds are set aside for female client use and five beds are set aside for male clients, with two additional beds being designated as overflow beds depending upon the specific needs of the clients. This facility will continue to ensure the availability of transitional and longer-term supportive living. This 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 within the community.

Clients are generally placed in the residential facility as a diversion to inpatient hospitalization and higher levels of care. Additionally, the residential facility can be used a transition-point and a step-down from higher levels of care before returning to living independently within the community.

Supportive living generally includes observation, monitoring, and structured daily living support which necessitates 24-hour staffing to ensure daily resident contact and monitoring, observation of general behavior and mental status, and performance of routine personal care and daily living tasks. All of these activities take place in addition to ongoing monitoring of symptomatology associated with each resident's diagnosis and individualized care 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 and achievement of a higher level of functioning.

In FY 2015, the Center completed construction and occupancy of a new residential facility on site of the Bear River House adult day program, located at 88 West 100 North, in Logan, Utah. The new facility includes single occupancy bedroom, 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 the previous facility. By having both the residential facility and adult day program located in close proximity to one another, clients have much easier access to residential care and adult day programming which increases client access to needed services from their unique treatment teams. Services provided include but are not limited to: case management, skills development, behavioral management, medication management, and crisis intervention services.

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

There are no significant programming changes expected, with respect to residential services provided in the residential facility, for the upcoming fiscal year.

4) Children/Youth Residential Care

Form A1 - FY19 Amount Budgeted:	\$5,600	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$5,306	Form A1 - Projected Clients Served in FY18 Area Plan	1
Form A1 - Actual FY17 Expenditures Reported by Locals	\$6,400	Form A1 - Actual FY17 Clients Served as Reported by Locals	1

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

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

Although these specific programs have been utilized in previous years, with respect to FY 2019, Bear River Mental Health does not plan to limit its residential service continuum to select facilities, but will endeavor to obtain services from any available and accredited residential treatment resource necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

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

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No programmatic changes are planned for the upcoming fiscal year.

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$2,361,340	Form A1 - FY19 Projected clients Served:	1,850
Form A1 - Amount budgeted in FY18 Area Plan	\$2,225,711	Form A1 - Projected Clients Served in FY18 Area Plan	1,825

Form A1 - Actual FY17 Expenditures Reported by Locals	\$2,167,864	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,772
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>As in previous years, the continuum of outpatient services provided directly by BRMH, projected for FY 2019, 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. BRMH has subcontracted providers, and additional private providers, where outpatient therapy services are provided to a relatively small number of Medicaid eligible individuals.</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).			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
Describe any significant programmatic changes from the previous year.			
No programmatic changes are planned for the upcoming fiscal year.			
Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.			
<p>BRMH's Court Liaison informs the treatment coordinator of the commitment, including start date, length of commitment, and any notable issues that need addressed in treatment. The Treatment Coordinator reviews relevant information from the designated examiner reports, meets with the client and revises the care plan to reflect the client's goals pertaining to the civil commitment. The Treatment Coordinator assigns a case manager, as medically necessary. If a case manager is assigned the case manager completes a needs assessment and provides services as medically necessary and as directed by the treatment coordinator. All treatment is designed to treat the civilly committed individual with the least restrictive level of care.</p>			

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$1,574,583	Form A1 - FY19 Projected clients Served:	1,525
Form A1 - Amount budgeted in FY18 Area Plan	\$2,225,711	Form A1 - Projected Clients Served in FY18 Area Plan	1,825

Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,581,469	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	1,468
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>As in previous years, the continuum of outpatient services provided directly by BRMH, projected for FY 2019, 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, childhood mental health 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. 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>			
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).			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes, with respect to the general continuum of adult outpatient services, are projected for the upcoming fiscal year.			

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$85,000	Form A1 - FY19 Projected clients Served:	390
Form A1 - Amount budgeted in FY18 Area Plan	\$64,024	Form A1 - Projected Clients Served in FY18 Area Plan	311
Form A1 - Actual FY17 Expenditures Reported by Locals	\$84,117	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	390
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.			

Mental health crisis management (i.e., emergency services) will continue to be provided to all individuals (regardless of funding), primarily as a direct service and not under subcontract (with exceptions as described below), as necessary, to assist those 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 the upcoming fiscal year. 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 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. [If the crisis worker is unable to answer the call within 20 seconds, the call will be forwarded to the National Crisis Line. A crisis phone, with the capability to forward the call when busy, forward the call when unanswered, and forward the call when unreachable will be used. This is set by and managed by the telephone carrier, at our request.](#) 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 are capable of managing both child and adult mental health emergencies and, when necessary, will make referrals to the Center's inpatient resources, as previously described. Additionally, the delivery of crisis or emergency services adhere to the established provisions as required by Medicaid, and illustrated in the Emergency Services and Crisis Response Ready References.

BRMH will provide the National Suicide phone number, app, and text line on its external website.

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

All crisis calls will be answered by a trained crisis worker. If a call comes into BRMH and one of our crisis workers cannot answer the call within 20 seconds, the call will then be forwarded to the national crisis line where a trained crisis worker will answer the call. [If the crisis worker is unable to answer the call within 20 seconds, the call will be forwarded to the National Crisis Line. A crisis phone, with the capability to forward the call when busy, forward the call when unanswered, and forward the call when unreachable will be used. This is set by and managed by the telephone carrier, at our request.](#)

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$215,000	Form A1 - FY19 Projected clients Served:	140
Form A1 - Amount budgeted in FY18 Area Plan	\$34,976	Form A1 - Projected Clients Served in FY18 Area Plan	110

Form A1 - Actual FY17 Expenditures Reported by Locals	\$57,949	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	111
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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.

