

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, [Medicaid Expansion](#), 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 [continue 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. [Medicaid Expansion](#)
5. Specialty Populations;
 - a. Mental health court clients;
 - b. Civil commitment clients;
 - c. 24 hour Crisis Services;
 - d. SMI/SED clients
 - e. Jail Services;
 - f. Medicaid Disability Determination Evaluations / Form M-20;
 - g. Grant funded clients (i.e., 2.7 funding; Early Intervention funding, schools, telehealth, [justice involved \(non JRI\)](#) etc.); and
 - h. JRI Funding
 - i. SMR Funding

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 Corps (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.—Is necessary.~~

The Center does maintain ~~some~~ subcontract relationships with 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.

Bear River Mental Health additionally receives oversight and monitoring by Box Elder, Cache, and Rich Counties through requiring each county to assign a county commissioner or county executive to the Bear River Mental Health Services, Inc. Board of Directors. In addition, the CEO makes an annual visit to each county commission to provide a summary of the changes to the Area Plan, and allow for feedback from the counties.

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Bear River Mental Health Services

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient

Form A1 - FY22 Amount Budgeted:	\$1,837,299	Form A1 - FY22 Projected clients Served:	190
Form A1 - Amount budgeted in FY21 Area Plan	\$2,760,000	Form A1 - Projected Clients Served in FY21 Area Plan	200
Form A1 - Actual FY20 Expenditures Reported by Locals	\$1,136,880		131

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 Healthcare (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, Provo Canyon, 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 **the same case manager, however the contact is via phone or telehealth technologies. The case manager then reports on the status of hospitalized clients in each county crisis meeting weekly, as well as directly to assign therapists throughout the week. Discharge planning occurs in the same way.**

The case management services provided by ~~these~~ hospital liaison ~~staff~~ **allows** 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).

The increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

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

2) Children/Youth Inpatient

Form A1 - FY22 Amount Budgeted:	\$912,701	Form A1 - FY22 Projected clients Served:	57
Form A1 - Amount budgeted in FY21 Area Plan	\$940,000	Form A1 - Projected Clients Served in FY21 Area Plan	80
Form A1 - Actual FY20 Expenditures Reported by Locals	\$829,701	Form A1 - Actual FY20 Clients Served as Reported by Locals	54

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

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 evaluates 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.

Describe your efforts to support the transition from this level of care back to the community.

BRMH assigns case management staff to coordinate and facilitate timely follow-up after hospitalization, per Medicaid requirements, and to educate, coordinate, and provide services. A case manager additionally coordinates and assists in discharge planning with the inpatient unit and responds to requests from the hospitals to help coordinate outpatient services. This is also applicable to the Utah State Hospital.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

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

3) Adult Residential Care

Form A1 - FY22 Amount Budgeted:	\$420,950	Form A1 - FY22 Projected clients Served:	56
Form A1 - Amount budgeted in FY21 Area Plan	\$460,000	Form A1 - Projected Clients Served in FY21 Area Plan	50
Form A1 - Actual FY20 Expenditures Reported by Locals	\$343,508	Form A1 - Actual FY20 Clients Serviced as Reported by Locals	48

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 [property 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.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

Access is determined by the clinical treatment team and the residential facility supervisor who review the clients' needs and appropriateness for placement in the facility when considering the admit criteria for the program. Admission can be processed at any time (24/7). This service is intended to provide a higher level of care and diversion from unnecessary hospitalizations. Effectiveness is determined based on client improvement and eligibility for discharge after considering level of medication and treatment compliance, and improvement in functioning with daily living skills. These decisions are made by the clinical treatment team in conjunction with the residential facility supervisor. The residential facility supervisor also meets with residential staff weekly, or more frequently if needed, to discuss specific needs of new admissions and ongoing progress of existing residents.

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 increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

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

4) Children/Youth Residential Care

Form A1 - FY22 Amount Budgeted:	\$5,000	Form A1 - FY22 Projected clients Served:	1
Form A1 - Amount budgeted in FY21 Area Plan	\$5,000	Form A1 - Projected Clients Served in FY21 Area Plan	1
Form A1 - Actual FY20 Expenditures Reported by Locals	\$0.00	Form A1 - Actual FY20 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify any significant service gaps related to residential services for youth.

Residential services for children and youth are not provided directly by BRMH. When residential treatment is determined to be 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.

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

Residential care is determined based on the child's inability to remain or be maintained in the home. BRMH utilizes stabilization services and intensive outpatient services, including wrap-around services both prior to referring to residential services and in the client's transition back from residential 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).

Did not have any expenses in 2021. Required to budget for this item.

Describe any significant programmatic changes from the previous year.

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

5) Adult Outpatient Care

Form A1 - FY22 Amount Budgeted:	\$3,840,133	Form A1 - FY22 Projected clients Served:	2375
Form A1 - Amount budgeted in FY21 Area Plan	\$2,956,222	Form A1 - Projected Clients Served in FY21 Area Plan	2210
Form A1 - Actual FY20 Expenditures Reported by Locals	\$2,857,593	Form A1 - Actual FY20 Clients Served as Reported by Locals	1979

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.

One of our newer evidence based offerings, in the outpatient setting, is group Moral Reconciliation Therapy (MRT). BRMH invests in certified training for staff who provide MRT services. This MRT group is provided once a week at the Logan outpatient facility and has had consistent referrals and attendance since its inception. The group participants 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. With the addition of a therapist specifically funded to serve clients in and coming out of the jails, or clients who are involved with law enforcement or the justice system, referrals of unfunded clients to this group are increasing. This therapist has also received certification as an MRT therapist. This is an evidence based treatment that is provided to fidelity.

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.

Describe community based services for high acuity patients including Assertive Community Treatment (ACT), Assertive Community Outreach Treatment (ACOT), and/or Intensive Case Management (ICM) services. Identify your proposed fidelity monitoring and outcome measures.

BRMH has a Community Outreach Team. The team consists of a therapist, APRN, RN, and multiple case managers. The Community Outreach Team focuses on SPMI clients who are at risk for hospitalization. Members work with clients in their homes and in the community. Services are customized and person-centered for each client.

BRMH monitors fidelity using a supervision model. Client progress is monitored via the OQ.

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 increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

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

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

Every individual who is civilly committed to BRMH receives a thorough mental health assessment to determine 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.

A case manager is assigned to individuals receiving court ordered treatment. The case manager coordinates with the court personal and treatment providers. He attends weekly meetings and provides direct updates to the courts on treatment compliance and progress. These individuals are tracked by funding source.

6) Children/Youth Outpatient Care

Form A1 - FY22 Amount Budgeted:	\$2,020,785	Form A1 - FY22 Projected clients Served:	1520
Form A1 - Amount budgeted in FY21 Area Plan	\$2,033,000	Form A1 - Projected Clients Served in FY21 Area Plan	1590
Form A1 - Actual FY20 Expenditures Reported by Locals	\$1,828,846	Form A1 - Actual FY20 Clients Served as Reported by Locals	1,452

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. Please highlight approaches to engage family systems.

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 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. 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’s 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.

BRMH additionally uses peer support personnel, SMR for family stabilization, and traditional outpatient treatment to engage in family systems and other natural supports. The usage of telehealth has allowed the expansion of family systems and engaging with clients in their home.

Describe community based services/approaches for high acuity youth and families. Describe the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

BRMH provides skill based services, individual and family therapy, and respite services. This is provided in outpatient facilities, in schools, and in the client homes. Outcomes are accomplished via the YOQ instrument, and fidelity monitoring is accomplished through supervision, observation, and document review.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

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

7) Adult 24-Hour Crisis Care

Form A1 - FY22 Amount Budgeted:	\$623,000	Form A1 - FY22 Projected clients Served:	526
Form A1 - Amount budgeted in FY21 Area Plan	\$80,000	Form A1 - Projected Clients Served in FY21 Area Plan	440
Form A1 - Actual FY20 Expenditures Reported by Locals	\$131,567	Form A1 - Actual FY20 Clients Served as Reported by Locals	421

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 what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families,

In October 2019 BRMH entered into a Business Associates Agreement with University Psychiatric Institute (UNI) for them to provide all telephonic crisis services. UNI Crisis Line has trained clinical staff available 24 hours per day to manage crisis calls. UNI also has backup from LifeLine to ensure calls are answered in accordance with State statute. BRMH continues to staff a “client support line” with access available 24 hours per day. In the event that UNI provides a “warm hand off” to BRMH, the response is handled through the BRMH client support line. Individuals are also able to call the client support line for non-emergent issues.

