

# GOVERNANCE & OVERSIGHT 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) 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)?**

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/restrictions and County match.

Eligibility is based categorically, relative to need and severity as opposed to ability or inability to pay. Individuals within these service populations are admitted through the Center's Request For Service (RFS) system and scheduled for assessment and treatment planning, as is any prospective client having Medicaid eligibility.

Specifically, BRMH identifies the following priorities and populations of primary service eligibility.

1. Medicaid;
2. Medicaid Pending;
3. Medicaid Spend-down;
4. Specialty Populations;
  - 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, [telehealth](#) etc.); and
  - g. JRI Funding
  - h. SMR Funding
  - i. Telehealth Grant

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?**

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. BRMH 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 some subcontract relationships with local Federally Qualified Health Centers and other providers. 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. 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.**

FY20 Mental Health Area Plan & Budget		Local Authority Bear River Mental Health										Form A			
		State General Fund			County Funds										
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
JRI/JRC		\$43,251											\$43,251		
Local Treatment Services		\$2,153,523	\$61,903		\$451,735	\$7,188,835	\$148,147		\$615,652	\$147,000	\$80,500	\$200,138	\$11,047,433		
FY2020 Mental Health Revenue by Source	\$0	\$2,196,774	\$61,903	\$0	\$451,735	\$7,188,835	\$148,147	\$0	\$615,652	\$147,000	\$80,500	\$200,138	\$11,090,684		
		State General Fund			County Funds										
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
Inpatient Care (170)		\$497,132			\$101,505	\$1,626,364							\$2,225,000	185	\$12,027.03
Residential Care (171 & 173)		\$117,301			\$23,951	\$383,749					\$17,500	\$7,500	\$550,000	52	\$10,576.92
Outpatient Care (22-24 and 30-50)		\$756,119	\$61,903		\$158,398	\$2,488,826	\$48,185		\$483,152	\$75,500	\$10,000	\$3,138	\$4,085,221	3,350	\$1,219.47
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		\$27,929			\$5,703	\$91,369	\$7,500		\$95,000	\$2,000		\$500	\$230,000	600	\$383.33
Psychotropic Medication Management (61 & 62)		\$263,647			\$53,832	\$862,521	\$25,000			\$45,000			\$1,250,000	1,075	\$1,162.79
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$259,179			\$52,919	\$847,902	\$11,000					\$4,000	\$1,175,000	500	\$2,350.00
Case Management (120 & 130)		\$248,007			\$50,638	\$811,355	\$20,000		\$17,500	\$2,500			\$1,150,000	1,400	\$821.43
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		\$4,469			\$912	\$14,619				\$22,000	\$53,000		\$95,000	50	\$1,900.00
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		\$18,992			\$3,878	\$62,131	\$11,462						\$96,462	70	\$1,378.03
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information							\$25,000					\$150,000	\$175,000		
Services to persons incarcerated in a county jail or other county correctional facility									\$20,000			\$35,000	\$55,000	325	\$169.23
Adult Outplacement (USH Liaison)		\$4,000											\$4,000	7	\$571.43
Other Non-mandated MH Services													\$0		#DIV/0!
FY2020 Mental Health Expenditures Budget	\$0	\$2,196,774	\$61,903	\$0	\$451,735	\$7,188,835	\$148,147	\$0	\$615,652	\$147,000	\$80,500	\$200,138	\$11,090,684		
		State General Fund			County Funds										
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served
ADULT		\$1,546,774	\$15,990		\$296,735	\$5,188,835	\$77,065		\$40,652	\$97,000	\$78,000	\$140,138	\$7,481,189	1,875	\$3,989.97
YOUTH/CHILDREN		\$650,000	\$45,913		\$155,000	\$2,000,000	\$71,082		\$575,000	\$50,000	\$2,500	\$60,000	\$3,609,495	1,525	\$2,366.88
Total FY2020 Mental Health Expenditures	\$0	\$2,196,774	\$61,903	\$0	\$451,735	\$7,188,835	\$148,147	\$0	\$615,652	\$147,000	\$80,500	\$200,138	\$11,090,684	3,400	\$3,261.97

**FY20 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	FY2020 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$1,335,000	ADULT	112	11920
\$890,000	CHILD/YOUTH	73	12192
<b>Residential Care Budget</b>			
\$545,000	ADULT	51	\$10,686
\$5,000	CHILD/YOUTH	1	\$5,000
<b>Outpatient Care Budget</b>			
\$2,343,939	ADULT	1,850	1267
\$1,741,283	CHILD/YOUTH	1,500	1161
<b>24-Hour Crisis Care Budget</b>			
\$75,000	ADULT	455	165
\$155,000	CHILD/YOUTH	145	1069
<b>Psychotropic Medication Management Budget</b>			
\$1,005,000	ADULT	800	1256
\$245,000	CHILD/YOUTH	275	891
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$975,000	ADULT	285	3421
\$200,000	CHILD/YOUTH	215	930
<b>Case Management Budget</b>			
\$980,000	ADULT	710	1380
\$170,000	CHILD/YOUTH	690	246
<b>Community Supports Budget (including Respite)</b>			
\$78,250	ADULT (Housing)	33	2371
\$16,750	CHILD/YOUTH (Respite)	17	985
<b>Peer Support Services Budget</b>			
\$85,000	ADULT	61	1393
\$11,462	CHILD/YOUTH (includes FRF)	9	1274
<b>Consultation &amp; Education Services Budget</b>			
	ADULT		
\$175,000	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$55,000	ADULT Jail Services	325	169
<b>Outplacement Budget</b>			
\$4,000	ADULT	7	571
<b>Other Non-mandated Services Budget</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!
<b>Summary</b>			
<b>Totals</b>			
\$7,481,189	Total Adult		
\$3,609,495	Total Children/Youth		
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)			
<b>Unfunded (\$2.7 million)</b>			
\$15,990	ADULT		#DIV/0!
\$45,913	CHILD/YOUTH	27	1700
<b>Unfunded (all other)</b>			
	ADULT		#DIV/0!
\$5,832	CHILD/YOUTH	4	1458

**FY20 Mental Health Early Intervention Plan & Budget**

**Local Authority:** Bear River Mental Health

**Form A2**

	State General Fund		County Funds								
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
FY2020 Mental Health Revenue by Source		\$190,552							\$190,552		
	State General Fund		County Funds								
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 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		\$165,052							\$165,052	54	\$3,056.52
School Based Behavioral Health-ADMIN		\$25,500							\$25,500		
FY2020 Mental Health Expenditures Budget	\$0	\$190,552	\$0	\$0	\$0	\$0	\$0	\$0	\$190,552	54	#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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,335,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>112</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$1,095,404</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>100</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,245,272</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>109</b>

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

Bear River Mental Health Services, Inc. (hereinafter referred to as BRMH) utilizes the inpatient behavioral health units at Intermountain Health Care (IHC) facilities as the primary resource to meet acute adult inpatient needs. IHC resources, and other additional inpatient facilities used throughout Utah, when there are no beds available at IHC, are accessed through contracting. All inpatient resources utilized by BRMH accommodate both male and female admissions. Other inpatient options include University of Utah Neuropsychiatric Institute, Highland Ridge, and other Wasatch front hospitals. Intermediate and longer-term inpatient hospitalizations are accomplished through the utilization of the Utah State Hospital.