Crisis services for children and youth 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 continue to be available seven days a week, 24 hours per day and 365 days a year for the upcoming fiscal year. 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 will fulfill the crisis coverage assignment, again on a rotating schedule. Pagers and cellular phones are utilized by crisis service staff to allow for quick communication and response to all crisis service requests. Also, during routine office hours, crisis staff maintain a flexible work schedule that ensures the possibility of an immediate response to any mental health emergency situation. Assigned crisis staff are capable of managing child and youth mental health emergencies and, when necessary, will make 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.

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.

In December 2017 BRMH was approached by Davis Behavioral Health (DBH) to partner in providing a Stabilization, Mobile Response Team (SMR) for individuals under the age of 21. The State Division contracted with DBH, which in turn subcontracted with BRMH.

SMR is a mobile response to individuals who are in crisis. Based off of established criteria, BRMH's SMR team (two member team) will respond within allotted time frames (depending on the severity of the crisis) to homes, schools, etc. The SMR team will handle the crisis at that time. Depending on the crisis and needs of the individual, the individual may then participate in the stabilization portion of the SMR model.

Stabilization may include in-home services, phone/in-person coaching, peer and/or parent mentoring, behavior training, family therapy, or respite. Stabilization is designed to last for eight weeks and can expand to 8 more weeks, if needed.

The SMR team covers the tri-county areas of Rich, Box Elder, and Cache County. The SMR team responds to all individuals regardless of funding.

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).

The implementation of the SMR team and the money received from the State Division creates an increase in funding above the 15% threshold. The number of additional individuals served at this time is estimated to be around a 30.

Describe any significant programmatic changes from the previous year.

BRMH has implemented an SMR team that will serve individuals in the the tri-county areas, regardless of funding.

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$940,000	Form A1 - FY19 Projected clients Served:	775
Form A1 - Amount budgeted in FY18 Area Plan	\$893,683	Form A1 - Projected Clients Served in FY18 Area Plan	805
Form A1 - Actual FY17 Expenditures Reported by Locals	\$951,080	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	745

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

Psychotropic medication and medication management are direct services provided to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacological treatment. The mental health center's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL).

Where possible and appropriate, the Center's medical staff work in consultation and coordination with primary care providers to better meet overall client medication treatment needs, as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics. The Center continues 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 are available to all mental health center clients who are determined to be in need of psychopharmacological treatment.

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

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

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

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, relative to medication management, are planned or anticipated for the

upcoming fiscal year.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$210,000	Form A1 - FY19 Projected clients Served:	275
Form A1 - Amount budgeted in FY18 Area Plan	\$236,417	Form A1 - Projected Clients Served in FY18 Area Plan	275
Form A1 - Actual FY17 Expenditures Reported by Locals	\$204,405	Form A1 - Actual FY17 Clients Served as Reported by Locals	242

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

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

The Center's medication management team includes Medical Assistants, Registered Nurses, Advanced Practice Registered Nurses, and Physician. Physician staff includes one Internal Medicine physician. The Center's physician, although not board certified in child psychiatry, nevertheless, provides prescriptive services for children and youth, as well as adults.

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

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

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

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, with respect to medication management services, are planned or projected for upcoming fiscal year.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$900,000	Form A1 - FY19 Projected clients Served:	255
Form A1 - Amount	\$880,193	Form A1 - Projected Clients	260

budgeted in FY18 Area Plan		Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$840,559	Form A1 - Actual FY17 Clients Served as Reported by Locals	252
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>The adult psychosocial programs, both in Brigham City (Brigham City House) and Logan (Bear River House) will continue throughout the upcoming fiscal year 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 limitation of mental illness will continue to be the practical focus of this service.</p> <p>The adult recovery model allows for clients to participate in groups that increase clients' socialization and connectedness with the group members and community as a whole. Groups start at 9:30 AM each week day and end at 12:00 PM allowing participants to then have lunch and increase social activity with recovery participants before afternoon groups begin. By having groups scheduled during the afternoon, clients are provided with more opportunities to attend based upon their unique schedules and needs.</p> <p>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:</p> <p>The Foundation Track is designed to meet the needs of individuals with profound cognitive, social, and/or functional limitations. This track focuses on functional living skills and targets social skills, daily living skills, and protective skills such as basic medication compliance and symptom maintenance necessary to promote community tenure and avoid hospitalization. The Foundation Group is held at the residential facility as many of the participants are also residing in the residential facility.</p> <p>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.</p> <p>The Transitions Track is designed for the client that is highly functioning 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 the clients for social, recreational, educational, and vocational community reintegration.</p> <p>Regardless of the specific group that a client participates in, the overall goal of each program is to provide the skills and techniques necessary to each participant that helps each reach a higher level of functioning and a higher level of independence within the community.</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).			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
Describe any significant programmatic changes from the previous year.			
There are no significant programming changes expected, with respect adult psychoeducation services and psychosocial rehabilitation, for the upcoming fiscal year.			