BRMH ~~continues to have~~ has Master’s level clinicians available ~~during office hours for walk-in-for~~ crisis response, 24-7. BRMH has also committed to training all clinical staff in crisis management, suicide prevention and crisis response planning.

BRMH has mobile crisis outreach teams available to assist youth, families, and adults living within Cache, Rich, and Box Elder Counties. Crisis services can be provided in-person or via telehealth technology. SMR responds and assists youth and families experiencing mental health crisis situations and the MCOT assists adults experiencing mental health crisis situations. Both programs have licensed therapists who work with case managers to help alleviate crisis situations in the least invasive ways possible and provide appropriate referrals, as needed. The SMR program also provides ongoing family stabilization services for additional services and supports.

MCOT can assist in a crisis situation involving youth if SMR is not able to respond. BRMH is able to provide crisis services regardless of the age of the person in crisis. From 11 PM to 8 AM services are provided via phone or telehealth services.

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

BRMH meets with the Utah Crisis Line monthly to discuss crisis services and triage crisis calls to ensure clients in crisis access the appropriate level of care. BRMH also meets bi-monthly with JJS, school districts, and DCFS to discuss crisis services in the community for youth.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that is required.

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.

SMR and MCOT are trained on evidence based crisis interventions and document SMR and MCOT data in the clinical service note. This data includes who referred the client for crisis services, response time to provide the service, and deposition and outcomes for the client after receiving crisis services. The Division has provided technical support and data specs on measurable outcome data.

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

BRMH received \$500,000 to fund MCOT program.

Describe any significant programmatic changes from the previous year.

Bear River Mental Health started a Mobile Crisis Outreach Team (MCOT) last year AFTER the Area Plans were due. MCOT is an evidence based program providing immediate mental health crisis services to adults residing within our treatment area. MCOT takes referrals from The Utah Crisis Line and other community partners to address the needs of adults experiencing mental health crisis situations and providing appropriate referrals for ongoing care and support. MCOT services are provided by case managers or peer support specialists working with licensed therapists to alleviate and reduce the crisis situation in the least restrictive manner possible to ensure safety to those involved.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY22 Amount Budgeted:	\$110,000	Form A1 - FY22 Projected clients Served:	198
Form A1 - Amount budgeted in FY21 Area Plan	\$145,000	Form A1 - Projected Clients Served in FY21 Area Plan	160
Form A1 - Actual FY20 Expenditures Reported by Locals	\$102,289	Form A1 - Actual FY20 Clients Served as Reported by Locals	193

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 what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care. Include if you provide SMR services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

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.

Children and youth crisis services continue to be available seven days a week, 24 hours per day and 365 days a year through the Stabilization and Mobile Response (SMR) Program . SMR services are available during regular business hours and on weekends and holidays. Cellular phones and laptop computers are utilized by after hours crisis service staff, to allow for quick communication and response to all crisis SMR requests. Also, during routine office hours, SMR crisis staff coverage ensures the possibility of an immediate response to any mental health emergency situation. Assigned SMR crisis staff are capable of managing child, youth, and family mental health emergencies and, when necessary, will make referrals to the Center's inpatient resources.

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.

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.

BRMH partners with Davis Behavioral Health (DBH) in providing a Stabilization, Mobile Response Team (SMR) for individuals under the age of 20. The State Division contracted with DBH, which in turn subcontracted with BRMH.

SMR is a mobile response to individuals who are in crisis. Based on 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.

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 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.

BRMH hopes to eventually bring a receiving center online at some point in the future.

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that is required.

SMR is trained on evidence based crisis interventions and documents SMR data in the clinical service note. This data includes who referred the client for crisis services, response time to provide the service, and deposition and outcomes for the client after receiving crisis services. The Division has provided technical support and data specs on measurable outcome data.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

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

9) Adult Psychotropic Medication Management

Form A1 - FY22 Amount Budgeted:	\$1,432,400	Form A1 - FY22 Projected clients Served:	1000
Form A1 - Amount budgeted in FY21 Area Plan	\$1,245,000	Form A1 - Projected Clients Served in FY21 Area Plan	870
Form A1 - Actual FY20 Expenditures Reported by Locals	\$1,162,646	Form A1 - Actual FY20 Clients Served as Reported by Locals	835

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. Please list any specific work related to medication management during transition from or between providers/settings.

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.

BRMH's prescriber team works closely with internal and external providers in securing appropriate documentation for medication treatment. This includes information from recent inpatient stays, current medical health notes, a review of the Controlled Substance Database, and any other pertinent information as requested by the assigned prescriber, to appropriately provide medications. The medication team also facilitates any requests for information from external providers.

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 increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

BRMH has expanded the FTE's in prescriber staffing by a full FTE. This prescriber, as do all prescribers, are available to provide services to adults and children. This was in an effort to assist in coverage for existing prescriber vacations, workload issues, and to gear up for Medicaid Expansion.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY22 Amount Budgeted:	\$235,000	Form A1 - FY22 Projected clients Served:	270
Form A1 - Amount budgeted in FY21 Area Plan	\$205,000	Form A1 - Projected Clients Served in FY21 Area Plan	260
Form A1 - Actual FY20 Expenditures Reported by Locals	\$215,386	Form A1 - Actual FY20 Clients Served as Reported by Locals	251

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. Please list any specific work related to medication management during transition from or between providers/settings.

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.

BRMH’s prescriber team works closely with internal and external providers in securing appropriate documentation for medication treatment, once appropriate releases are in place. This includes information from recent inpatient stays, current medical health notes, a review of the Controlled Substance Database, and any other pertinent information as requested by the assigned prescriber, to appropriately provide medications. The medication team also facilitates any requests for information from external providers.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

BRMH has expanded our prescriber FTE by a full FTE. The new prescriber, as are all prescribers, is available to provide services to adults and children. This was in an effort to assist in coverage for existing prescriber vacations, workload issues, and to gear up for Medicaid Expansion.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY22 Amount Budgeted:	\$1,220,100	Form A1 - FY22 Projected clients Served:	300
Form A1 - Amount budgeted in FY21 Area Plan	\$1,125,000	Form A1 - Projected Clients Served in FY21 Area Plan	295
Form A1 - Actual FY20 Expenditures Reported by Locals	\$986,107	Form A1 - Actual FY20 Clients Served as Reported by Locals	262

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 is an 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, [the Cache County](#) adult psychosocial programs is 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.

BRMH also provides 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. 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, in Logan also 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 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.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified by the mental health assessment, care plan formulation and review, and ongoing assessment of needs during treatment. Therapists work as treatment coordinators for each client and can add psychoeducation and psychosocial rehabilitation as a prescribed service. This is measured through OQ scores, care plan reviews and updates, and client feedback.

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 increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

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

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY22 Amount Budgeted:	\$266,000	Form A1 - FY22 Projected clients Served:	195
Form A1 - Amount budgeted in FY21 Area Plan	\$225,000	Form A1 - Projected Clients Served in FY21 Area Plan	230
Form A1 - Actual FY20 Expenditures Reported by Locals	\$242,074	Form A1 - Actual FY20 Clients Served as Reported by Locals	185

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 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

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.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified by the mental health assessment, care plan formulation and review, and ongoing assessment of needs during treatment. Therapists work as treatment coordinators for each client and can add psychoeducation and psychosocial rehabilitation as a prescribed service. This is measured through OQ scores, care plan reviews and updates, and client feedback.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

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

13) Adult Case Management

Form A1 - FY22 Amount Budgeted:	\$1,259,300	Form A1 - FY22 Projected clients Served:	1065
Form A1 - Amount budgeted in FY21 Area Plan	\$1,155,000	Form A1 - Projected Clients Served in FY21 Area Plan	790
Form A1 - Actual FY20 Expenditures Reported by Locals	\$1,017,569	Form A1 - Actual FY20 Clients Served as Reported by Locals	953

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. Please include how you ensure each case management provider is certified to provide these services.

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.