Although utilization management is accomplished by supervisory master’s level treatment providers, BRMH has assigned a hospital liaison/case manager to be on site at the Logan Regional Hospital Behavioral Health Unit (the most frequently utilized inpatient option for BRMH clients) to facilitate utilization, continuity of care and discharge planning. This individual meets with the IHC Behavioral Health Unit team Mondays, Wednesdays, and Fridays of each week to review and discuss patient progress, disposition planning, and coordination of outpatient placements, which may include placements to our 24-hour Residential Facility, to the Utah State Hospital, or to the community with follow-up coordination and scheduling with BRMH outpatient teams. Continuity and disposition planning for out-of-area inpatient facilities (e.g., McKay Dee, Lakeview, Highland Ridge, etc.), are accomplished by a case manager, residing in Box Elder county, via telephone.

The case management services provided by these hospital liaison staff allow for the supervisory staff, overseeing utilization management, to keep abreast of diagnosis and treatment information, to assess treatment progress, and to provide more information, based on medical necessity, authorization for appropriate continued stays or for discharge. This also enhances continuity of service and better follow-up by BRMH after discharge.

**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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$890,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>73</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$754,596</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>55</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$836,079</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>70</b>

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

Bear River Mental Health utilizes a clinical review committee comprised of clinical supervisors who meet to discuss youth clients who may potentially need higher levels of care than traditional outpatient therapy. This clinical review process allows for consideration of multiple treatment options, including the need to add wrap-around services, case management, respite care, and other medically necessary outpatient services. This review process also allows for discussion about the need for higher levels of care, including referral to the Utah State Hospital (USH). This clinical review committee reviews admissions criteria from the USH, as well as clinical records, to help ensure that youth referred to the USH are appropriate for this placement, thereby improving treatment outcomes.

Inpatient service for children and youth is a contracted service not provided directly by BRMH. The utilization of inpatient programs and services may be monitored by BRMH, with our staff working directly with inpatient personnel to provide initial and continued authorization for service, as well as discharge planning and coordination like that described above under Adult Inpatient.

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. Other inpatient providers, throughout the intermountain area, may be utilized as necessary and appropriate, given the medical necessity and circumstances of the child or youth.

Intermediate and longer-term inpatient hospitalization for children and youth will continue to be accomplished through the utilization of BRMH allocated pediatric beds at the Utah State Hospital, which is in Provo.

**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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$545,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>51</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$414,400</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>47</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$533,817</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>51</b>

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

Adult residential services are provided directly by BRMH through the operation of a 12-bed, 24-hour supervised group home, located in Logan, Utah. Five beds are designated for female clients, and five beds for male clients. Two additional beds serve as overflow for either male or female residents. This residential facility provides the availability of transitional and longer-term supportive living as an adjunct to other potentially applicable services seen as medically necessary, i.e., case management and rehabilitative skills development. Clients in this facility are in the process of transitioning to either semi-independent or independent living within the community, but also may be placed as a diversion to inpatient hospitalization and/or higher levels of care. As such, the purpose of the facility is to divert from higher levels of care, or to assist in the transition or step-down from higher levels of care into independent community living.

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 these activities occur, in addition to ongoing monitoring of symptomatology associated with each resident's diagnosis and individualized care plan. Additionally, our program provides for a structured living environment, ensuring the organization of household activities and tasks, according to a specific daily schedule of functional living activities. Meals, Medications, household chores, house meetings, and other activities associated with the facility, are accomplished through structure and direct supervision. This helps to promote an emotionally stabilizing effect that tends to facilitate symptom stabilization and achievement of a higher level of functioning.

This facility is located on the same site as the adult day program where services such as case management, skills development, behavioral management, a large variety of groups, and a community center are accessible. The facility includes single occupancy bedrooms, bath and shower rooms, an expanded kitchen and dining shared area, a dedicated medication management room, and an

expanded common living area. By having this facility close to the day program, residents have easy access to a wide array of programming that may increase treatment success.

**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.**

A recent change to the qualifications of the on-site residential supervisor now requires the position be filled with a bachelor's level social worker or equivalent, who is better equipped than a non-degreed/non-licensed employee, to understand the mental health issues of the residential facility population. This supervisor will also now be available to provide on-site services to residents, which include individual and group skills development, case management, and individual and group behavioral health services.

**4) Children/Youth Residential Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$5,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>1</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$5,600</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>1</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>0</b>

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

Residential services for children and youth are not provided directly by BRMH. When residential treatment is determined medically necessary, BRMH utilizes residential treatment facilities available throughout the Wasatch front area.

BRMH may utilize services from any available and accredited residential treatment resources necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

When determined to be medically necessary, these intensive levels of intervention, provided through residential treatment resources, will be arranged 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).**

The division has asked us to budget money in this section every year. Though this service is always available, the service is not always used each year. In FY18 we did not have any children or youth in residential services. The difference between \$0 and the budgeted amount of \$5,600.00 is greater than 15%.

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

No programmatic changes are planned for the upcoming fiscal year.

**5) Adult Outpatient Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$2,325,791</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>1,850</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$2,361,340</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>1,850</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$2,131,560</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>1,701</b>

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

The continuum of outpatient services for adults in the BRMH catchment area is predominantly provided directly by staff of BRMH during weekday office hours. However, BRMH does subcontract, in certain situations (conflict, continuum of care, etc.), for some services, for Medicaid eligible clients. BRMH services include the full continuum of services such as assessment, psychological or psychiatric evaluation, individual, family, and group psychotherapy, individual skill 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.

Generally, services are provided in outpatient clinic sites. However, these services may also be provided at other times and at other locations in the community. Some of these services may also be provided via telehealth modalities. In all cases, service providers determine medical necessity when considering both type and mode of service.

**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.**

We are now equipped to provide many of the above listed outpatient services through telehealth

options, in all three counties.

**Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.**

Every individual who is civilly committed to BRMH receives a thorough mental health assessment to determine their diagnosis, treatment issues, and establish a treatment care plan. The Mental Health Treatment Coordinator has the responsibility and oversight to insure the client is receiving the correct and medically necessary treatment. This involves appropriate utilization of wrap around services, which may include all available outpatient and inpatient services as needed.

**6) Children/Youth Outpatient Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,741,283</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>1,500</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$1,574,583</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>1,525</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,646,982</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>1,447</b>

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

The continuum of outpatient services for children and youth in the BRMH catchment area is predominantly provided directly by staff of BRMH during weekday office hours. However, BRMH does subcontract, in certain situations, for some services for Medicaid eligible clients. BRMH services include the full continuum, such as assessment, psychological or psychiatric evaluation, individual, family, and group psychotherapy, individual skill 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. The Center also operates successful after-school and summer programming delivery systems, which are detailed in the Children/Youth Psychoeducation Services & Psychosocial Rehabilitation section below.

Generally, services are provided in outpatient clinic sites. However, these services may also be provided at other times and at other locations in the community. For example, a large portion of children services are provided directly in various schools throughout the three counties, both through face-to-face and telehealth modalities. In all cases, service providers determine medical necessity when considering both type and mode of service.

**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.**

Bear River Mental Health expanded the group services available to adolescent clients by adding Dialectical Behavior Therapy. This evidence-based intervention has been helpful in teaching more appropriate ways to manage mood and impulsive behaviors. Two therapists co-facilitate the weekly group at the Logan Outpatient Facility. BRMH is also now equipped to provide many of the above listed outpatient services through telehealth options, in all three counties.

**7) Adult 24-Hour Crisis Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$75,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>455</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$85,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>390</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$65,963</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>477</b>

**Describe access to crisis services during daytime work hours, after hours, 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.**

The Utah State Legislature, in a previous year, funded a revision to the crisis delivery system in Utah, and although we are anticipating being eventually impacted by these changes in our crisis delivery approaches, Adult 24-hour Crisis Care, provided by Bear River Mental Health, will continue as historically provided, until we are directed otherwise by our State of Utah officials.

Adult 24-hour Crisis Care, offered as a direct service and not under subcontract, is provided by master's level therapists with specific training in crisis response and risk assessment. These services are provided to all individuals accessing our system, regardless of funding. Access can be in a variety of forms including by phone, walk-in, partner referral, etc. These services are provided to individuals experiencing immediate and/or debilitating or life-threatening complications because of mental illness, and may be provided via face-to-face, over the telephone, or by telehealth technology. Our 24-hour crisis care staff provide crisis treatment response, which may include crisis and risk assessments and referral into BRMH ongoing treatment, or externally to other community options and/or partners. The delivery of crisis service adheres to the established provisions as required by Medicaid. Services are available seven days a week, 24 hours per day, 365 days per year and help maintain individuals in the least restrictive environment.

These services, when provided during our normal business hours, are delivered by staff who are on-site in our outpatient clinics, with light schedules, who rotate through the assignment for enhanced accessibility. During evening, weekend, and holiday shifts, many of those same highly educated and trained staff fulfill the crisis coverage rotation schedule, by carrying cell phones for direct contact by the individuals in crisis. If by chance, multiple calls come in at the same time the crisis worker will retrieve the unanswered phone number and call that number back. If law enforcement is needed in response to the crisis, staff is trained to call dispatch or 911 to solicit law enforcement assistance. Crisis calls will be handled by UNI's crisis call center in the near future.

Assigned crisis staff can manage both child and adult mental health emergencies, and when medically necessary, make referrals to the Center's inpatient resources, as previously described. Also, with the addition of the SMR program referenced below under crisis service for children, many child crisis calls are referred on to the specialty trained SMR team.

Additionally, BRMH provides the National Suicide Prevention phone number, App, and text line information on our external Website.

**Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.**

BRMH has an Excel spreadsheet, available to all clinical and supervisory staff via a shortcut on their desktop, which details the committed individual's name, where he/she was committed, e.g., Logan, Brigham City, State Hospital, etc., the date of commitment, the funding source, and the date of commitment expiration. Additionally, BRMH sets a flag identifying the individual as committed in the Electronic Health Record System. This flag appears any time a service provider accesses the medical record. The committed flag also signifies the potential need for an added level of care, which may include the revision of the care plan goals and interventions pertaining to the commitment, increased services, consideration of a new risk assessment and crisis safety plan, etc. A BRMH Checklist for Working with Clients under Civil Commitment has been developed to assist treatment providers serving our committed clients.

The Court subsequently contacts BRMH two weeks before a client's civil commitment ends. The therapist then reviews the details of the case before making a recommendation to the court on whether the commitment should be continued or allowed to expire. If our recommendation is to continue commitment, the client is reexamined by designated examiners and another court hearing is held. The judge is ultimately responsible for rulings on commitment status.

**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.**

We are now equipped to provide crisis services through telehealth options, in all three counties.

**8) Children/Youth 24-Hour Crisis Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$155,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>145</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$215,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>140</b>
<b>Form A1 - Actual FY18 Expenditures Reported by</b>	<b>\$44,287</b>	<b>Form A1 - Actual FY18 Clients Serviced as</b>	<b>119</b>

Locals		Reported by Locals	
<p><b>Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b></p>			
<p>Crisis services for children and youth are provided, primarily as a direct service, as necessary, to assist clients who are experiencing immediate and/or debilitating or life threatening complications, as a result of mental illness.</p> <p>Children and youth crisis services continue to be available seven days a week, 24 hours per day and 365 days a year. During regular business hours, a selection of outpatient staff in each clinic site rotate crisis coverage; Monday through Friday. For evenings, weekends, and holidays, clinicians fulfill the crisis coverage assignment, on a rotating schedule. Cellular phones and laptop computers 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.</p> <p>Assigned crisis staff is trained and capable of managing both child and adult mental health emergencies. BRMH'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.</p> <p>Center personnel are involved in children and youth crisis assessments, service referral, and disposition/placement consultation, on an ongoing basis, with community partners such as the Local Interagency Council, juvenile courts, and DCFS.</p> <p><a href="#">BRMH partners with</a> Davis Behavioral Health (DBH) 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.</p> <p><a href="#">SMR is a mobile response to individuals who are in crisis. Based off established criteria, Bear River Mental Health's day-time Stabilization and Mobile Response team consists of two full-time therapists, one full-time case manager, and two part-time case managers. The SMR team will respond to crisis calls within allotted time frames (depending upon the severity of the crisis) to homes, schools, and other appropriate settings in the community. The SMR team will work to reduce the severity of the crisis and provide appropriate resources to ensure the safety of all involved in the crisis situation. Depending on the crisis and needs of the individual, the individual and the family may then participate in the stabilization portion of the SMR model.</a></p> <p><a href="#">Stabilization services may include in-home services, phone/in-person support, peer and/or parent mentoring, behavior training, family therapy, or respite care. Stabilization appointments are scheduled twice per week for the first four weeks and then weekly for the following four weeks. The SMR team covers the tri-county areas of Rich, Box Elder, and Cache Counties. The SMR team responds to all individuals under the age of 21 regardless of funding. The SMR services are also available to consumers after business hours. A team of therapists work on a rotation-basis covering the SMR crisis phone calls on nights, weekends, and holidays. Each therapist responds with a case manager on any</a></p>			

SMR call to ensure that the child in crisis and the other family members can receive the services needed to help alleviate the crisis situation.