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$275,000	Form A1 - FY19 Projected clients Served:	295
Form A1 - Amount budgeted in FY18 Area Plan	\$294,808	Form A1 - Projected Clients Served in FY18 Area Plan	365
Form A1 - Actual FY17 Expenditures Reported by Locals	\$260,370	Form A1 - Actual FY17 Clients Served as Reported by Locals	281
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>Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through a network of Case Managers. 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 predominant 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 2019 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>			
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).			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes are planned for the upcoming fiscal year.			

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	\$883,499	Form A1 - FY19 Projected clients Served:	625
Form A1 - Amount budgeted in FY18 Area Plan	\$829,252	Form A1 - Projected Clients Served in FY18 Area Plan	655
Form A1 - Actual FY17 Expenditures Reported by Locals	\$827,122	Form A1 - Actual FY17 Clients Served as Reported by Locals	619
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted			

provider.

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

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

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

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

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes, with respect to case management services, are planned or projected for the upcoming fiscal year.

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	\$165,000	Form A1 - FY19 Projected clients Served:	575
Form A1 - Amount budgeted in FY18 Area Plan	\$200,747	Form A1 - Projected Clients Served in FY18 Area Plan	660
Form A1 - Actual FY17 Expenditures Reported by Locals	\$151,489	Form A1 - Actual FY17 Clients Served as Reported by Locals	566

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

Case management services in FY 2019 for children and youth will mirror those described above, in most respects, with the general exception of income and housing supports. Primary case management activities, as with adult consumers, will include assessment and documentation of the client's need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress, and review and modification of the case management service plans and objectives, as necessary.

Case management services will continue to be available to children and youth, as with adults, throughout the Center's tri-county catchment area. These services are 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.

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

Programmatic aspects of case management, as well as the scope and methods of service delivery, will continue unchanged for upcoming fiscal year.

15) Adult Community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	\$112,343	Form A1 - FY19 Projected clients Served:	27
Form A1 - Amount budgeted in FY18 Area Plan	\$70,658	Form A1 - Projected Clients Served in FY18 Area Plan	25
Form A1 - Actual FY17 Expenditures Reported by Locals	\$127,924	Form A1 - Actual FY17 Clients Served as Reported by Locals	24

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

In-home supports, such as skills development, behavior management, and personal services, will continue to be provided directly by BRMH to adults with serious and persistent mental illness by case management and skills development service providers. Psychotherapy support services may be provided outside of the outpatient clinic, either in-home or in community settings such as local nursing homes, as determined to be necessary and appropriate to help eliminate barriers to service access.

Additionally, BRMH currently has an established housing network consisting of apartment complexes located in Logan (the Gateway 6-plex apartments) and Brigham City (Snow Park Village). Each apartment complex is able to provide semi-independent housing supports for eligible clients who have need for more intensive housing supports before returning to full independence within the community.

In previous years, BRMH also operated The Box Elder Commons apartment complex. That facility was recently donated to the local housing authority, The Bear River Association of Governments (BRAG). The local housing authority continues to operate the facility and works to make sure that the apartments are still made available to clients of BRMH who need semi-independent housing assistance.

Ultimately, the goal of providing housing supports to clients of BRMH is to give the clients who access these housing services the opportunities necessary to help each improve important functional living skills in a semi-independent setting, thereby helping each client increase his or her ability to live more independently within the community while still allowing increased access to needed mental health services.

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served in the upcoming year.

Describe any significant programmatic changes from the previous year.

There are no significant programming changes expected, with respect to Adult Community Supports (housing services), for the upcoming fiscal year. It is noted that BRMH did previously donate The Box Elder Commons apartment complex to the local housing authority (BRAG) and BRMH clients are still able to access needed housing supports within that facility.

16) Children/Youth Community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	\$10,500	Form A1 - FY19 Projected clients Served:	38
Form A1 - Amount budgeted in FY18 Area Plan	\$32,342	Form A1 - Projected Clients Served in FY18 Area Plan	110
Form A1 - Actual FY17 Expenditures Reported by Locals	\$11,609	Form A1 - Actual FY17 Clients Served as Reported by Locals	35

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

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

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

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for the upcoming fiscal year.

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$29,000	Form A1 - FY19 Projected clients Served:	55
Form A1 - Amount budgeted in FY18 Area Plan	\$20,145	Form A1 - Projected Clients Served in FY18 Area Plan	50
Form A1 - Actual FY17 Expenditures Reported by Locals	\$33,654	Form A1 - Actual FY17 Clients Served as Reported by Locals	64

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

Peer support services continue in both Box Elder County and Cache 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 specialists' own recovery story as a recovery tool. Center client's may be assisted with the development and actualization of their own individual recovery goals.

Center staff employed in other positions (i.e., case management, 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).

BRMH will employ three Peer Support Specialists for the upcoming fiscal year. Two peer support specialists will be based in the Logan Outpatient Clinic, one acting as a Peer Support Specialist and the other as our Family Resource Facilitator. We also have another Peer Support Specialist placed in the Brigham City Outpatient Clinic. Each Peer Support Specialist does individual and group peer support services while the Family Resource Facilitator works with families.

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served with Adult Peer Support Services.