During the case manager orientation process BRMH begins the certification process for those employees who do not already have it. BRMH ensures that each case manager is certified.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Eligibility is determined through mental health assessment, administration of the DLA20, and conducting the Case Management Needs Assessment. This is measured by OQ scores, DLA20 Scores, care plan review and updates, feedback from other treatment providers, and the client.

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 increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

Bear River Mental Health historically has not provided protective payee services, and has utilized external options for that service. Given the ongoing negative experiences by our clients, we are moving forward to provide these services internally, by utilizing division of duties, quality controls, and intensive supervision by financial staff. We have sought feedback from other Centers who have been offering protective payee services, and will utilize their recommended best practices as we move forward. We are excited to hopefully have a better solution for several of our clients.

14) Children/Youth Case Management

Form A1 - FY22 Amount Budgeted:	\$165,000	Form A1 - FY22 Projected clients Served:	735
Form A1 - Amount budgeted in FY21 Area Plan	\$170,000	Form A1 - Projected Clients Served in FY21 Area Plan	760
Form A1 - Actual FY20 Expenditures Reported by Locals	\$149,904	Form A1 - Actual FY20 Clients Serviced as Reported by Locals	703

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. Please include how you ensure each case management provider is certified to provide these services.

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.

During the case manager orientation process BRMH begins the certification process for those employees who do not already have it. BRMH ensures that each case manager is certified.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Eligibility is determined through mental health assessment and conducting the Case Management Needs Assessment. This is measured by YOQ scores, care plan review and updates, feedback from other treatment providers, and the client.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

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

15) Adult Community Supports (housing services)

Form A1 - FY22 Amount Budgeted:	\$70,850	Form A1 - FY22 Projected clients Served:	45
Form A1 - Amount budgeted in FY21 Area Plan	\$55,500	Form A1 - Projected Clients Served in FY21 Area Plan	31
Form A1 - Actual FY20 Expenditures Reported by Locals	\$51,596	Form A1 - Actual FY20 Clients Served as Reported by Locals	37

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.

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.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing?

Eligibility is determined through mental health assessment, administration of the DLA20, and conducting the Case Management Needs Assessment. This is measured by OQ scores, DLA20 Scores, care plan review and updates, feedback from other treatment providers and the client.

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 increase is due to Medicaid Expansion and COVID 19 pandemic.

Describe any significant programmatic changes from the previous year.

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

16) Children/Youth Community Supports (respite services)

Form A1 - FY22 Amount Budgeted:	\$45,000	Form A1 - FY22 Projected clients Served:	25
Form A1 - Amount budgeted in FY21 Area Plan	\$17,000	Form A1 - Projected Clients Served in FY21 Area Plan	24
Form A1 - Actual FY20 Expenditures Reported by Locals	\$44,147	Form A1 - Actual FY20 Clients Served as Reported by Locals	25

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. Please identify how this fits within your continuum of care.

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.

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Eligibility is determined through mental health assessment and conducting the Case Management Needs Assessment. This is measured by YOQ scores, care plan review and updates, feedback from other treatment providers and the client.

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).

This is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meet the 15% criteria.

Describe any significant programmatic changes from the previous year.

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

17) Adult Peer Support Services

Form A1 - FY22 Amount Budgeted:	\$45,000	Form A1 - FY22 Projected clients Served:	62
Form A1 - Amount budgeted in FY21 Area Plan	\$85,000	Form A1 - Projected Clients Served in FY21 Area Plan	80
Form A1 - Actual FY20 Expenditures Reported by Locals	\$37,141	Form A1 - Actual FY20 Clients Serviced as Reported by Locals	57

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. Describe your policies and procedures for peer support. Do Peer Support

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 peer support specialist](#) works with families.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Determination for appropriateness of referral to peer support services is based a review of their support systems, strengths, needs, and cultural considerations as assessed by the treatment team. Additionally the peer support specialist receives weekly supervision from a clinical supervisor reviewing case loads and services rendered. This is measured by OQ, YOQ, care plan reviews and updates, reports from other provides, and client self report.

Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?

PSS participates in clinical meetings and therapists discuss individuals and families in need and PSS services can address those needs.

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 [weekly](#).. 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.

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

The increase is due to [Medicaid Expansion](#) and [COVID 19 pandemic](#).

Describe any significant programmatic changes from the previous year.

[Bear River Mental Health](#) has agreed to accept, as a practicum and apprenticeship site, a peer support specialist who will be hired under the [HRSA peer support training grant](#). This peer will have received the core training, and will also receive training on integration and youth-in-transition. Their BRMH time will be spent in working with the [PIPBHC grant](#), in addition to service clients of BRMH in other areas.

18) Children/Youth Peer Support Services

Form A1 - FY22 Amount Budgeted:	\$13,000	Form A1 - FY22 Projected clients Served:	13
Form A1 - Amount budgeted in FY21 Area	\$15,000	Form A1 - Projected Clients Served in FY21 Area Plan	15

Plan			
Form A1 - Actual FY20 Expenditures Reported by Locals	\$10,742	Form A1 - Actual FY20 Clients Serviced as Reported by Locals	11
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Describe how Family Peer Support Specialists will partner with other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.</i></p>			
<p>As indicated above, Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. With respect to children and youth, peer support services are provided to their respective parents/legal guardians, as appropriate to the child's age and clinical need. Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the parent or legal guardian of children and youth may be assisted with the development and actualization of their child's own individual recovery goals.</p> <p>As Family Peer Support Specialist (FPSS) 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 Peer Support Specialist 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 Peer Support Specialist, 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 Peer Support Specialist or other peer support specialists, as determined necessary and appropriate.</p>			
<p>Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?</p>			
<p>Bear River Mental Health utilizes Certified Peer Support Specialists (CPSS) to assist individuals and families work towards recovery from serious mental health concerns. The CPSS attends clinical staff meetings to discuss individuals and families in need of CPSS services as well as provide consultation about individuals and families currently receiving CPSS services. The CPSS also receives weekly clinical supervision from the staff's immediate supervisor for ongoing training, supervision, and support.</p>			
<p>Please identify how youth and family eligibility for this service is determined.</p>			
<p>Eligibility is determined through mental health assessment, care plan formulation and review, and ongoing assessment of needs while individuals and families receive ongoing care and treatment.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).</p>			
<p>This program is slowly expanding.</p>			
<p>How is Family Peer Support supervision provided? Who provides the supervision? What training do supervisors receive? What training does clinical staff receive on engaging Certified Family Peer Support services in the continuum of care?</p>			

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

Clinical staff receive ongoing training and updates about Family Peer Support Services during clinical staff meetings. The staff meetings occur on a weekly basis allowing for frequent and consistent opportunities to learn about FPSS services, discuss appropriateness of referrals for FPSS services, and receive ongoing training. BRMH utilizes a collaborative treatment team approach wherein various professionals work for the overall wellbeing and recovery of the clients being served. FPSS is seen as a vital support to the treatment team and participates on treatment team meetings as needed.

Describe any significant programmatic changes from the previous year.

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

19) Adult Consultation & Education Services

Form A1 - FY22 Amount Budgeted:			
Form A1 - Amount budgeted in FY21 Area Plan			
Form A1 - Actual FY20 Expenditures Reported by Locals			

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

Center staff continue to participate, as mental health system consultants, in a number of community forums and activities, such as local nursing home advisory, marriage and family therapy advisory, 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 is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

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

20) Children/Youth Consultation & Education Services

Form A1 - FY22 Amount Budgeted:	\$58,000		
Form A1 - Amount budgeted in FY21 Area Plan	\$95,000		
Form A1 - Actual FY20 Expenditures Reported by Locals	57,842		

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 is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

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

21) Services to Incarcerated Persons

Form A1 - FY22 Amount Budgeted:	\$114,556	Form A1 - FY22 Projected clients Served:	400
Form A1 - Amount budgeted in FY21 Area Plan	\$49,000	Form A1 - Projected Clients Served in FY21 Area Plan	310
Form A1 - Actual FY20 Expenditures Reported by Locals	\$40,556	Form A1 - Actual FY20 Clients Served as Reported by Locals	310

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, and how you will coordinate with the jail to ensure service delivery is adequate.

BRMH provides limited services directly to incarcerated persons within the local county jails (½ day in Box Elder County and two ½ days in Cache County for Medicaid individuals, 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 has telehealth technology for the Rich County jail. 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.