**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 individuals is increasing.

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

BRMH has implemented an SMR team that will serve individuals in the tri-county areas, regardless of funding. BRMH also is now equipped to provide crisis service through telehealth options, in all three counties.

**9) Adult Psychotropic Medication Management**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,005,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>800</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$940,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>775</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$937,480</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>742</b>

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

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).

Psychotropic medication management services are available, as needed, for crisis services after hours. These services, provided by a team of medical practitioners, include a subcontracted physician and two Center advanced practice registered nurses (APRNs). 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 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 subcontracted physician and Center APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites, and may be accessed from other locations through the Center's telehealth 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.**

BRMH is now equipped to provide crisis service through telehealth options, in all three counties.

**10) Children/Youth Psychotropic Medication Management**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$245,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>275</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$210,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>275</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$233,346</b>	<b>Form A1 - Actual FY18 Clients Serviced as Reported by Locals</b>	<b>271</b>

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

As described in the adult section above, psychotropic medication and medication management services are provided 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 (APRNs), and a [subcontracted](#) physician.

As with adult medication management services, 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.

Additionally, direct access to medication management and prescription services provided by the [subcontracted](#) physician and Center APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites and may be accessed from other locations through the Center's telehealth 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.**

BRMH is now equipped to provide medication management through telehealth options, in all three counties.

**11) Adult Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$975,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>285</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$900,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>255</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$888,696</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>265</b>

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

The adult psychosocial programs, both in Brigham City (Brigham City House) and Logan (Bear River House) will be provided 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.

The adult recovery model allows for clients to participate in groups that increase socialization and connectedness with the group members and community as a whole. Groups start in the morning each week day, 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.

As established several years previous, adult psychosocial programs are organized into three recovery oriented program tracks (Foundation, Gateway, and Transitions) designed to address the issues of mental health recovery and functional living as described below:

The Foundation Track is designed to meet the needs of 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.

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

The Transitions Track is designed for the 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.

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.

In 2018, BRMH added Moral Reconciliation Therapy (MRT) and Individual Placement and Support (IPS) as Evidence-Based interventions offered at the organization. In May 2018, two staff members from BRMH took part in MRT certification training in Brigham City, Utah and upon completion of the training started working on building a MRT group at the Logan Outpatient Facility. In July 2018 a weekly, 90 minute MRT group was started and has had consistent attendance since that time. The group currently has participants that meet each week to review and discuss MRT steps, with each participant working to improve effective, healthy behaviors within the community, and reduce recidivism. This group is an open-enrollment format with new members being added frequently as well as having participants complete MRT and graduate from the group. We plan to continue to provide MRT in the next year.

In September 2018, two staff members started training in Individual Placement and Support. IPS has been shown to be an effective evidence-based intervention to help individuals with serious and persistent mental illness access and maintain gainful employment. The IPS online training was completed in November 2018 and IPS has been used since that time to help clients find employment opportunities in the community. This program is available to all adult clients at the Logan Outpatient Facility as well as the Bear River House day-treatment facility and has already helped several clients gain employment. We plan to continue to implement IPS in the next year.

BRMH, as of January 2019, provides a supported employment service component. This program assists clients to choose, obtain and keep community-based employment opportunities. This program component also provides opportunities for participant clients to enhance educational opportunities, such as literacy, high school equivalency, employment and training and higher educational opportunities and degrees. We also assist clients interested in volunteer work. As a preferred practice, BRMH chooses to apply the IPS supported employment principles, including include rapid job search, systematic job development, zero exclusion, client preference and time-unlimited supports. BRMH employment specialists provide direct employment placement services as well as assisting BRMH clients to access additional community-based employment services with agencies such as the Division of Vocational Rehabilitation and the Department of Workforce 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 adult psychoeducation services and psychosocial rehabilitation, for the upcoming fiscal year, *other than a more intensive focus on employment.*

**12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$200,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>215</b>
<b>Form A1 - Amount</b>	<b>\$275,000</b>	<b>Form A1 - Projected Clients</b>	<b>295</b>

<b>budgeted in FY19 Area Plan</b>		<b>Served in FY19 Area Plan</b>	
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$186,036</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>213</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>BRMH provides psychosocial rehabilitation for children and youth as a direct service, with most of these services being provided by BRMH case managers. Master's level therapists may also participate in the delivery of some of these services. Staff employ both individual and group formats for skills training and development that address daily living, communication, and interpersonal competencies as related to the predominant family, school, and social environments of children and youth. 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> <p>BRMH additionally provides specific psychoeducation and psychosocial rehabilitation programming through an after school and summer psychosocial skills curriculum out of all three of the outpatient facilities located in Brigham City, Logan, and Tremonton. There is also programming at school sites in all three service area counties.</p>			
<b>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).</b>			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant programmatic changes are planned for the upcoming fiscal year.			

### 13) Adult Case Management

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$980,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>710</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$883,499</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>625</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$921,405</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>703</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			

Case management services are provided 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 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 may 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 are 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.**

BRMH is now equipped to provide case management through telehealth options, in all three counties.

**14) Children/Youth Case Management**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$170,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>690</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$165,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>575</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$159,676</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>685</b>

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

Case management services provided 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 are available to children and youth 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)**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$78,250</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>33</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$112,343</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>27</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$74,289</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>32</b>

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

In-home supports, such as skills development behavior management, and personal services, are provided to adults with serious and persistent mental illness by direct 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 medically necessary and appropriate to help eliminate barriers to service access.

Additionally, BRMH has an established housing network, consisting of apartment complexes located in Logan (the Gateway 6-plex apartments) and Brigham City (Snow Park Village). Residents in these apartment complexes are provided semi-independent housing supports based on the need for more intensive housing supports and generally prior to returning to full independence within the community.

Bear River Association of Governments (BRAG), the local housing authority, operates the Box Elder Commons Apartment Complex, and has committed to offer these apartments to our clients who need semi-independent housing. We work to foster this continued community partnership for the benefit of finding housing options for our clients.