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

The BRMH Day Treatment Supervisor acts as the supervisor for the adult peer support specialists. Supervision is conducted at least twice each month and supervision training was provided by the State on how to supervise peer support specialists as well as general, trauma-informed supervision training.

Peer Support Specialists receive supervision as appropriate for organizational policies and procedures, professional boundary settings, sharing of a recovery story that is recovery focused, caseload management and coaching, and any other supervisory needs that may arise.

Describe any significant programmatic changes from the previous year.

There are no significant programming changes expected, with respect to Adult Peer Support Services, for the upcoming fiscal year.

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$11,462	Form A1 - FY19 Projected clients Served:	15
Form A1 - Amount budgeted in FY18 Area Plan	\$19,355	Form A1 - Projected Clients Served in FY18 Area Plan	50
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<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>			
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>These services are provided by a contracted individual. In the past this individual did not have access to BRMH's system. The upcoming fiscal year this individual will have access to our system and services will be documented in our system.</p>			
How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
<p>The Division provides supervision with the FRF during their monthly meetings. Also the FRF is supervised weekly by a supervisor who staffs cases with the FRF. Our FRF is also coached regularly by a supervisor at Allies with Families. The FRF then meets quarterly with both Carolina and Lori for a joint supervision to ensure that the contract between the two agencies is working appropriately and to strengthen the interaction with the two agencies. Supervisors receive regular attendance at Division sponsored trainings and other professional development.</p>			
Describe any significant programmatic changes from the previous year.			
<p>No programmatic change in children and youth peer support is planned for the upcoming fiscal year.</p>			

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$		
Form A1 - Amount budgeted in FY18 Area Plan	\$		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$		
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>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 is 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>			
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).			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes are planned for upcoming fiscal year.			

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$167,437		
Form A1 - Amount budgeted in FY18 Area Plan	\$230,000		
Form A1 - Actual FY17	\$287,206		

Expenditures Reported by Locals			
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>With respect to children and youth, Bear River Mental Health will continue its established valued relationships with other community and state agencies in the tri-county area and will make every effort to be a contributing member to the community. The Center's children's services team consistently links and coordinates with schools, social agencies, and State entities in Box Elder, Cache, and Rich counties, and has placed service staff on location in local school systems.</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. An administrative/clinical supervisor, with decision making authority, has been assigned to serve as a representative on the System of Care Regional Advisory Council.</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).			
BRMH had contracts with Cache County School District and Box Elder School District which were not renewed for the upcoming fiscal year.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes are planned in this area for the upcoming fiscal year.			

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	\$30,000	Form A1 - FY19 Projected clients Served:	275
Form A1 - Amount budgeted in FY18 Area Plan	\$60,000	Form A1 - Projected Clients Served in FY18 Area Plan	187
Form A1 - Actual FY17 Expenditures Reported by Locals	\$28,494	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	267
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>For the upcoming fiscal year, 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</p>			

assessment and intervention, psychotherapy, and behavior management, generally.

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

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

Expansion of BRMH jail services include mental health court assessments and orientation for rapid program intervention and jail diversion, as well as consideration for development and provision of a mentally ill offender treatment. Justice involved individuals are eligible regardless of funding.

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).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned in this service category for the upcoming fiscal year.

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	\$82,197	Form A1 - FY19 Projected clients Served:	6
Form A1 - Amount budgeted in FY18 Area Plan	\$82,295	Form A1 - Projected Clients Served in FY18 Area Plan	5
Form A1 - Actual FY17 Expenditures Reported by Locals	\$3,500	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	6

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.

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 a hospital diversion, as well as a transitional discharge facility for adult SPMI clients referred from both acute inpatient settings, as well as the Utah State Hospital.

In support of this transitional resource, the Center 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.

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.

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).

The Division requires BRMH to budget the \$82,197.00 for Adult Outplacement. BRMH has not spent over \$5,000.00 in any given year over the last five years. BRMH does not expect this trend to change. The 15% increase is created based on the required budget amount directed by the Division.

Describe any significant programmatic changes from the previous year.

Programmatic changes, relative to outplacement resources, are not expected to significantly change for the upcoming fiscal year.

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

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.

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.

Describe any significant programmatic changes from the previous year.

Programmatic changes, relative to outplacement resources for children and youth, are not expected to significantly change for the upcoming fiscal year.

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	\$19,000	Form A1 - FY19 Projected clients Served:	85
Form A1 - Amount budgeted in FY18 Area Plan	\$29,545	Form A1 - Projected Clients Served in FY18 Area Plan	24
Form A1 - Actual FY17	\$12,861	Form A1 - Actual FY17	98

Expenditures Reported by Locals		Clients Served as Reported by Locals	
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>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:</p> <p>Eligible individuals in local correctional settings who are intercepted and diverted from incarceration through the First District Mental Health Court program.</p> <p>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.</p> <p>24 hour on-call emergency (crisis) services to area residents upon request, irrespective of funding, will continue to be provided.</p> <p>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.</p> <p>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.</p> <p>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.</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).			
2.7 funding was cut to help pay for the Targeted Adult Medicaid expansion.			
Describe any significant programmatic changes from the previous year.			
Programmatic changes, relative to unfunded adult clients , are not expected to significantly change for the upcoming fiscal year.			