BRMH is working in collaboration with a newly formed Cache County Community Crisis Response Coordination Team, which includes representatives from Cache County Sheriff’s Office, Logan City Police Department, Bear River Substance Abuse, Intermountain Healthcare inpatient unit, USU, and the Cache County Attorney’s office. The goal of this team is to help reduce recidivism at the jail by coordinating information and service efforts, at the earliest point possible. We have created a release form that will be available to any member of the team, and are in the process of writing a grant to hire case managers to coordinate efforts with various agencies, again, at earliest possible time, once an

individual is identified. Bear River will provide in-kind match toward this grant in the form of assigning representatives both to the coordination committee and to the case review team.

BRMH continues to provide mental health and crisis services directly to inmates within the jail, as well as coordinating follow-up care with BRMH and other agencies upon release. BRMH is able to provide outpatient services to inmates released from jail regardless of Medicaid status or ability to pay.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Incarcerated individuals are identified by jail staff using a mental health screening tool that identifies emotional distress or safety concerns, assessment mental health history, or based on the individuals request for services and support. Outpatient clinicians who are working with incarcerated individuals prior to going to jail may also request services.

Corrections staff working at the jail do an initial intake with each person who is incarcerated. The screening tool assesses for general risk factors and mental health treatment history. The individuals who are incarcerated are then referred to a BRMH if there are risk factors or other needs present. Each individual who is incarcerated also has the ability to self-refer to BRMH for mental health services while incarcerated. The BRMH meets with those incarcerated individuals and conducts and mental health assessment, CSSRS/suicide risk assessment, and determination of risks towards others. This information is then used by the jail facility to determine where to safely house the incarcerated individual.

Effectiveness of services are determined by reports from the intervening clinician, jail staff, and inmate.

Describe the process used to engage clients who are transitioning out of incarceration.

The BRMH clinician assigned to the jail works with the inmate at identifying treatment needs, connecting with resources in the community, and offering BRMH services. BRMH funding options allow for services regardless of ability to pay or Medicaid 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).

BRMH received a CCJJ grant and hired a therapist to work with incarcerated individuals.

Describe any significant programmatic changes from the previous year.

BRMH submitted and was awarded a grant through the Commission on Criminal and Juvenile Justice for increasing services to unfunded individuals involved with the justice system, or who have had any contact with police. We have been able to more than double the services offered in the jails, and have increased availability to the Rich County jail via telehealth or on site. We can also continue to serve unfunded individuals who are released from jails, through this grant, with the hope of reducing recidivism in the jails.

22) Adult Outplacement

Form A1 - FY22 Amount Budgeted:	\$3,500	Form A1 - FY22 Projected clients Served:	7
Form A1 - Amount budgeted in FY21 Area Plan	\$3,000	Form A1 - Projected Clients Served in FY21 Area Plan	6

Form A1 - Actual FY20 Expenditures Reported by Locals	\$3,500	Form A1 - Actual FY20 Clients Served as Reported by Locals	7
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>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>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
<p>There is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.</p>			
Describe any significant programmatic changes from the previous year.			
<p>No significant programmatic changes are anticipated for the upcoming fiscal year.</p>			

23) Children/Youth Outplacement

Form A1 - FY22 Amount Budgeted:	\$	Form A1 - FY22 Projected clients Served:	
Form A1 - Amount budgeted in FY21 Area Plan	\$	Form A1 - Projected Clients Served in FY21 Area Plan	
Form A1 - Actual FY20 Expenditures Reported by Locals	\$	Form A1 - Actual FY20 Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>If the need arises, BRMH uses funds to support families in visiting their children at the state hospital. Funds may be used to help prevent children from going into higher levels of care and to help children</p>			

transition to lower levels of care. BRMH provides these services directly.

Describe any significant programmatic changes from the previous year.

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

24) Unfunded Adult Clients

Form A1 - FY22 Amount Budgeted:	\$0.00	Form A1 - FY22 Projected clients Served:	0
Form A1 - Amount budgeted in FY21 Area Plan	\$5,000	Form A1 - Projected Clients Served in FY21 Area Plan	6
Form A1 - Actual FY20 Expenditures Reported by Locals	\$0	Form A1 - Actual FY20 Clients Served as Reported by Locals	0

Describe the activities you propose to undertake and identify specific populations where services are and are not 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 through the HMHI crisis line.

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.

Mental Health services, based on medical necessity, to individuals who are SMI.

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

Describe efforts to help unfunded adults become funded and address barriers to maintaining funding coverage. Please report the number of individuals who came in unfunded who you helped secure coverage (public or private).

BRMH hired an eligibility specialist who assists individuals with Medicaid eligibility and may also link individuals to community resources. Case managers work with clients who are losing funding, such as Medicaid due to documentation requirements, or who are also otherwise unfunded. This eligibility specialist facilitates access to additional funding sources through BRMH. BRMH has helped over 70 unfunded individuals secure coverage.

BRMH also submitted and was awarded a grant through the Commission on Criminal and Juvenile Justice to increase services to unfunded individuals involved with the justice system, or who have had any contact with police. We have been able to more than double the services offered in the jails, and have increased availability to the Rich County jail via telehealth or on site.

BRMH was also awarded another telehealth grant for services to unfunded children and youth in the schools.

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

BRMH is limiting the funding to unfunded youth clients.

Describe any significant programmatic changes from the previous year.

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

25) Unfunded Children/Youth Clients

Form A1 - FY22 Amount Budgeted:	\$61,854	Form A1 - FY22 Projected clients Served:	65
Form A1 - Amount budgeted in FY21 Area Plan	\$56,939	Form A1 - Projected Clients Served in FY21 Area Plan	95
Form A1 - Actual FY20 Expenditures Reported by Locals	\$61,903	Form A1 - Actual FY20 Clients Served as Reported by Locals	72

Describe the activities you propose to undertake and identify specific populations where services are and are not 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, 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.

BRMH has a contract with the Box Elder School District to provide services to identify youth. BRMH also endeavors to find funding options in order to provide services for SED youth.

Describe efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage. Please report the number of individuals who came in unfunded who you helped secure coverage (public or private).

BRMH hired an eligibility specialist who assists individuals with Medicaid eligibility and may also link individuals to community resources. Case managers work with clients who are losing funding, such as Medicaid due to documentation requirements, and facilitating access to additional funding sources through BRMH. School based services may be provided through school district grants and additional funds, including telehealth services. We were additionally awarded a telehealth grant for children/youth in the schools, which will allow for more services to unfunded children/youth. BRMH has helped more than 70 unfunded individuals obtain coverage.

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 is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

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

26) Other non-mandated Services

Form A1 - FY22 Amount Budgeted:	\$0.00	Form A1 - FY22 Projected clients Served:	0
Form A1 - Amount budgeted in FY21 Area Plan	\$0.00	Form A1 - Projected Clients Served in FY21 Area Plan	0
Form A1 - Actual FY20 Expenditures Reported by Locals	\$0.00	Form A1 - Actual FY20 Clients Served as Reported by Locals	0

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

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

Bear River Mental Health also provides access to an online screening tools, through our website, for substance abuse, gambling, depression, anxiety, bipolar, eating disorders, psychosis, and well-being, concluding with how to get help.

Recovery Support Services: For Local Authorities intending to use Mental Health Block Grant funding for Mental Health Recovery Support Services - Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/FY21_RSS_Manual.pdf

Not applicable.

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 is not an expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served that meets the 15% or greater criteria.

Describe any significant programmatic changes from the previous year.

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

27) First Episode Psychosis Services

Form A1 - FY22 Amount Budgeted:		Form A1 - FY22 Projected clients Served:	
Form A1 - Amount budgeted in FY21 Area Plan		Form A1 - Projected Clients Served in FY21 Area Plan	
Form A1 - Actual FY20 Expenditures Reported by Locals		Form A1 - Actual FY20 Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Clients are screened at the initial intake for first time psychosis, and on an ongoing basis through treatment planning and assessment. BRMH provides the services directly.			
Describe how clients are identified for FEP services. How is the effectiveness of the services measured?			
Clients are identified through the intake process and on an ongoing basis through treatment planning and assessments.			

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).

Describe any significant programmatic changes from the previous year.