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 increase his/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 (housing services)**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$16,750</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>17</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$10,500</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>38</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$14,727</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>16</b>

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

In-home supports, such as skills development and behavior management services, are provided to severely emotionally disturbed (SED) children by case managers throughout Box Elder, Cache, and Rich counties. In addition, respite services are provided to children classified as seriously emotionally disturbed (SED). This service provides 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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$85,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>61</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$29,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>55</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$90,130</b>	<b>Form A1 - Actual FY18 Clients Serviced as Reported by Locals</b>	<b>59</b>

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

BRMH provides peer support services through 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 mental illness (SMI) 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 [Tremonton](#) 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. [Applicable supervisors attended training 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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$11,462</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>9</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$11,462</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>15</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$8,855</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>8</b>

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

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

As Family Resource Facilitators (FRFs) generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges, and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists, Family Resource Facilitators are instrumental in the delivery of peer-based recovery coaching for families struggling with the issues of mental illness and the systemic or societal barriers to mental health and wellness. Consequently, Family Resource Facilitators, as Peer Support Specialists, provide peer-to-peer support in the course of their Center-related responsibilities. Subsequently, clients may be referred to the Family Resource Facilitator or other peer support specialists, as determined necessary and appropriate.

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

For FY20 BRMH budget the full amount for the FRF contract. In FY18 BRMH was unable to draw down the full amount of the FRF contract, therefore creating a greater than 15% difference.

**How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?**

The Division provides supervision with the FRF during the Utah Family Coalitions' monthly meeting. Also the FRF is supervised weekly by a Master's level clinical supervisor to help staff cases, as well as regular supervision by Lori Cerar with Allies with Families. The FRF then meets quarterly with both the BRMH supervisor 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 training from those sponsored by the Division and other options.

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

No programmatic change in children and youth peer support is planned for the upcoming fiscal year.

**19) Adult Consultation & Education Services**

<b>Form A1 - FY20 Amount Budgeted:</b>	\$		
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	\$		
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	\$		

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

Center staffs continue to participate, as mental health system consultants, in a number of community forums and activities, such as local nursing home advisory, marriage and family therapy advisory, and Juvenile Justice Center participation. They also continue to be involved with a number of community agencies which focus on adult protective and safety issues, such as Aging and Adult Services and the Cache County Health Council. Consultation and education in these capacities are administratively rolled into staff responsibilities and not carved out into separately budgeted activities.

Bear River Mental Health also plans to continue its participation with the local Citizens Against Physical and Sexual Abuse (CAPSA) administration in partnership efforts focusing on education, training, and consultation needs relative to CAPSA employees and services. 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.

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.

Bear River Mental Health will continue its participation on the planning and steering committees of the

First District Mental Health Court, First District Drug Court, and Friends of Mental Health Court organizations, involving mental health systems programming, funding, and community liaison activities.

**Justify any expected increase or decrease in funding and/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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$175,000</b>		
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$167,437</b>		
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$200,000</b>		

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

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

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

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

**Justify any expected increase or decrease in funding and/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 area for the upcoming fiscal year.

**21) Services to Incarcerated Persons**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$55,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>325</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$30,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>275</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$54,154</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>330</b>

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

BRMH provides limited services directly to incarcerated persons within the local county jails (½ day in Box Elder and ½ day in Cache, and by emergency contact in Rich County). Master’s level mental health therapists are assigned specific and weekly presence in both Box Elder and Cache County jails. BRMH hopes to have telehealth technology, for the Rich County jail, within the upcoming year. Clinical services provided within the correctional facilities may include mental health assessment, crisis assessment and intervention, psychotherapy, and behavior management.

Coordination of this service starts with the correctional staff providing a list of inmates who have requested to see a mental health professional. In addition, jail staff may also specifically request that our staff meet with a specific inmate that they feel needs risk assessment and possible treatment planning. However, jail staff may forgo allowing inmates to sign up for time, and instead use the mental health time in the jail for those who present with the highest medical necessity.

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

**Justify any expected increase or decrease in funding and/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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$4,000</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>7</b>
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<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$82,197</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>6</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$4,000</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>7</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>BRMH has identified housing as a critical factor that potentially threatens the timely transition of the state hospital or acute hospital patient into less restrictive living environments. The Center has endeavored to maintain its 24-hour residential facility to, in part, serve as both a hospital diversion, as well as a transitional discharge facility for adult SMI clients referred from both acute inpatient settings, as well as the Utah State Hospital.</p> <p>In support of this transitional resource, the Center utilizes outplacement funds to cover the facility's room and board costs for state hospital clients during their initial and/or subsequent trial periods prior to state hospital discharge, as well as for the month following their formal institutional release.</p> <p>Outplacement funds, identified on the formula allocation sheet in the Area Plan, are inclusive of a larger aggregate of funds relative to various funding subsets and are utilized according to identified need.</p>			
<b>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).</b>			
There are no expected changes in funding and/or any expected changes in the number of individuals served.			
<b>Describe any significant programmatic changes from the previous year.</b>			
Programmatic changes, relative to outplacement resources, are not expected to significantly change for the upcoming fiscal year.			

### 23) Children/Youth Outplacement

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$</b>	<b>Form A1 - FY20 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>0</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			

If the need arises, BRMH uses funds to support families in visiting their children at the state hospital. Funds may be used for to help prevent children from going into higher levels of care and help children transition to lower levels of care. BRMH provides these services directly.

**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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$0</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>0</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$19,000</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>16</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$7,999</b>	<b>Form A1 - Actual FY18 Clients Serviced as Reported by Locals</b>	<b>6</b>

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

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

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

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

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

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

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

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

For unfunded Adult clients BRMH uses excess money from revenue over expenditures or BRMH

reserves.

**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 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

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$45,913</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>27</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$77,444</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>60</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$140,455</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>75</b>

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

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 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

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$6,082</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>4</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>0</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>As referenced previously, the mental health Center is currently participating with the Bear River Health Department, subsequent to grant funding received by the health department, relative to the development of a community-wide suicide prevention system.</p> <p>Additionally, Bear River Mental Health provides direct clinical supervision services to Utah State University social work interns, currently providing social skills training within the Box Elder County School District.</p>			
<b>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).</b>			
In FY20 there were new funds allocated to BRMH and BRMH is using some of these funds for non-mandated services.			
<b>Describe any significant programmatic changes from the previous year.</b>			
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**

<b>Competitive employment in the community (include both adults and transition aged youth).</b>
<p>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 staff, 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</p>

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.