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	\$77,444	Form A1 - FY19 Projected clients Served:	60
Form A1 - Amount budgeted in FY18 Area Plan	\$119,000	Form A1 - Projected Clients Served in FY18 Area Plan	87
Form A1 - Actual FY17 Expenditures Reported by Locals	\$135,951	Form A1 - Actual FY17 Clients Served as Reported by Locals	56

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

The integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts will continue in FY 2019, as previously implemented.

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

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

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

Funding was cut to help pay for the Targeted Adult Medicaid expansion. [The 2.7 funding which BRMH uses to fund therapist in the schools and treat unfunded youth was reduced to help fund Targeted Adult Medicaid expansion.](#)

Describe any significant programmatic changes from the previous year.

Programmatic changes are not expected to significantly change for the upcoming fiscal year.

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

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

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

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

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are projected in this area for the upcoming fiscal year.

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive employment in the community (include both adults and transition aged youth).

Two particular areas within the service array of BRMH 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 issue 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 in to the competitive workforce. Furthermore, Center case management staffs, within the rehabilitative service system, assist consumers to access the Department of Workforce Services, Vocational Rehabilitation, and other employment-oriented resources to help facilitate opportunities for competitive employment as well. This rehabilitative service will continue on to the next fiscal year.

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 each participant. However, where possible, competitive community employment is encouraged as a key factor in the process of mental health recovery and a hedge against criminal recidivism.

Through case management, clients are assisted with a team approach with Vocational Rehabilitation in an effort to help each client obtain gainful employment. This includes help with resumes' practice interviews, job coaching, supportive employment, etc.

For transition aged youth, beyond the individual therapy provided, BRMH provides skills development which focuses on assertive communication, emotional regulation, and social skills to better prepare them for employment or other community roles. BRMH coordinates with Division of Child and Family Services in helping these youth in their programs, who are transitioning to independent living, get the emotional preparation and support integrated into their therapy.

Collaborative efforts involving other community partners.

Bear River Mental Health works very closely with Vocational Rehabilitation and the Department of Workforce Services. BRMH has monthly meetings with representatives from Vocational Rehabilitation to discuss the needs of individual clients served and are able to meet more frequently as needed.

Additionally, BRMH collaborated with the local Mental Health Court program to coordinate with various employers and human resource departments from large companies in the local areas to discuss ways to help people with mental health issues and criminal histories access and maintain steady, gainful employment. Through this

collaborative effort, many prospective employers were coached on the benefits of helping people access employment opportunities who many otherwise not be selected.

Employment of people with lived experience as staff.

Bear River Mental Health works very closely with Vocational Rehabilitation and the Department of Workforce Services. BRMH has monthly meetings with representatives from Vocational Rehabilitation to discuss the needs of individual clients served and are able to meet more frequently as needed.

Additionally, BRMH collaborated with the local Mental Health Court program to coordinate with various employers and human resource departments from large companies in the local areas to discuss ways to help people with mental health issues and criminal histories access and maintain steady, gainful employment. Through this collaborative effort, many prospective employers were coached on the benefits of helping people access employment opportunities who many otherwise not be selected.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

Bear River Mental Health will maintain its subcontract with Allies with Families for a Family Resource Facilitator (FRF), consistent with the recommendation and support of DSAMH. The FRF will continue to provide advocacy and partnership services for families of children and adolescents with mental illness in accessing needed family resources and linking with other agencies or other necessary community supports to fulfill identified family needs. Additionally, Family Resource Facilitators, as recovery coaching for families struggling with the issue of mental illness and the systemic or societal barriers to mental health and wellness. The FRF 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.

Evidence-Based Supported Employment.

Bear River Mental Health, currently, does not employ an employment specialist as part of the mental health treatment team. However, BRMH does provide needed medical and mental health service components, as a system of integrated treatment services, which provide clinical support relative to client employment.

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 an objective for the coming fiscal year.

Additionally, as referenced previously, BRMH's psychosocial rehabilitative services 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. [This applies to adults.](#)

[Transition age youth from 18 to 21 participate in the adult programming available. For youth under the age of 18, techniques from the motivational interviewing approach are used to help youth in individual therapy and individual skill development to work on assertive communication, emotional regulation, and social skills to better prepare them for employment or community roles. We also coordinate with DCFS in helping the youth in their programs who are transitioning to independent living, get the emotional preparation and support integrated in their therapy.](#)

Also, BRMH will continue to look into receiving employment technical assistance and training from Supported Employment and/or Individual Placement and Support (IPS) trainers about utilizing specific programming as potential evidenced-based models to implement that can further assist individuals with serious and persistent mental illness access gainful employment. Furthermore, during the previous year BRMH met with members of the Division of Substance Abuse and Mental Health to discuss possible steps towards implementing IPS as an evidenced-based supported employment model that could be instrumental in helping clients of BRMH access

gainful employment within the community.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

BRMH continues to enhance the new software system implemented in July 2016 which automated many of the required reports that BRMH submits to State Medicaid and DSAMH.

BRMH assigned a Psychologist to oversee training, insure Peer Audits are conducted, and oversee the OQ.

BRMH hired additional Clinical Supervisors to lessen and spread the important responsibilities of supervision of clinical staff.

Identify process improvement activities - Implementation

BRMH is currently working with Zimmet and Zimmet, [the legal firm who represents our liability insurance provider](#), who helps to ensure that our policies and procedures fall within the best practices of the industry. Access to Care reports are now reviewed on a monthly basis to insure individuals have access to the care that is needed.