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

28) Client Employment

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

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

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

Two particular areas within the service array of BRMH devote specific attention to the supportive factors of employment that underlie the recovery process and the perpetuation of mental health and wellness. From the standpoint of functional rehabilitation, the Center's adult psychosocial program 'Transitions Track' provides concerted efforts to address the issue of community re-integration and focused attention on skills development, relative to areas of life and work directly applicable to employment settings and employer-employee relationship skills. This program track helps adult consumers prepare for integration into 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 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 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 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.

The referral process for employment services and how clients who are referred to receive employment services are identified.

Clients who are identified as having employment needs are referred to Vocational Rehabilitation Services, the Department of Workforce Services, BRMH Supportive Employment Services, and other job training programs, and are assisted by case managers in accessing these resources. Case managers provide ongoing coordination with employment services to help ensure that the client's needs are being met.

Collaborative employment 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 to 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 may 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. Gainful employment is always a key factor for individuals struggling with mental illness. Some of our specific new assignments include:

- Behavioral Health Network & Community Outreach Subcommittee, both at Logan Regional Hospital
- Cache County Crisis Coordination Team
- 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 through the Local Authority or subcontractors.

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 may otherwise not be selected.

BRMH employs a Family Peer Support Specialist by contracting with Allies With Families, Peer Support Specialists, and client employment positions including receptionist, janitor, and cook.

Evidence-Based Supported Employment.

Bear River Mental Health, currently, does not employ an employment specialist with employment as his/her sole responsibility, as part of the mental health treatment team. However, BRMH has assigned a senior case manager this specific responsibility in his job description, and 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.

29) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

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. [The most recent training related to dealing with clients where there may be potential violence risk, and how best to manage that for safety.](#)

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. [Supervisors also utilize observance and documentation review to audit for fidelity](#)

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.

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 through a telehealth grant received through the CARES funds.](#)

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, [has been expanded further with the addition of a CCJJ grant for unfunded individuals involved with the justice system, or who have had any contact with police.](#) This will broaden screening, assessment, and recovery support services for mentally ill offenders throughout BRMH's service area.

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.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

BRMH participates in community partnerships and coalitions, as described previously, which represent direct efforts to keep abreast of community input relative to mental health service needs and development of appropriate response options. We are participating, more than ever, in collaborative efforts with our community partners, and particularly are coordinating and collaborating more with local law enforcement agencies.

Examples include, but are not limited to, participating in monthly or bi-monthly Local Interagency Council, Regional Advisory Council/Systems of Care, Childrens Coordination Council, USH Continuity of Care, Suicide Prevention Coalition, statewide Clinical Directors Meeting, BRHD Integrated Care Program, Youth Civil Commitment, myStrength Implementation Team, Community Crisis Committee, Mental Health Court Committee, Local Homeless Coridinating Council, IHC Mental Health Community Outreach Committee, Domestic Vilence Coalition, School District Threat Assesment Committee, law enforcement Crisis Intervention Team, Children's Justice Center Coalition, Utah Crisis Line coordination, IHS Pediatric Referral Committee, etc..

Describe Coalition Development efforts

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. We are also participating directly with the Cache County Sheriff's Office and the Logan City Police department in a Cache County Crisis Response Coalition as described previously.

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.

Describe your agency plan to maintain telehealth services in your area as agencies return to in-person service provision. Include programming involved. How will you measure the quality of services provided by telehealth?

BRMH has all clinical providers set up, trained and available to use the telehealth system that DSAMH has offered. This system is used for all services on an "as needed" basis. We also have one FTE who has been hired solely to provide telehealth services to children and youth as part of our telehealth grant. We also have many schools in the four school districts where we provide telehealth services through this grant.

Despite the challenges associated with the COVID-19 pandemic. A majority of clients have been able to access services via telehealth using their own devices. The needs of uninsured children are also being met with the addition of a full-time telehealth therapist who is working from home under the

Telehealth CARES grant, and serving children in all three counties. Equipment for all therapists was purchased through the CARES funding to ensure high level telehealth services can be provided.

BRMH intends to use telehealth services where it is clinically indicated and necessary. All clinical staff at BRMH have been trained on using the state telehealth system and received additional training on how to effectively provide telehealth services. Telehealth services are available for services that are indicated on each client's active care plan. These services could include: individual and family therapy, case management, skills development services, group services, and medication management services. The quality of services rendered are evaluated through the use of the OQ/YOQ assessment questionnaire, care plan formulation and review, gathering of information from other treatment providers, and gathering input directly from clients and caretakers.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services.

BRMH has a robust staff development program available for staff training. We have several staff trained in maternal issues. Additionally, we have several staff who work with young children and have received specialized training in early childhood issues. We also intend to send several staff to the maternal mental health training in the upcoming year, which has been scheduled.

BRMH has been working with IHC Budge Pediatrics to improve services delivery and coordination of services for children. This has been accomplished by creating an authorized inter-agency release of information and a streamlined referral and intake process to ensure that children and youth needing mental health and/or pediatric care receive services needed in a timely and effective manner.

Describe (or attach) your policies for improving cultural responsiveness across agency staff and in services.

Staff complete yearly cultural competency training. They are also expected to address cultural needs and differences during the assessment process and throughout ongoing treatment. BRMH has an active cultural humility committee which meets twice a year to review and set goals, plan training, review forms, policy and practice, survey staff, and insure the cultural humility policy and procedures are being practiced. This committee is comprised of a chair, whose education was heavily weighted toward cultural humility, as well as other clinical staff who volunteered to be on the committee out of personal interest.

Bear River Mental Health is also a willing participant in the Statewide Disparities Review. We have assigned a clinical supervisor to the statewide committee, and plan to review and implement recommendations as provided, while also determining staff training areas.

Identify a staff member responsible to collaborate with DSAMH to develop an "Eliminating Health Disparity Strategic Plan" with long term five-year goals and short term action plans. The short term action plans will be based on the needs assessment recommendations.

Lance Bingham, Clinical Supervisor in our Tremonton facility. (435) 257-2168

Other Quality and Access Improvements (not included above)

BRMH has a renewed focus on tracking the follow up after hospitalization of clients that have needed inpatient hospitalization. Processes have included improving the tracking report, printing it more frequently, and sharing the results for review of where improvements can be made. We have also assigned our Senior Psychologist over training, who has a specific interest and appreciation for the OQ

and YOQ to oversee training and improvement. His efforts have already resulted in improvement in the number of instruments opened and utilized as part of the visit. Although BRMH continues to have difficulty with the YOQ given the number of our children and youth services being provided in schools, We plan to continue to find ways to improve both the numbers administered, the results that are utilized in treatment, and the overall summary data for the YOQ.

Additionally, a complete revision to the Center's website, meeting all Medicaid requirements, was recently published on BRMH.com as well as entry into the social media arena. Both were in an effort to get BRMH out there in a positive way, and to be able to also share information quickly to our community. While the new website contains much of the same information, but in a more user friendly way, and the social media accounts have been well received, the statewide disparities committee was less than happy with what they saw. We recently were presented with several additional recommendations which we will be reviewing and implementing where we feel we can.

30) 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, 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.

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 a member of the local IHC Community Outreach subcommittee.

Describe your efforts to integrate care and ensure that children, youth and adults 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 for children, youth and adults.

Intake assessment and case management needs assessment identify specific wellness concerns and therapist and case managers incorporate these needs into treatment planning. Clients are encouraged to set wellness goals and have access to groups and services at BRMH designed to meet these needs, including smoking cessation, fitness, and wellness activities. Clients are linked to medical providers and have access to integrated care resources to help facilitate follow-up.

What education does your staff receive regarding health and wellness for client care including youth-in-transition and adults? Describe 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.

Medical staff and medication providers within BRMH, including but not limited to medical assistants, nurses, Advanced Practice Registered Nurses, and Medical Doctors, attended weekly clinical staff meetings. In these meetings, medical staff inform treatment providers about general health and wellness considerations, as well as medically necessary information about specific clients, if needed. During the course of treatment, clients are referred to appropriate medical providers within the community as needed. If the client needs additional support in accessing and maintaining appropriate levels of medical care, then a case manager is assigned to the client to assist with the process. Our documentation system, includes a prompt to help bring attention to this consideration.

Describe your plan to reduce tobacco and nicotine use in SFY 2022, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

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 (recovery plus). 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.

BRMH has also made all of its outpatient facility property/grounds tobacco and nicotine free. Signage has been posted alerting clients and the general public of the tobacco and nicotine free requirements.