As noted previously, BRMH, as of January 2019, provides a supported employment service component. This program assists BRMH clients to choose, obtain and keep community-based employment opportunities. This program component also provides opportunities for participant clients to enhance educational opportunities, such as literacy, high school equivalency, employment and training and higher educational opportunities and degrees. We also assist clients interested in volunteer work. As a preferred practice, BRMH chooses to apply the IPS supported employment principles, including include rapid job search, systematic job development, zero exclusion, client preference and time-unlimited supports. BRMH employment specialists provide direct employment placement services as well as assisting BRMH client to access additional community-based employment services with agencies such as the Division of Vocational Rehabilitation and the Department of Workforce Services.

### **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.

BRMH has enhanced collaboration and partnerships by specifically assigning supervisors, with decision making responsibility, to serve on key community boards and committees focusing on our shared clientele and similar community or population goals. Some of our specific new assignments include:

- Behavioral Health Network & Community Outreach Subcommittee, both at Logan Regional Hospital
- Boys and Girls Clubs
- Community Health Improvement Planning
- Domestic Violence Coalitions

- Catastrophic Event Coordination
- Local Interagency Council
- Homelessness Councils
- Mental Health Courts
- Northern Utah Trauma Resiliency Collaborative
- Professionals for Seniors
- System of Care for Northern Utah
- Suicide prevention coalitions

**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 rehabilitation 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.

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's Smartcare electronic health records system continues with ongoing improvements for efficiency and quality in documentation of clinical records and in the enhancements of clinical and management reporting.

The BRMH Senior Psychologist, who oversees the Center's training and Peer Auditing, has incorporated a system where our professional staff can share with and teach other professional staff, or report what they have learned from attending external trainings. This occurs through a Brown Bag Lunch series that has been very successful in helping to keep staff up-to-date with current information and treatment options for quality outcomes.

The Center's Peer Chart Auditing tool is a fluid tool, that is adjusted when and as seen as necessary, given internal quality improvement goals. This tool helps all staff understand what is required for quality documentation.

BRMH has successfully utilized telehealth mental health treatment technology, which has been used heavily in the schools in the very rural areas of the catchment area. This technology is being made available to all residents of the Bear River catchment area with the goal of enhancing mental health service access to service. We are now looking beyond just the very rural school systems. More staff are being trained on the technology, including technically, clinically, and ethically, and have been asked to consider how the technology might be used with other BRMH populations.

Although this is not a Medicaid reimbursable service, BRMH may provide case management staff to help in the application process for any individual with a mental health diagnosis, who many qualify for Medicaid expansion.

#### Identify process improvement activities - Implementation

BRMH works with Zimmet and Zimmet on risk assessment to insure that our policies and procedures fall within the best practices of the industry.

**Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.**

Bear River Mental Health has specifically assigned supervisory staff to support, and periodically sponsor, clinical staff trainings on evidenced based therapeutic approaches to mental health treatment. Also, incorporated within the Center's treatment planning document 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 has included a section in the supervision documentation template to remind supervisors to randomly audit for fidelity.

**Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.**

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 these efforts will be ongoing.

**Identify process improvement activities - Increased service capacity**

Funding for children's telehealth has resulted in the expansion of service to school-based populations, within Box Elder County, Rich County and Cache County School Districts, and this expansion will be maintained in the upcoming fiscal year.

Additionally, service capacity to justice-involved individuals will continue 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.

**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, IHC, 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 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. [These services are provided. There are some nursing facilities that are not interested in our services, but understand that they can contact BRMH if the need arises.](#)

**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.**

[BRMH's Tremonton facility co-locates mental health, physical health, and substance abuse services in partnership with the Bear River Health Department and Midtown Community Health Center, which is the existing FQHC. This FQHC, and others in the catchment area, serve as a referral source for unfunded county residents in need of physical and mental health services. BRMH in turn serves as a referral source back to the FQHC. BRMH also, at times, subcontracts with the FQHCs for mental health services. BRMH also, just recently, will be participating in a 5-year grant focused on better integration of services in partnership with the Bear River Health Department and the Midtown Community Health Center. This grant will tract the integration efforts of up to 300 shared clients.](#)

[Just recently, BRMH has committed to a collaboration, through a Federal grant, with the Bear River Health Department, wherein the Health Department, BRMH, and the FQHC will provide a full care team \(primary care, mental health, and substance abuse\), by committing to daily meetings together for team integration planning on shared clients. This is a 5-year grant and will serve up to 300 clients each year.](#)

[The CEO of BRMH is now a member of the local IHC Community Outreach subcommittee.](#)

**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 promoting appropriate referrals to the Bear River Drug and Alcohol treatment entity.

With respect to the physical healthcare needs of Center clients, coordination between mental health and physical health care predominantly functions relative to case management services. Case managers are consistently involved with client health care referrals, as well as linking, monitoring, and coordination of health care services with local providers. [Therapists are also trained in watching for physical health issues and referring clients for physical healthcare needs.](#) 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., HIV, TB, 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*. SUD 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. [Staff have trained on and use an evidence-based tobacco cessation based program. Further, BRMH is a smoke free campus.](#)

Additionally, the Center's Bear River House adult psychosocial rehabilitation program in Logan also conducts weekly health and wellness and exercise groups, and will continue these programmatic efforts 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.**

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

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

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

**Include expected increases or decreases from the previous year and explain any variance 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 Behavioral Health* activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.**

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

Individual therapy and family therapy are offered during the school day, at home, 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%.**

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, and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations.)**

Bear River Mental Health started providing mental health therapy via Telehealth in Fall 2018. This technology has allowed clinicians to provide therapy to students in rural areas and to those students in other areas who have limited means to accessing traditional outpatient therapy. Telehealth services are being provided at North Cache Middle School in Richmond, Utah as well as Rich High School in Randolph, Utah. Telehealth services have been made available through a grant made available to Bear River Mental Health during the previous year. For the schools listed below where Telehealth services are not currently being used, mental health therapy will continue to be provided at the school by a licensed mental health therapist from Bear River Mental Health.

Cache County School District-

Elementary Schools (K-6<sup>th</sup> Grade): Birch Creek, Canyon, Cedar Ridge, Greenville, Heritage, Lewiston, Lincoln, Millville, Mountainside, North Park, Park, Providence, River Heights, Summit, Sunrise, and Wellsville.

Middle Schools (7<sup>th</sup>-8<sup>th</sup> Grade): North Cache Middle School (Telehealth).

Logan School District-

Elementary Schools (K-6<sup>th</sup> Grade): Ellis, Woodruff.

High School (9<sup>th</sup>-12<sup>th</sup> Grade): Fast Forward Charter High School.