Identify process improvement activities - Training of Evidence Based Practices

Bear River Mental Health continues to support, and periodically sponsors, clinical staff trainings on evidenced based therapeutic approaches to mental health treatment. Also, incorporated within the Center's treatment planning document, as illustrated below, is an Evidenced Based Practice selection box which prompts and directs clinical attention to a consideration of EBPs that the clinician intends to apply in the treatment and care plan for each client. The selection box highlights those EBPs of which the Center is actively engaged. This strategy, to cue evidenced related practice models, serves to shape clinical practice in this direction, as well as inform clinical staff of relative treatment options. [BRMH is currently working with the Division and other mental health centers to develop checklists and monitoring tools to ensure fidelity is reached. Supervisors discuss with their staff the different EBP use in their interventions and ensure the EBP is used to fidelity.](#)

BRMH will focus on training for Crisis Response and Suicide Prevention. New staff hired for these programs will be sent to Southwest Behavioral Health to receive training.

Identify process improvement activities - Outcome Based Practices

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

The furtherance of these efforts to incorporate evidence and outcome based practice into the Center's service philosophy and delivery, and to continue utilization and analysis of OQ and YOQ instruments, specifically, are considered critical and instrumental to the issues of quality improvement and the Center will continue these efforts in FY 2018.

Identify process improvement activities - Increased service capacity

Funding for children's mental health early intervention has resulted in the expansion of service to school-based populations, 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 the upcoming fiscal year (despite the reduction in funds).

Additionally, service capacity to justice-involved individuals will be expanded in the upcoming fiscal year through the First District Mental Health Court program. This program, in combination with the Justice Reinvestment Initiative, will broaden screening, assessment, and recovery support services for mentally ill offenders throughout BRMH's service area.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

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

Identify process improvement activities - Efforts to respond to community input/need

Established community partnerships and coalitions, as described previously, represent direct efforts to keep abreast of community input relative to mental health service needs and development of appropriate response options. Specific efforts have been made to approach long-term care facilities and the Center for Persons with Disabilities, in particular, to receive feedback regarding mental health service needs within these entities. These efforts will continue in FY 2019 with the intent to develop policy, procedure, and community practice standards that will improve the Center's working relationships in the local community.

Identify process improvement activities - Coalition Development

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

Describe how mental health needs for people in Nursing Facilities are being met in your area

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

Other Quality and Access Improvements (not included above)

29) Integrated Care

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

The planning, development, construction, and completion of the mental health center's Tremonton facility, which co-locates mental health, physical health, and substance abuse services, was an interdependent partnership between Bear River Mental Health and the local health department. Bear River Mental Health maintains a contracted relationship with Midtown Community Health Center and existing FQHC organizations. FQHC centers serve as a referral source for unfunded county residents in need of physical and mental health services and also

provide some subcontracted mental health services for Medicaid enrollees.

Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.

Bear River Mental Health uses a 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.

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

With respect to the physical healthcare needs of Center clients, coordination between mental health and physical health care predominantly functions relative to case management services. [BRMH medical team routinely orders and reviews labs and monitors/documents the physical health needs of clients. Physical health needs are also addressed by clinicians during intake and throughout therapy.](#) 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.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

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.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

The Center's adult day programs spearhead activities directly addressing smoking cessation and health/wellness strategies. The Brigham City House program supports formal staff education and training in smoking cessation, and periodically conducts smoking cessation groups as part of its psychosocial rehabilitation program.

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.

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.

30) Children/Youth Mental Health Early Intervention

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

[Bear River Mental Health has partnered with Allies with Families to contract one, part time, family resource facilitator to work in the Logan outpatient office, serving clients and their families primarily in the Cache County](#)

area. Referrals will be sent from the clients' therapists from both the office setting, and the school outreach setting, to the family resource facilitator, who will then provide direct services for the client. The family resource facilitator meets with each family and helps provide the needed wrap-around services. The family resource facilitator also helps clients and other family members to identify their strengths and skills as a family unit.

Include expected increases or decreases from the previous year and explain any variance over 15%.

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated for the upcoming fiscal year.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes.

31) Children/Youth Mental Health Early Intervention

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

Bear River Mental Health has agreed to participate in the new Stabilization Mobile Response grant, and has staffed an appropriate team to provide mobile crisis response for youth ages 21 and under and their families. Team staffing includes a day time therapist and case manager, who are both available from 8:00 a.m. to 5:00 p.m. to respond to crisis situations previously triaged by Davis Behavioral Health or by our own crisis system. Crisis response will be within 1 hour, 24 hours, or 72 hours, depending on the urgency of the situation. A therapist and case manager team are also be available for deployment during weekday swing shifts from 5:00 p.m. to 11:00 p.m. and on weekends from 8:00 a.m. to 11:00 p.m. These services are provided in the client's home or community setting where the crisis occurs. Follow-up stabilization may be provided both in the outpatient office settings and in homes as needed.

Bear River Mental Health utilizes Early Intervention funding for school-based mental health services in both the elementary and secondary school settings. These services are provided directly by BRMH staff at the various school locations. Some follow-up therapy may occur in the outpatient office setting, for a limited time, before clients are referred out to other appropriate community agencies for other needs.