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.

BRMH will be reviewing the possibility of using the Fagerstrom or other evidence-based rating scale with the administrative team at a later time.

Describe your efforts to provide integrated care for individuals with co-occurring mental health and autism and other intellectual/developmental disorders.

BRMH treats those individuals with co-occurring diagnosis for mental health treatment and refers the individual to other providers for autism and other intellectual/developmental disorders treatment.

31) Children/Youth Mental Health Early Intervention

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. Describe how you partner with LEAs and other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

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 Agreement? YES/NO

Yes.

32) 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. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

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.

There are no significant programmatic changes expected.

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.

33) 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. Please include: any partnerships related to [2019 HB373](#) funding and any telehealth related services provided in school settings. [For those not using MHEI funding for this service, please indicate "N/A" in the box below.](#)

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 FPSS 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 Leah Colburn lacolburn@utah.gov 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-6th Grade): Birch Creek, Canyon, Cedar Ridge, Greenville, Heritage, Lewiston, Lincoln, Millville, Mountainside, Nibley, North Park, Park, Providence, River Heights, Summit, Sunrise, and Wellsville.

Middle Schools: We are in the process of adding telehealth services to the middle schools within Cache County School District. We hope to add the service at North Cache Middle School, South Cache Middle School, and Spring Creek Middle School. .

High Schools: InTech Collegiate High School. We are in the process of adding telehealth services to the high schools within Cache County School District for the upcoming year. We will be providing telehealth services at Green Canyon High School, Sky View High School, Ridgeline High School, Mountain Crest High School and Cache High School via telehealth.

Logan School District-

Elementary Schools (K-6th Grade): Ellis, Woodruff.

High School (9th-12th Grade): Fast Forward Charter High School.

Box Elder School District-

Elementary Schools (K-6th Grade):Northpark, Garland, McKinley, Lakeview, Mountainview, Foothill,Discovery, Century , Park Valley (Telehealth), Grouse Creek (Telehealth), and ACYI Harris Intermediate School

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

High Schools (9th-12th): Box Elder High School, Bear River High School

Rich County School District-

Elementary Schools (K-6th Grade): South Rich Elementary.

Middle Schools (7th-8th Grade): Rich Middle School.

High Schools (9th-12th 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 when appropriate representatives from the Utah State Division of Substance Abuse and Mental Health, this past year we added telehealth services to South Cache Middle School, Spring Creek Middle School, and Cache High School and face-to-face services at InTech Collegiate High School.

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to including their email.

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.

BRMH works closely with school staff at the schools receiving school-based mental health services from the agency. The therapists providing school-based services are trained on which data is to be collected during the school year and how to provide the data to the state. The therapists work to utilize the YOQ at intake and monthly during ongoing care. The YOQ can be administered in person if the caretaker of the client is present or through an online portal. BRMH regularly trains staff on the importance of YOQ utilization and how to gather the YOQ consistently while the client is in treatment.

Emails about MHEI quarterly reporting should be sent to Tim Frost, Clinical Supervisor. His email address is timf@brmh.com

34) Suicide Prevention, Intervention & Postvention

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency or broader local community.

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 suicidal recidivism.

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

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

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. Individuals receiving services are screened for harm to self and others at intake and at care plan reviews. Individuals are also screened for these and other risk factors as clinically indicated. BRMH uses an electronic health system that allows for screening for danger to self, others, and property as part of the clinical services note. Whenever an individual scores a 2 or higher on the CSSRS the individual receives a same-day crisis safety plan and assessment of need for higher levels of care or increases to outpatient services.

BRMH treatment staff has been trained and are currently using the Columbia Suicide Severity Rating Scale (C-SSRS). The C-SSRS was initially a statewide quality improvement project which lasted several years. The timeline for the statewide improvement project expired, but BRMH chose to continue to use the C-SSRS as its quality improvement project.

The percentage of clients who received a same-day-safety plan during the C-SSRS baseline year was 36%. In the last remeasurement period, clients received a same-day-safety plan 88% of the time. The 88% same-day-safety plan met BRMH's goal of 85%. BRMH treatment staff understand the importance of same-day-safety plans and will continue to strive to ensure that clients who are in need of a safety plan receive one. Staff will be reminded quarterly of the C-SSRS requirements and the need to provide a same-day-safety plan if the client meets the criteria.

BRMH partners with the Huntsman Mental Health Institute statewide Utah Crisis line, which provides primary support for clients in crisis. Clients are connected as needed to the SMR and MCOT intervention teams who coordinate with BRMH staff to meet the needs of clients and ensure follow-up. Center-specific after hours support lines are also utilized to connect clients with crisis services. Ongoing coordination with the HMHI Utah Crisis Line helps ensure that any difficulties are addressed. All staff are trained in Crisis Safety Planning.

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link, or attach your localized suicide postvention plan for the agency and/or broader local community.

BRMH participates with the various Suicide Prevention Coalition teams to increase awareness and educate the community regarding risk factors and prevention strategies. BRMH provides outreach and postvention support for individuals and families, both those connected to BRMH and in the schools and

communities through local partnerships. The localized suicide postvention plan is maintained by the BRHD suicide prevention coordinator.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

Crisis staff 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.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

- 1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the [Utah Suicide Prevention State Plan](#) and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
- 2. By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

N/A

35) Justice Treatment Services (Justice Involved)

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

BRMH offers a full range of mental health services regardless of a client's criminal history. Clients of BRMH who are justice involved and working within the criminal justice system can receive mental health services that are determined to be medically necessary based upon a thorough mental health assessment and the establishing of a care plan with measurable goals and objectives. Services could include individual and family therapy, case management, medication management, psychological testing, skills development training, psychoeducation services, and group services. All services are available to individuals who are Medicaid eligible AND who are unfunded.

Describe how clients are identified as justice involved clients

Clients are identified by Mental Health Court participation, therapist assigned to the jail, client self reporting, and Cache Valley Unified Crisis Response Team.

How do you measure effectiveness and outcomes for justice involved clients?

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.

The OQ is used as an outcome measure for all clients of BRMH. Therapists may also work with the Mental Health Court Committee and/or Adult Probation and Parole to get updates on program compliance and completion of probation and/or parole requirements. Clients involved in probation and/or parole and progress towards requirements of those programs are also considered as part of treatment effectiveness.

Identify training and/or technical assistance needs.

N/A

Identify a quality improvement goal to better serve justice involved clients.

N/A

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

BRMH works with the Cache Valley Unified Crisis Response Team that consists of individuals from Adult Probation and Parole, local police agencies, and the local prosecutor's office to assist individuals who are justice involved. This committee meets together twice per month to evaluate the needs of individuals who are justice involved and how to help improve the client's functioning going forward to improve mental health symptoms and functioning.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

BRMH participates in Local Interagency Council to address the needs of children who are at risk of out of home placement, and coordinates actively agency partners including DCFS and JJS to meet the mental health needs of youth. BRMH participates in the Mental Health Court Program including referral and coordinations to ensure that treatment teams are met for youth accepted in the program, and to provide support and services to family and caregivers of justice involved youth. Case managers take an active role in linking justice involved youth with services, supports, and addressing challenges in the community.

36) Disaster Preparedness and Recovery Plan

Please attach or input your disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs.

Several clinicians within BRMH have been trained in Psychological First Aid through the Utah Department of Human Services. These clinicians then trained other clinical staff within the agency and all are able to respond to center and community needs if indicated and clinically appropriate. BRMH has several policies and procedures in place for emergency responses. We conduct regular drills and trainings for each scenario. Each office within the facilities has a printed ready-reference guide with step-by-step instructions on how to respond to various disasters including but not limited to: earthquake, injury to staff or client, severe weather, acts of violence, chemical spill/natural gas leak, loss of power, etc. The various facilities within BRMH have necessary supplies on site for staff and clients at each facility should shelter-in-place orders be given by local or state governments. These supplies include first aid kits, water, and other necessary supplies to last up to 72 hours. These supplies are inspected and rotated frequently to ensure that they meet the needs of each facility. Additionally, BRMH has had a formal and established safety committee which meets together regularly to assess the needs of the agency, the clients served, and the community. We also utilize a staff reward system for reporting safety issues, to help insure we are doing all we can to keep the facilities safe places to work.

37) Speciality Services

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable enter NA.