Box Elder School District-

Elementary Schools (K-6<sup>th</sup> Grade):Northpark, Garland, McKinley, Lakeview, Mountainview, Foothill,Discovery, and ACYI  
Harris Intermediate School

Middle Schools (7<sup>th</sup>-8<sup>th</sup> Grade): Bear River Middle School, Box Elder Middle School

High Schools (9<sup>th</sup>-12<sup>th</sup>): Box Elder High School, Bear River High School

Rich County School District:

Elementary Schools (K-6<sup>th</sup> Grade): South Rich Elementary.

Middle Schools (7<sup>th</sup>-8<sup>th</sup> Grade): Rich Middle School.

High Schools (9<sup>th</sup>-12<sup>th</sup> Grade): Rich High School (Telehealth).

The schools who have been able to receive mental health counseling services have greatly appreciated that mental health care has been available to the students in need such that the services currently provided are expected to continue to next year. Additionally, schools not currently receiving mental health services have approached Bear River Mental Health about possibly adding services. Through discussions with the school district and representatives from the Utah State Division of Substance Abuse and Mental Health, Bear River Mental Health have met with additional schools in CCSD and are anticipating adding Telehealth services to Spring Creek Middle School in Providence, Utah as well as South Cache Middle School in Hyrum, Utah in the upcoming school 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 (i.e. provides mental health expertise, consultation, input, etc.) in the Cache County Suicide Prevention Coalition, Northern Box Elder County Suicide Prevention Coalition, and Brigham City Suicide Prevention Coalition. The Northern Box Elder County Suicide Prevention Coalition has focused on a “town hall meeting” where community members could learn about the problems of suicide in the community. This coalition consists of community mental health, public health, local hospital and medical providers, schools, local government and interested community members, who initiated a well-attended “town hall meeting” where community members, local government, medical providers, schools and agencies learned about the problems of suicide in the community. This forum is currently planned as an annual event, which will continue to raise awareness in this rural area where resources and awareness are identified obstacles to preventing suicide. Additionally, this coalition has sponsored a remembrance walk, a monthly meeting, and is working on a media campaign featuring local families affected by suicide. The Brigham City Suicide Prevention Coalition involves the application of a grant that provided training in suicide prevention via *Question, Persuade, Refer*, an evidenced based practice.

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

readily available to school-based populations.

**INTERVENTION:**

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

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

**POSTVENTION:**

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 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%

2018 Remeasurement - Numerator 3279 Denominator 3323 = 98.7%

**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%

2018 Remeasurement - Numerator 222 Denominator 266 = 83.5%

C-SSRS screening administration and same day safety plan administration percentages increased significantly from the baseline year to the remeasurement year. [The increase in screenings and Same Day Safety Plans being administered can be attributed to ongoing training and reminders to staff. The reminders and trainings will continue.](#) An increase in numbers and percentages is expected to improve.

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**

**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:

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

**Identify your 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 anti-social associates, tend to have the most meaningful impact in getting an offender to effect positive and lasting change in his/her life. BRMH has therapists capable of addressing these concerns.

## ***D. SLIDING-FEE***

<b>Approved By:</b>	BRMH Executive Committee	<b>Version:</b>	1.3
<b>Effective Date:</b>	July, 2004	<b>Reviewed:</b>	February 8, 2019
		<b>Revised:</b>	February 12, 2019

### **Policy**

Client co-payments are charges determined by the client's insurer (including Medicare) to be the portion of the cost of service the insurance beneficiary must pay, or in the case of an uninsured client, the amount of sliding-fee the Corporation determines as reasonable and necessary based upon client income and family size. The Corporation's policy is to collect the full amount of insurance co-payments. Clients who qualify under the conditions specified below, will be assigned a sliding-fee amount, per encounter, based on the current sliding fee schedule, and will be expected to pay the full sliding-fee amount prior to each service appointment at the Corporation. The Business Manager maintains the sliding-fee schedule. Changes to the schedule are approved by the Executive Committee.

### **Procedures**

1. Client fees, relative to the Corporation's sliding-fee schedule, are based on monthly gross household income and family size.
  - a. Income is defined as gross monthly income received from earned wages/salary, disability, workmen's comp, pension/retirement benefits, Social Security, welfare/public assistance, or other sources as applicable. Family size is defined as any person in which the client or responsible party provides 50% support or claims as a dependent for tax purposes.
  - b. In the instance that single "legal adults" living with immediate family and receiving free room and board request Corporate services, an income of \$450 may be added to their declared income as "in kind" value of room and board. Any individual who can demonstrate that they are actually paying to live with immediate family could have this value of "in kind" revenue reduced accordingly.
  - c. Before establishing a sliding-fee, Bear River Mental Health Services, Inc. may require written verification of the client's income. Verification may also be requested at any time during the course of the client's treatment.
2. A Corporate sliding-fee may be contingent on the following conditions:
  - a. To be eligible for payment according to the Corporation's sliding-fee schedule, individuals must be uninsured and residents of Box Elder, Cache, or Rich Counties and be designated as SPMI or SED. All out-of-county clients will be responsible for the full charge for any service rendered. In addition, insured clients must eligiblize according to the specifications below.

- b. As the Corporation does not practice the routine waiver of insurance based co-payments, for insured clients to be eligible for a sliding-fee, they must either (1) have their insurance payment denied for the services requested, or (2) the services requested must be excluded from the client's insurance coverage, or (3) the client must petition and receive approval for a waiver of insurance co-payment under policy **AS-V-105** (Waiver of Insurance Co-payment). In cases where the client's insurance denies payment, the client must also complete and sign a Waiver of Liability to be eligible for a Corporate sliding-fee.
- c. Waivers of liability represent statements and agreements in which the client either chooses to receive services and assume financial responsibility if their insurance (including Medicare) denies payment or chooses to refuse service delivery. Waivers of liability shift financial responsibility from the Corporation to the client in the event of a denial of an insurance claim.
- d. The Waiver of Liability should be completed in advance of actual service delivery when a denial of insurance payment is predictable. However, in cases in which a denial of an insurance claim cannot be anticipated or predicted, the client will be approached to sign a Waiver of Liability upon receipt of the denial, and the Center's sliding-fee will be applied retroactively to the client's account.
- e. For Medicare beneficiaries, when it is anticipated that Medicare will deny payment for a particular covered service at a particular time, due to reasons that Medicare will likely consider as not reasonable and necessary (i.e. not consistent with diagnosis, provided by someone other than approved by Medicare, and/or the frequency or duration of the service exceeds the limits imposed by Medicare) the client should sign a waiver of liability referred to as an Advance Beneficiary Notice.
- f. Waivers of liability, either in the form of an Advance Beneficiary Notice or in some other form, may be signed by the client's personal representative if the client is a minor child or an incapacitated adult.
- g. Waivers of liability may not be signed in emergency service situations prior to an emergency medical screening (EMS) and stabilization of the client. In addition, a waiver of liability may not be signed when a client is under duress (i.e. emotionally or cognitively impaired such that the client is unable to adequately comprehend the nature and consequences of their decision so as to be unable to make an informed choice).
- h. If a client refuses to sign a waiver of liability, the Center will have a staff person witness the refusal and may consider such action as reasonable cause to refuse to provide the requested service.
- i. Clients must allow Bear River Mental Health Services, Inc. to submit claims to insurance companies when applicable and must also provide all pertinent information necessary with which to process the insurance claim. All insurance payments

received by the Center shall be in addition to any client payment; however, the Center may not collect more than what is actually charged for the services rendered.