Include expected increases or decreases from the previous year and explain any variance over 15%.

There are no expected changes in funding and/or any expected changes in the number of individuals served.

Describe any significant programmatic changes from the previous year.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

There are no expected changes in funding and/or any expected changes in the number of individuals served.

32) Children/Youth Mental Health Early Intervention

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

BRMH works with several school districts within all three county areas to provide in-school services to at-risk students in elementary and secondary schools.

Cache County:

Birchcreek, Smithfield, ½ day/week
Sunrise, Smithfield, ½ day/week
Summit, Smithfield, ½ day/week
Lewiston, Lewiston, ½ day/week
Park (White Pine), Richmond, ½ day/week
Nibley, Nibley, ½ day/week
Heritage, Nibley, ½ day/week
Mountainside, Mendon, ½ day/week
Wellsville, Wellsville, ½ day/week
Canyon, Hyrum, ½ day/week
Lincoln, Hyrum, ½ day/week
Millville, Millville, ½ day/week
River Heights, River Heights, ½ day/week
Greenville, North Logan, ½ day/week
North Park, North Logan, ½ day/week
Providence, Providence, ½ day/week
Cedar Ridge, Hyde Park, ½ day/week
Bridger, Logan, ½ day/week,
Woodruff, Logan, ½ day/week,
Ellis, Logan, ½ day/week
Rich County, ½ day/week:
North Rich Elementary, Laketown, ½ day/week
Rich J. High School, Laketown, ½ day/week
Rich High School, Randolph, ½ day/week
South Rich Elementary, Randolph, ½ day/week

Box Elder County:

Box Elder High School, 8 hrs/week
Bear River High School, 3-5 hrs/week
Box Elder Middle School, 15 hrs/week
Bear River Middle School, 15 hrs/week
Young Intermediate School, 15 hrs/week
Harris Intermediate School, 15 hrs/week
Foothill Elementary, 8 hrs/week
Discovery Elementary, 12 hrs/week
Mountain View Elementary, 12 hrs/week
Lake View Elementary, 15 hrs/week
McKinley Elementary, 3-5 hrs/week
North Park Elementary, 3-4 hrs/week
Garland Elementary, 4 hrs/week
Fielding Elementary, 1.5 hrs/week

Parents are invited to team with school and agency personnel to help students who are struggling with a variety of social and emotional problems that impact their educational success, promote their overall mental health, and prevent students from needing out-of-home treatment.

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

Each child that becomes a client, as a result of activities in the school, will receive regular contact with the clinician and/or the case manager assigned to the case. Where needed, outreach services extend to the home or other places in the community. Each child will be assessed and receive the medically necessary services indicated, based on the severity of their situation. Specific activities include individual therapy, meds (only provided in office), case management, psychosocial rehabilitation. BRMH will be the sole provider of services. Additionally, children in Cache County school based services seen through the outreach funding, that need additional support beyond therapy are referred to the FRF for wrap around services

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

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

There are no expected changes in funding and/or any expected changes in the number of individuals served.

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

No significant programmatic or school location changes, with respect to early intervention services, are projected for the upcoming year.

Describe outcomes that you will gather and report on.

Generally, outcomes are relative to the Early Intervention Grant questionnaire and reflect self-report and parental report of progress each client is making. Also, school-based data includes grade point average, office disciplinary referrals, on target for graduation, suspensions, truancy, absenteeism, tardiness, etc. This information should demonstrate a positive correlation reflecting improved behavior, lessened emotional distress, and successful school achievement.

33) Suicide Prevention, Intervention & Postvention

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

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.

BRMH is the mental health issues expert on the coalitions. BRMH staff, serving on the coalitions, provide information for community events, and lend guidance in all issues dealing with mental health. In addition, BRMH attends the public events sponsored by the suicide prevention coalitions.

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.

All persons seen by BRMH crisis workers are referred for follow up by BRMH staff or community partners. Medicaid clients and clients in the Center's identified priority populations may receive additional supports from BRMH to assure that they receive postvention services that address the risks, strategies, and interventions targeted toward the suicidal recidivism.

Clinicians reach out to family members and community members to assess needs, offer follow up therapy and support.

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 Performance Improvement Plan (PIP).

BRMH treatment staff has been trained and are currently using the Columbia Suicide Severity Rating Scale (C-SSRS). 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.

C-SSRS Screening Administration

2015 Baseline- Numerator 218 Denominator 2746 = 7.9%

2016 Remeasurement - Numerator 820 Denominator 2966 = 27.6%

2017 Remeasurement - Numerator 1440 Denominator 2660 = 54.1%

C-SSRS Same Day Safety Plan Administration

2015 Baseline - Numerator 38 Denominator 105 = 36.2 %

2016 Remeasurement - Numerator 342 Denominator 441 = 77.6%

2017 Remeasurement - Numerator 261 Denominator 439 = 59.5%

C-SSRS 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.

For the upcoming fiscal year, BRMH will be involved in a statewide performance improvement project relative to suicide screening and safety planning, further utilizing the C-SSRS.

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

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

Additionally, crisis workers, when involved directly in emergency room assessments at the Brigham City Community Hospital, assure that those seen in the emergency room leave with a crisis safety plan and discharge plan with BRMH, or another appropriate community provider. Also, regular collaboration with Logan Regional Hospital staff takes place in a monthly meeting between the Center's Clinical Supervisor and the Logan Regional Hospital Behavioral Health Unit (LRH-BHU) Director.