N/A

FY21 Mental Health Area Plan & Budget														Local Authority: BRMH		Form A	
State General Fund			County Funds														
FY2022 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 FY2022 Revenue				
JRI/JRC		\$48,785											\$48,785				
Local Treatment Services		\$2,756,176	\$61,854	\$463,119	\$10,244	\$10,370,795	\$142,201			\$133,000	\$65,500	\$645,900	\$14,648,789				
FY2022 Mental Health Revenue by Source	\$0	\$2,804,961	\$61,854	\$463,119	\$10,244	\$10,370,795	\$142,201	\$0	\$0	\$133,000	\$65,500	\$645,900	\$14,697,574				
State General Fund			County Funds														
FY2022 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 FY2022 Expenditures Budget	Total Clients Served	TOTAL FY2022 Cost/Client Served		
Inpatient Care (170)		\$400,000			\$1,244	\$2,348,756							\$2,750,000	247	\$11,133.60		
Residential Care (171 & 173)		\$89,950				\$327,000					\$9,000		\$425,950	57	\$7,472.81		
Outpatient Care (22-24 and 30-50)		\$978,523	\$61,854	\$367,563	\$9,000	\$3,989,939	\$60,739			\$80,000	\$1,000	\$312,300	\$5,860,918	3,895	\$1,504.73		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		\$500,000				\$60,000				\$3,000		\$170,000	\$733,000	724	\$1,012.43		
Psychotropic Medication Management (61 & 62)		\$316,400		\$11,000		\$1,265,000	\$25,000			\$50,000			\$1,667,400	1,270	\$1,312.91		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$226,500		\$20,000		\$1,213,000	\$20,000				\$4,500	\$2,100	\$1,486,100	495	\$3,002.22		
Case Management (120 & 130)		\$269,800		\$25,000		\$1,079,500	\$25,000					\$25,000	\$1,424,300	1,800	\$791.28		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		\$13,850				\$51,000					\$51,000		\$115,850	70	\$1,655.00		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		\$9,938				\$36,600	\$11,462						\$58,000	75	\$773.33		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information												\$58,000	\$58,000				
Services to persons incarcerated in a county jail or other county correctional facility				\$39,556								\$75,000	\$114,556	400	\$286.39		
Adult Outplacement (USH Liaison)												\$3,500	\$3,500	7	\$500.00		
Other Non-mandated MH Services													\$0		#DIV/0!		
FY2022 Mental Health Expenditures Budget	\$0	\$2,804,961	\$61,854	\$463,119	\$10,244	\$10,370,795	\$142,201	\$0	\$0	\$133,000	\$65,500	\$645,900	\$14,697,574				
State General Fund			County Funds														
FY2022 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 FY2022 Expenditures Budget	Total FY2022 Clients Served	TOTAL FY2022 Cost/Client Served		
ADULT		\$2,589,961		\$411,449	\$7,744	\$7,220,795	\$103,739			\$102,000	\$63,500	\$367,900	\$10,867,088	2,475	\$4,390.74		
YOUTH/CHILDREN		\$215,000	\$61,854	\$51,670	\$2,500	\$3,150,000	\$38,462			\$31,000	\$2,000	\$278,000	\$3,830,486	1,550	\$2,471.28		
Total FY2022 Mental Health Expenditures	\$0	\$2,804,961	\$61,854	\$463,119	\$10,244	\$10,370,795	\$142,201	\$0	\$0	\$133,000	\$65,500	\$645,900	\$14,697,574	4,025	\$3,651.57		

FY22 Proposed Cost & Clients Served by Population

Local Authority: **BRMH**

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2022 Expected Cost/Client Served
Inpatient Care Budget			
\$1,837,299	ADULT	190	9670
\$912,701	CHILD/YOUTH	57	16012
Residential Care Budget			
\$420,950	ADULT	56	\$7,517
\$5,000	CHILD/YOUTH	1	\$5,000
Outpatient Care Budget			
\$3,840,133	ADULT	2,375	1617
\$2,020,785	CHILD/YOUTH	1,520	1329
24-Hour Crisis Care Budget			
\$623,000	ADULT	526	1184
\$110,000	CHILD/YOUTH	198	556
Psychotropic Medication Management Budget			
\$1,432,400	ADULT	1,000	1432
\$235,000	CHILD/YOUTH	270	870
Psychoeducation and Psychosocial Rehabilitation Budget			
\$1,220,100	ADULT	300	4067
\$266,000	CHILD/YOUTH	195	1364
Case Management Budget			
\$1,259,300	ADULT	1,065	1182
\$165,000	CHILD/YOUTH	735	224
Community Supports Budget (including Respite)			
\$70,850	ADULT (Housing)	45	1574
\$45,000	CHILD/YOUTH (Respite)	25	1800
Peer Support Services Budget			
\$45,000	ADULT	62	726
\$13,000	CHILD/YOUTH (includes FRF)	13	1000
Consultation & Education Services Budget			
	ADULT		
\$58,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$114,556	ADULT Jail Services	400	286
Outplacement Budget			
\$3,500	ADULT	7	500
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!
Summary			
Totals			
\$10,867,088	Total Adult		
\$3,830,486	Total Children/Youth		
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)			
Unfunded (\$2.7 million)			
	ADULT		#DIV/0!
\$61,854	CHILD/YOUTH	65	952
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY22 Mental Health Early Intervention Plan & Budget

Local Authority: BRMH

Form A2

	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2022 Revenue		
FY2022 Mental Health Revenue											
FY2022 Mental Health Revenue by Source		\$190,402							\$190,402		
	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2022 Expenditures Budget	Total Clients Served	TOTAL FY2022 Cost/Client Served
FY2022 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		\$0.00
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL									\$0		\$0.00
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL		\$164,888							\$164,888	80	\$2,061.10
School Based Behavioral Health-ADMIN		\$25,514							\$25,514		
FY2022 Mental Health Expenditures Budget	\$0	\$190,402	\$0	\$0	\$0	\$0	\$0	\$0	\$190,402	80	\$2,061.10
* Data reported on this worksheet is a breakdown of data reported on Form A.											

VIII. CULTURAL HUMILITY

A. CULTURAL HUMILITY

Approved By:	BRMH Executive Committee	Version: 5
Effective:	July 1, 2001	Reviewed: January, 2019
		Revised: February, 2019

Policy

Recognizing the need for congruent behaviors, attitudes, and policies that come together among our staff to enable us to work effectively in cross-cultural situations, Bear River Mental Health Services will make every effort to provide accessible and competent services to clients irrespective of race, ethnicity, disability, language, cultural background, sexual orientation, gender identity, or religion. This includes, but is not limited to, training staff to understand the various ways cultures of origin may affect thinking, beliefs, and behaviors, and recognizing the need to provide services in ways which are culturally sensitive (i.e., appropriate treatment planning, communication with alternate language, signing, etc.). Center staff should make efforts and are encouraged to recognize and address their own biases, positionalities, and assumptions that may consciously or unconsciously inform their interactions with persons seeking services. Trainings and resources may be provided to aid staff in this process. Center staff shall also make efforts to accommodate the language and communication needs of prospective clients at the earliest possible opportunity in the admission process and during semi-annual review of Medicaid 834 eligibility data, so as to not deny or delay and to provide ready access to qualified interpreters for both in-person and telephone communications. The Center also may maintain databases to track staffing, utilization, and outcomes for various target groups, e.g., age, race, ethnicity, etc.

To assist in recruiting key staff, a salary differential may be provided to multi-lingual employees working in positions where there is a demonstrated need for such languages. In addition, training will be provided across all employee levels and all disciplines (including management and support staff) in the area of cultural humility.

Procedures

1. The Center's clinical records database may include key fields for tracking all identified target populations, e.g., race, ethnicity, prevalent language spoken, deaf, etc. Reports may be generated at least annually by the Division of Mental Health, UBHN, Medicaid 834 eligibility data, and/or internally for management information and decision making around service delivery to the various diverse population groups.
 - a. A report of Medicaid 834 eligibility data relative to prevalent language will be generated and reviewed at least once every six months by the Cultural Humility Committee. With respect to any and all categories which are over 5% prevalence, as per the Medicaid contract, the Cultural Humility Committee will approve and coordinate the translation of

the Center's vital informational and instructional materials and forms in the prevalent language.

2. The Center's human resources database may include fields for tracking languages spoken by staff and ethnicity in order to maintain an internal roster of potential interpreter sources, potential Cultural Humility Committee members, potential internal diversity resources, and the need for external resources. Internal reports may be generated at least annually for management information and decision-making around staffing and assignments related to cultural humility.
 - a. Additionally, a salary differential may be provided to multi-lingual employees working in positions for which there is a demonstrated client/service need for such languages. To qualify, the Executive Committee must approve the language reimbursement request, and the employee must pass a language proficiency examination for the specific language. Reimbursement will be in the form of a stipend, which may not be added to the employee's base salary or eligible for increases to the base salary. The reimbursement may be withdrawn at any time the client/service language need diminishes. The Director of Human Resources and Information Systems shall maintain the stipend schedule for eligible positions.
3. The Center may establish a Cultural Humility Committee of at least two individuals. The committee, and/or representatives of the committee will be responsible to:
 - a. Review and recommend changes to the Executive Committee related to Cultural Humility Policy/plan;
 - b. Attend statewide workshops and training;
 - c. Compile, maintain, and disseminate information on internal and external resources for staff serving diverse populations; and
 - d. Insure ongoing staff training occurs at least annually.
4. The Center may schedule annual cultural humility training for all staff. Training areas may include:
 - a. Updated race/ethnic population information broken down by county.
 - b. Listings of potential community resources for the specific target groups, including external interpreter options.
 - c. Listings of internal and subcontractor interpreter options.
 - d. Cultural values, stressors, beliefs, and practices associated with the main target groups in the service areas.
 - e. Staff implicit and/or explicit biases, positionalities, and assumptions that impact their potential effectiveness when working and interacting with clientele.
5. Treatment staff is encouraged to perform assessments, treatment, and discharge planning in ways that, when possible and accepted health care practice, take into consideration holistic approaches, cultural beliefs and values, family and other natural support systems, community resources, any communication barriers, and balance or control for personal biases and cultural background. Staff are encouraged to seek guidance from supervisors to improve

interactions with persons/clients where transference or countertransference due to differing backgrounds and positionalities may exist.

6. The Center may make every effort to provide services to clients in their preferred language from providers fluent in that language. In the absence of qualified and competent bilingual staff, interpreters (language, signing, etc.) may be offered as a means to overcome communication barriers on an as needed basis. In such instances, after required release of information forms, when applicable, have been signed or verbal consent has been given, interpreters are expected to maintain confidentiality, while providing complete and accurate interpretation. Family members, and particularly children, will not be used as interpreters in mental health assessment, therapy, or other situations where impartiality is critical. Additionally, the same interpreter should be utilized over the course of treatment whenever possible.
7. Interpreters, who agree with the Bear River Mental Health interpreter services contract, may not be limited to prevalent languages only in the catchment area, but shall apply to all non-English languages.
8. Center staff should document, as part of the admission process and as part of the Request for Services form and/or Face Sheet, whether or not clients request and receive either interpretive services or services in a preferred language other than English.

D. SLIDING-FEE

Approved By:	BRMH Executive Committee	Version: 1.3
Effective Date:	July, 2004	Reviewed: February 8, 2019 Revised: 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.



CACHE COUNTY RESOLUTION 2021 – 13

**A RESOLUTION TO APPROVE FY2022 AREA PLAN
FOR BEAR RIVER MENTAL HEALTH SERVICES**

WHEREAS, the County Council of Cache County, Utah, in a regular meeting, lawful notice of which has been given, finds that it is appropriate and necessary to adopt a resolution approving an Area Plan for Bear River Mental Health Services for fiscal year 2022;

NOW, THEREFORE, BE IT RESOLVED by the County Council that the Area Plan for Bear River Health Mental Health Services for fiscal year 2022 that is attached hereto as Exhibit A is hereby approved.

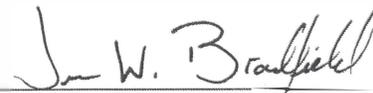
Adopted by the County Council of Cache County, Utah, this 8th day of June 2021.

CACHE COUNTY COUNCIL



ATTEST:


Gina Worthen, Chair


Jess W. Bradfield, County Clerk/Auditor

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 2022 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) # _____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Bear River Mental Health

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

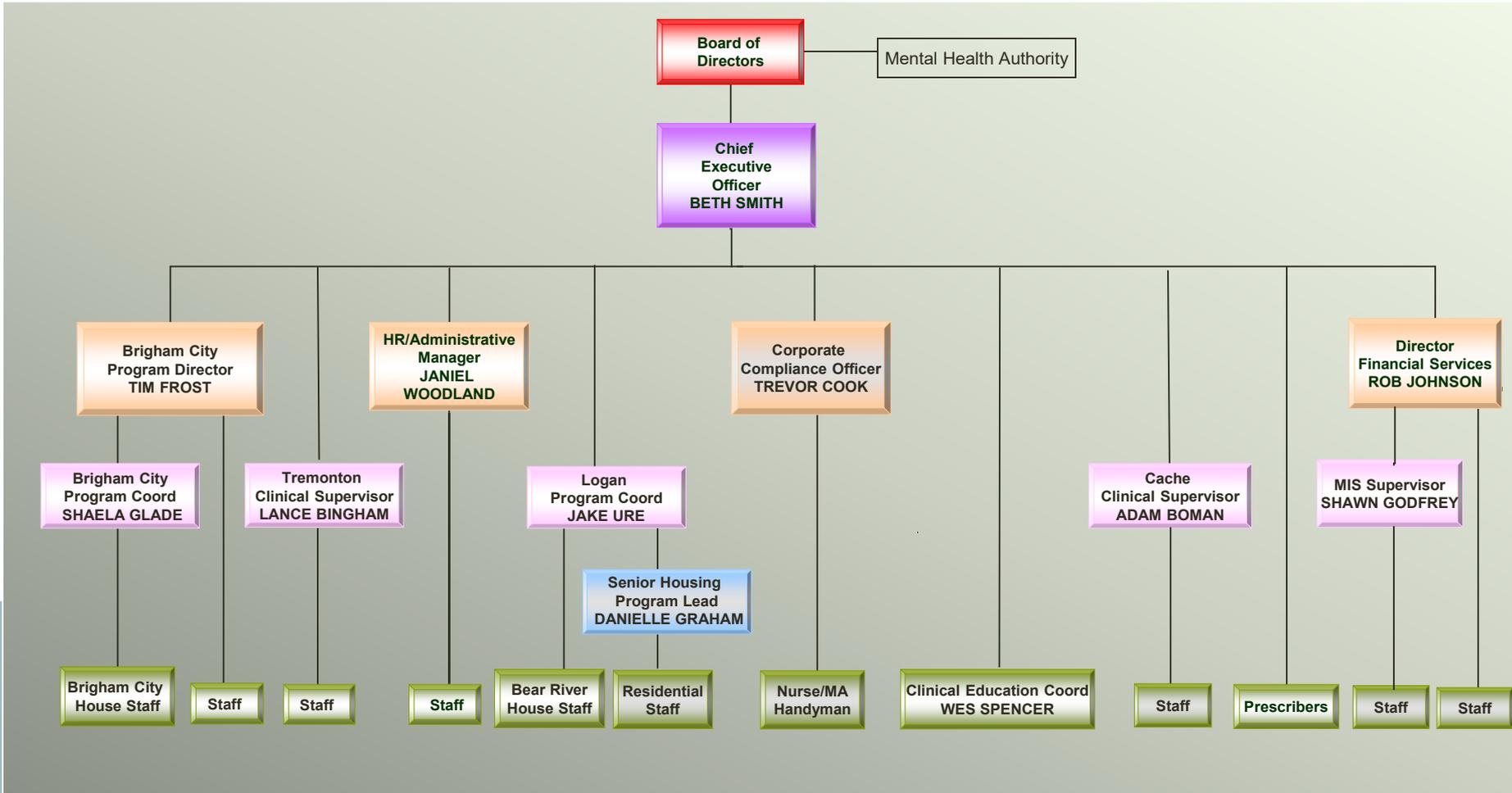
PLEASE PRINT:

Name: DAVID ZOOK

Title: COUNTY EXECUTIVE

Date: 5/27/2021

BEAR RIVER MENTAL HEALTH ORGANIZATIONAL CHART AS OF 4/5/2021



2022 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

|