- j. Potential recipients of a Center sliding-fee must apply by completing the Center's standard Fee Agreement. Clients who refuse to state and/or verify their monthly income will be ineligible to receive a sliding-fee and will be responsible for the full charge of any service not covered by their insurance.
  - k. For clients who are under the age of majority, the child's parents or legal guardian retain financial responsibility unless the child is legally emancipated or has been placed in the legal custody of a state agency, and the agency has been assigned financial responsibility by statute or court order.
3. The center may choose to collect a nominal fee for those at or below 100% Federal Poverty Level. Clients who qualify under these conditions may be assigned a nominal charge of no more than \$8.00, per encounter, and will be expected to pay the amount prior to each service appointment at the Corporation.
  4. The Center will prominently display the NHSC approved site poster, or language, at all approved sites and on its website in order to advertise and inform the patient population of the center's sliding fee discount program, and that no one will be denied access to services, due to inability to pay.

## 2020 Area Plan Discount Fee Schedule

### Bear River Mental Health - Discount Fee Schedule

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

#### 2015 - % of Poverty levels

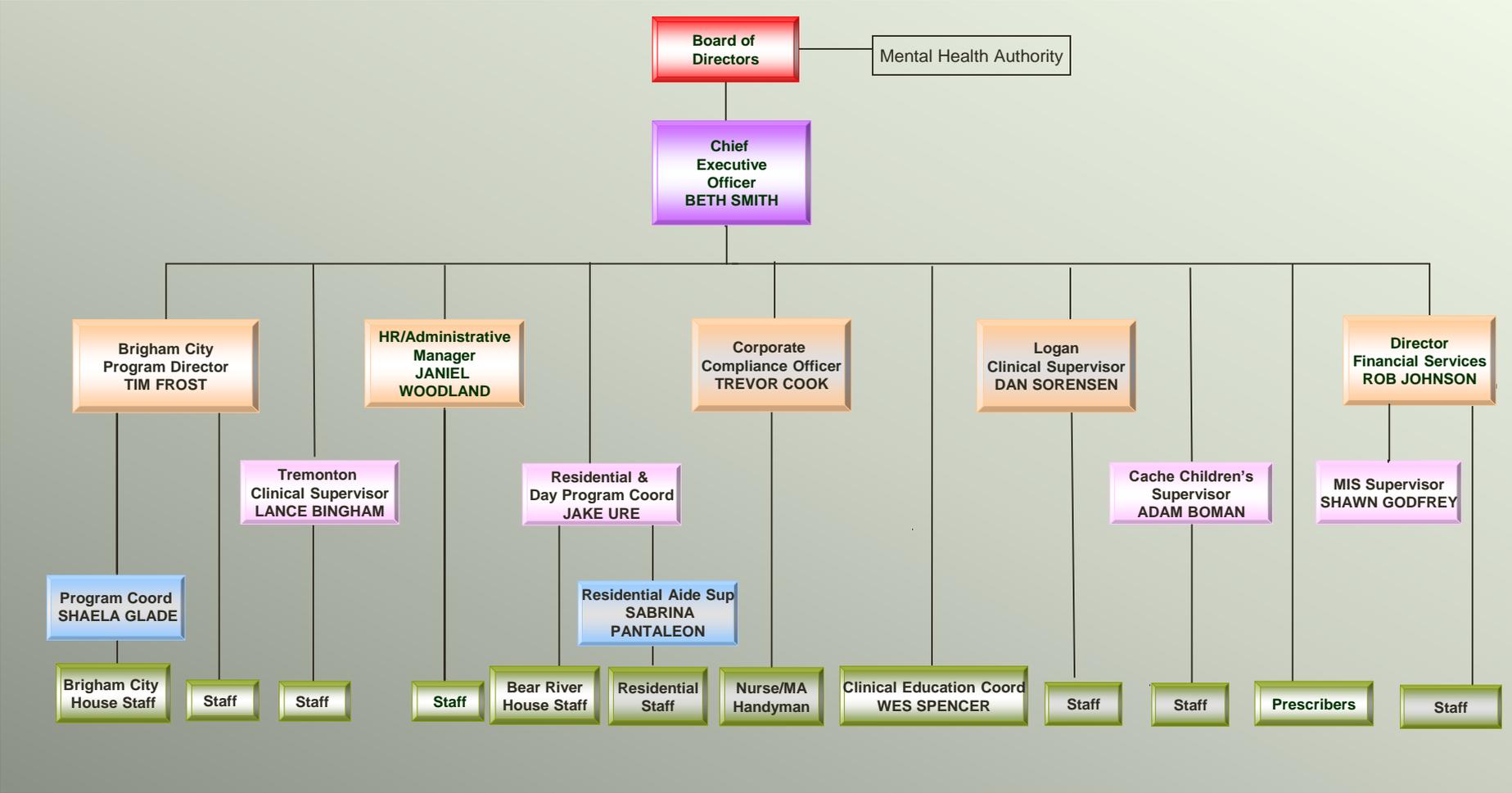
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890
	4,160

For each additional person

|

# BEAR RIVER MENTAL HEALTH - ORGANIZATIONAL CHART

AS OF 02/18/2019



**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 2020 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) # 16238, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY:** Box Elder County

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

**PLEASE PRINT:**

Name: Jeffrey D. Scott

Title: Commission Chair

Date: 6-12-2019

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

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**LOCAL AUTHORITY:** CACHE COUNTY

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

**PLEASE PRINT:**

Name: CRAIG W BUTTARS

Title: CACHE COUNTY EXECUTIVE

Date: 6/12/19

**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 2020 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) # 16236, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY:** Rich County -

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

**PLEASE PRINT:**

Name: William E Cox

Title: Commissioner

Date: June 12 2019