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.

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

CRAIG BUTTERS
CACHE COUNTY EXECUTIVE

JEFF SCOTT
BOX ELDER COUNTY COMMISSIONER

BETH SMITH
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.

Bear River Mental Health, as the provider for the District 1 Local Mental Health Authority, will implement the following:

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

Expansion of BRMH jail services include mental health court assessments and orientation for rapid program intervention and jail diversion, as well as consideration for development and provision of a mentally ill offender treatment. [Justice involved individuals are eligible regardless of funding.](#)

Identify your outcome measures.

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, antisocial personality, and antisocial 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. [BRMH uses the OQ as a measurement tool to determine progress.](#)

Bear River Mental Health – Discount Fee Schedule

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

Fee Levels

8
16
24
32
42
52
72
84
110

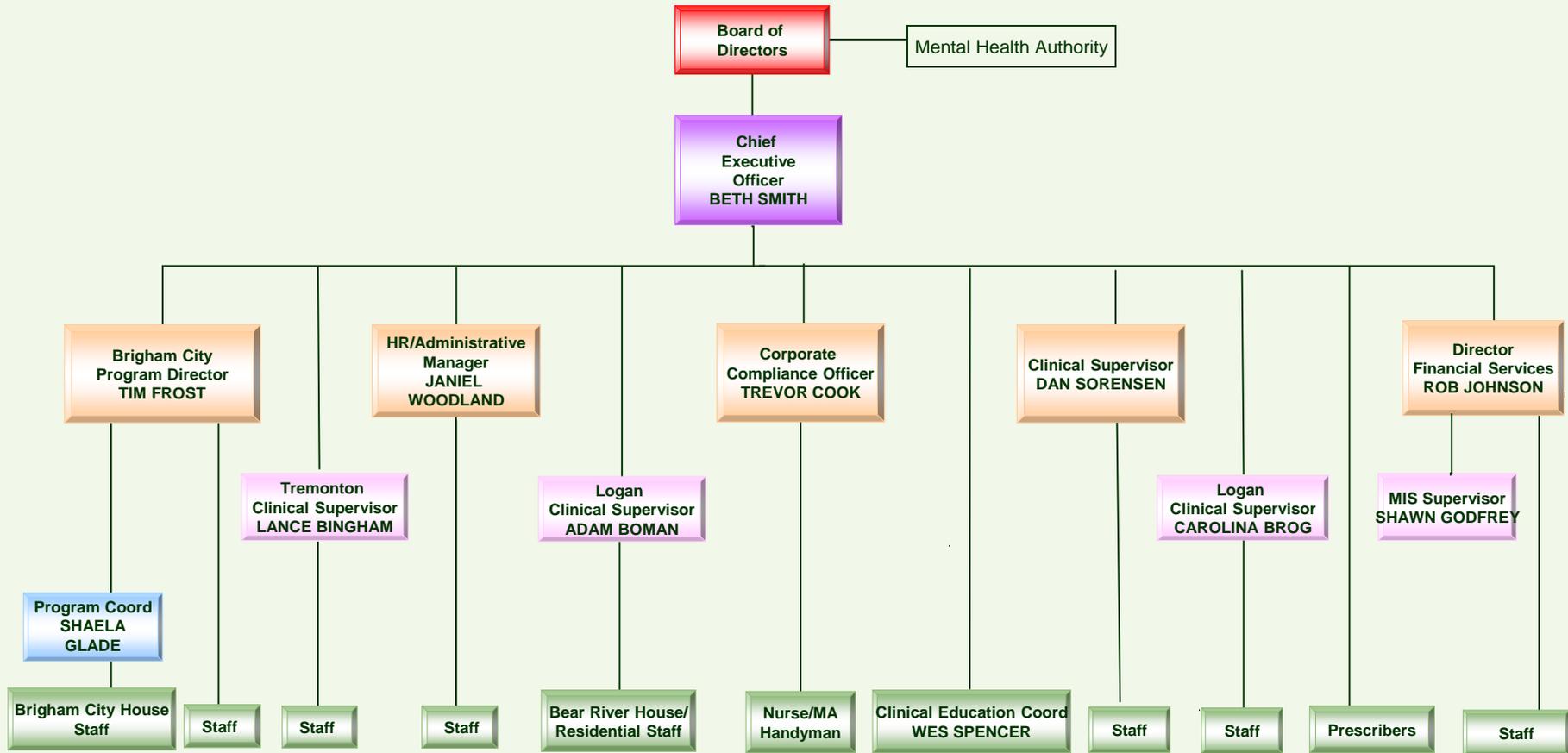
% of Poverty levels

1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890
	\$ 4,160

For each additional person

Bear River Mental Health - Organizational Chart

as of 06/30/2018



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 2019 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: Rich County Commissioner

Date: 9/5/18

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LOCAL AUTHORITY: Cache County

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

PLEASE PRINT:

Name: Craig Buttars

Title: Cache County Executive

Date: 8/14/18

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LOCAL AUTHORITY: Box Elder County

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

PLEASE PRINT:

Name: Jeff Scott

Title: Box Elder County Commissioner

Date: